

RESTRICTED HEALTH CONDITIONS IN COMMUNITY CARE FACILITIES

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STATUTORY REFERENCE

According to Title 22, Sections 80090 through 80092, certain health conditions of consumers are either prohibited or restricted in Community Care Facilities (CCFs) and licensed Adult Day Care Facilities.

1. GUIDELINES

- 1.1. Prohibited Health Conditions means a client may not be in an adult CCF. This is covered in Title 22, Section 80091. The Prohibited Conditions are:
 - 1.1.1. Naso-gastric or naso-duodenal tubes
 - 1.1.2. Active communicable TB
 - 1.1.3. Stage 3 or Stage 4 dermal ulcers
 - 1.1.4. Other conditions that would require the facility to be licensed as a health facility as defined in the Health and Safety Code Sections 1202 and 1250.
- 1.2. Restricted Health Conditions (RHC) are defined in Title 22 section 80092.1-11 and read: Adult CCFs may accept or retain clients who have the conditions listed in this section only if all requirements of Article 8 are met. Care for the following health conditions must be provided only as specified in Sections 80092.1 through 80092.11.
 - 1.2.1. Use of inhalation-assistive devices
 - 1.2.2. Colostomy/ileostomy
 - 1.2.3. Requirement for fecal impaction removal, enemas, or suppositories
 - 1.2.4. Use of catheters
 - 1.2.5. Staph or other serious communicable infections
 - 1.2.6. Insulin-dependent Diabetes
 - 1.2.7. Stage 1 and 2 dermal ulcers
 - 1.2.8. Wounds
 - 1.2.9. Gastrostomies
 - 1.2.10. Tracheostomies

(See Attachment A for definitions)

- 1.3. A Restricted Health Condition Care Plan (HCP) is a consumer-specific health care plan that includes instructions on observing and reporting symptoms, the procedure(s) to be done, and any other interventions needed for optimum care of the consumer's condition. It is to be written by an approved RN currently licensed in California whose scope of practice includes initiating a plan of care. HCPs are to be reviewed and approved by the Service Coordinator, Regional Center RN, and a physician at least annually.
- 1.4. A Procedure is a specific set of instructions on how to perform a task (Title 22, Section 80090 (c)(4))
- 1.5. CCF Staff Training, done annually and as needed, is to ensure the facility staff will be knowledgeable and competent in their ability to:
 - 1.5.1. Meet the consumer's specialized care needs
 - 1.5.2. Recognize objective symptoms observable by a lay person
 - 1.5.3. Respond to that client's health problems
 - 1.5.4. Know who to contact.
 - 1.5.4.1. If the condition of the consumer changes, the administrator is responsible for contacting the facility's nurse consultant and ensuring that all staff providing care and services complete additional training required to meet the consumers new needs.
 - 1.5.4.2. Regulations require newly hired staff be trained and certified before caring for the consumer with a Restricted Health Condition
- 1.6. Nurse Consultant(NC) is the RN hired by the CCF whose scope of practice specifically allows him/her to collaborate with the physician, write the Health Care Plan, coordinate CCF staff training, and certify staff competency regarding the Restricted Health Condition. The Nurse Consultant remains available to the CCF on an ongoing basis. The Nurse Consultant must be an approved consultant or a San Andreas Regional Center vendor.
- 1.7. As part of a "Best Practice" principle, other conditions not listed in Title 22 that require a Health Care Plan and staff training are:
 - 1.7.1. Vagus Nerve Stimulator
 - 1.7.2. Automatic Implantable Cardiac Defibrillator
 - 1.7.3. Insulin pump

- 1.7.4. Baclofen Pump
- 1.7.5. Oxygen
- 1.7.6. Finger Stick Blood Glucose monitoring
- 1.7.7. Other identified complex medical conditions as determined on an individual basis.

(See Attachment A for definitions)

- 1.8. Regulations governing RCFEs, Group Homes, and Small Family Homes (Bates Homes) are more restrictive. Please consult with a Regional Center RN in these cases.

2. PROCEDURE

2.1. Role of Service Coordinator

- 2.1.1. As part of a consumer's Annual Health Review, or during a quarterly visit, Service Coordinators will look for Restricted Health Conditions, inform the Regional Center RN when conditions are identified, and follow the procedures indicated below.
- 2.1.2. A Service Coordinator has the responsibility to communicate with the planning team when a consumer's Restricted Health Condition is identified.
 - 2.1.2.1. If a Restricted Health Condition is identified during a client's hospitalization, the Service Coordinator and Regional Center RN must be involved in discharge planning to any CCF. The consumer cannot be discharged to a CCF before a Restricted Health Condition Care Plan and staff training are put into place. The consumer may need to stay in the hospital or be transferred to a SNF or ICF during the interim period.
 - 2.1.2.2. If a Restricted Health Condition is identified when the consumer is being referred to a CCF placement the Service Coordinator will inform the Regional Center RN. Service Coordinator will confirm that the Restricted Health Condition Care Plan has been approved and staff training completed prior to the consumer moving in. This also applies to emergency placements.
 - 2.1.2.3. If a consumer already resides in a CCF and a Restricted Health Condition has been identified but no Care Plan and training are in evidence, the Service Coordinator

will immediately notify the District Manager,
Community Care Licensing and the Regional Center
RN.

- 2.1.3. The Planning Team, along with the Regional Center RN, will determine whether the current placement remains appropriate and whether the consumer's health issues can be addressed effectively.
 - 2.1.4. The Service Coordinator will develop an IPP objective regarding the Restricted Health Condition in order to monitor implementation of the Plan, and will identify that it needs to be reviewed and approved annually and as needed.
 - 2.1.5. If, as a result of the Planning Team decision, the consumer is to maintain placement, and the CCF is a Level 2 or Level 3 home, the Service Coordinator may request funds for a vendored RN consultant. If indicated, the Service Coordinator will involve Regional Center Resource Department to ensure a service sub-code for RN consultant is available.
 - 2.1.6. Regional Center RN will review all Restricted Health Condition Care Plans written by the CCF nurse consultant. If revisions are needed, Regional Center RN will collaborate with the nurse consultant and licensee to complete a quality, individualized Restricted Health Condition Care Plan. (The licensee is responsible to meet Title 22 requirements)
 - 2.1.7. The Service Coordinator will sign approval in conjunction with the Regional Center RN, keep the HCP and a copy of the Signature Sheet in the "Other" section of the case file, and forward the original Signature Sheet to the provider.
 - 2.1.8. The Service Coordinator monitors the ongoing health of the consumer and if the Service Coordinator has any concerns about the client's health condition at any time, he/she is to notify the Regional Center RN for further assessment.
- 2.2. Role of Licensee (CCF and/or ADCF)
- 2.2.1. Know the regulations and make sure CCL requirements are met (Title 22, Section 80092), including documentation of staff training and certification (keep in personnel files).
 - 2.2.2. Notify Service Coordinator immediately when a RHC is identified.
 - 2.2.3. Ensure safe and appropriate care of the client.
 - 2.2.4. Contract with an RN nurse consultant who is currently vendored or approved by the Regional Center to:

- 2.2.4.1. Write Health Care Plans,
- 2.2.4.2. Train staff (see Nurse Consultant Role),
- 2.2.4.3. And, periodically evaluate both the client's Condition and the Care Plan, annually and as condition warrants.
- 2.2.5. Communicate with Nurse Consultant to ensure HCP approval process is completed prior to admission and annually within 2 weeks of original approval date.
- 2.2.6. Submit completed Plan, after approval by Regional Center RN, the Service Coordinator and to the physician for signature of approval and certification of client's ability for self-care. This applies to both the original HCP and the annual review forms.
- 2.2.7. Communicate with all other care providers (transportation, work program, etc) regarding the client's condition and the Care Plan to ensure consistency of care.
- 2.2.8. Notify the Licensing Program Analyst (LPA) about the consumer with the condition. CCL will request copies of documentation only when needed. Training records are to be kept in the facility's personnel files.
- 2.2.9. Ensure that the client's health care needs are met and report any substantive deviation from the care plan to the client's authorized representative.
- 2.2.10. Monitor the client's ability to provide self-care for the condition, document any changes, and inform the physician, the authorized representative, and Regional Center Service Coordinator of those changes.
- 2.2.11. Title 22 requires the HCP be maintained as part of the Needs and Services Plan.
- 2.3. Role of CCF Nurse Consultant
 - 2.3.1. The RN nurse consultant (NC) is expected to meet Title 22, Section 80092 requirements with the following actions:
 - 2.3.2. Obtain physician orders for treatments, medications, observable symptoms, and parameters to report.
 - 2.3.3. Become familiar with the consumer's history and present condition in order to individualize the plan.
 - 2.3.4. Write a Health Care Plan that addresses that condition and any associated problems that may need special attention or treatment based on the doctor's orders.
 - 2.3.5.. Write a Care Plan that:

- 2.3.5.1. Is simple to understand
- 2.3.5.2. Contains instruction on how to care for the condition
- 2.3.5.3. Is individualized to the client's situation and abilities
- 2.3.5.4. Is based on the doctor's orders.
- 2.3.6.. Communicate with Regional Center RN for process questions during Plan development, and submit Plan by email or fax for approval when completed
- 2.3.7. Train direct care staff to be competent in their knowledge of:
 - 2.3.7.1. The medical condition
 - 2.3.7.2. Observable symptoms to report
 - 2.3.7.3. What actions to take
 - 2.3.7.4. Who to notify and how
 - 2.3.7.5. What to document and where
 - 2.3.7.6. Daily activities to maintain health and prevent complications
 - 2.3.7.7. General and client-specific procedures.
- 2.3.8. Include the use of hands-on instruction
- 2.3.9. Provide annual and updated training as changes in condition and care plan occur as well as when new staff are hired.
- 2.3.10. Delegate training to another licensed health care provider as appropriate to the condition.
- 2.3.11. Certify competency in staff knowledge of above and provide licensee with accompanying documentation. Use of post-tests is encouraged.
- 2.3.12. Schedule follow-up visits to assess consumer's condition, evaluate the implementation of the care plan and update Care Plan and training as needed.
- 2.4. Role of Regional Center RN
 - 2.4.1. Review HCPs and work with facility Nurse Consultant to formulate an individualized quality HCP.
 - 2.4.2. Enter consumer's information by month into the Excel Spreadsheet found at H:\Lisa RN. Click on Excel Spreadsheet titled "Consumer List Restricted Health Conditions" to complete the information. While HCP is in process, indicate this by using the term "pending" with date and initials.
 - 2.4.3. Generate Signature Sheet (See Restrict Health Condition Care Plan Signature Sheet in FORMS) upon approval, sign, and forward, along with HCP, to the Service Coordinator.
 - 2.4.4. Instruct Service Coordinator to keep a copy of the HCP and the Signature Sheet in the "Other" section of the case file and to send the original

Signatures Sheet to the provider for the MD to sign.

- 2.4.5. Update Excel Spreadsheet information with approval date and initials.
- 2.4.6. The approval process is completed for each HCP on an annual basis. Form letters will be sent to providers the month before the approval date anniversary for calendar year 2005.
- 2.4.7. CCL will be notified of any providers not in compliance with the regulations.

Attachment A

Definitions

Inhalation-assistive devices: Equipment that helps with breathing, such as: C-PAP, Bi-Pap, nebulizer, inhalers

Colostomy or Ileostomy: Surgical opening on abdomen for intestine to drain fecal contents into a bag

Fecal impaction removal: Manual extraction of stool from rectum

Enema: Instilling fluid into rectum to stimulate bowel movement

Suppository: Inserting solid medicine into rectum

Catheter: Tube to drain urine from bladder

Staph or other serious communicable infection: Infectious disease such as Hepatitis, MRSA, or inactive Tuberculosis

Insulin-dependent diabetes: Diabetes requiring fingerstick glucose testing and insulin injection

Stage 1 and 2 dermal ulcers: Pressure sores or decubitus ulcers. Stage I is skin over a bony prominence that remains red even after 30 minutes of pressure relief. Stage II is a superficial break in the skin or a blister that has occurred because of pressure and inflammation

Other skin wounds: Surgical wounds or wounds from injury that only require simple dressing changes or wound care (more serious than just a minor abrasion or laceration requiring first aid)

Gastrostomy tube: Tube going through abdomen into stomach for feeding, fluids, and/or meds

Tracheostomy: Opening with or without tube into trachea (windpipe)

Other health care needs requiring a Health Care Plan and Staff Training:

Fingerstick blood sugar testing: Client is diabetic but not on insulin

Oxygen: Pressurized oxygen from a tank delivered through nose or mask

Vagal nerve stimulator: Implanted device that gives tiny electrical current to brain to diminish seizures. Requires use of a magnet at the time of the seizure

Pacemaker: Implanted device that helps regulate heart rate

AICD: Implanted device that shocks heart if it goes into a fatal arrhythmia

Baclofen pump: Implanted device that continuously delivers medication for spasticity

Insulin pump: Device that continuously delivers insulin for diabetes via tubing/needle

Kidney dialysis: Procedure where blood is filtered through a machine when kidneys fail

Recurrent cellulitis: Infection of the skin that causes redness, swelling, and pain

Other ostomies: Cecostomy, urostomy

Emergency epinephrine administration: for serious allergic reactions

Other health conditions that need special care as determined on an individual basis

Personal Care Services (Title 22, Section 80077) require care plans and staff training by a licensed health care provider, but Regional Center approval is not required. These conditions are:

1. care for clients who rely upon others to perform all activities of daily living
2. care for clients who lack hazard awareness or impulse control
3. care for clients with incontinence
4. care for clients with contractures

Nonverbal Signs and Symptoms of Physical Discomfort

- **Persistent hand or finger chewing**
- **Uneven sitting**
- **Unusual or recurrent masturbation**
- **Waving head side to side**
- **Head banging**
- **Head tilt**
- **Sudden sitting**
- **PICA**
- **General scratching**
- **Scratching or rubbing stomach**
- **Rubbing or hugging chest**
- **Forward rocking**
- **Non specific changes in behavior reported by those most familiar with the individual**

If exhibiting any of the above symptoms: examine the consumer, look to find out what is wrong, call/see the doctor if needed, and monitor the consumer for sustained or recurrent behaviors

Urgent Medical Conditions

please seek help!

Behavioral Changes

- rapid change or increase in challenging behaviors such as aggression or self injurious behavior.
- sleeping most of the day; difficult to arouse
- scratching/holding one or both ears
- holding abdomen
- dramatic change in facial expression or demeanor
- any evidence of pain or discomfort
- new or sudden onset of incontinence

Physical Changes

- onset of fever of 101degrees or higher
- diarrhea or vomiting lasting more than 4 hours
- rash lasting several days or getting worse
- increased seizure activity
- onset of limping, inability to walk, or difficulty in movement
- severe sore throat or difficulty swallowing
- infection at an injury site
- swelling

Contact your administrator. Post a phone number for all staff to call for medical advice, include the name of the consumer and the primary care physician.

EMERGENCY CONDITIONS

Call 911 Immediately

If there is a question in your mind, make the 911 call.

- **Choking**, not breathing or coughing
- **No pulse**
- **Loss of consciousness** not related to a seizure
- **Seizure lasting over 5 minutes** or continuous seizures
- **Bleeding** that you cannot control
- **Severe injuries**, such as broken bones
- **Electrical shock**
- **Burns**
- **Drowning** or near drowning
- **Chest pain**, difficulty breathing, or any other sign of a heart attack
- **Stroke** or suspected stroke, paralysis, numbness or confusion
- **Severe asthma attack** when prescribed medications do not work
- **Poisoning** including overdoses of medication
- **Severe reactions to a medication**, difficulty breathing or itching. *This can happen very quickly!*
- **Severe reactions to insect bites or previously unknown allergic reactions**
- **Unable to detect breathing**

Tell 911 **who** you are, **where** you are, **what** has happened, **when** it happened and **stay on the phone** until the dispatcher tells you to hang up.

Stay with the sick or injured person and follow first aid and/or CPR procedures. Send another person to watch for the ambulance and guide emergency personnel to the scene.

Medical Definitions/Explanations:

- ICP monitor - device for measuring the intracranial pressure inside the brain. Pressure builds up after a head injury, bleeding into the brain, or tumor.
- EEG - (electroencephalogram) a machine that records the electrical activity of the brain; used as a diagnostic tool to determine abnormalities of brain activity.
- Oxygen catheter - 2 pronged plastic tubing to deliver oxygen thru the nose.
- Endotracheal Tube - (ET) large plastic tube inserted into the nose or mouth that delivers oxygen usually in conjunction with a ventilator. Referred to as a "breathing tube"
- Ventilator - machine that delivers x amount of breaths per minute at a certain volume. Often called a "breathing machine"
- CPAP - (continuous positive airway pressure) a machine used most often during the night to help with sleep apnea.
- BiPap - (bilevel positive airway pressure) A non-invasive face mask ventilation. The inhalation pressure delivered by the machine is similar to CPAP, but the pressure decreases during exhalation making it easier to exhale.
- Apnea monitor - a device that measures the absence of breathing usually used with newborns.
- Halter monitor - portable cardiac monitor that is worn for 24 hrs to monitor the patient's heart rhythm with normal activity.
- IPPB - a machine that delivers intermittent positive pressure breathing.
- Nebulizer - a device connected to the IPPB machine that delivers medication in an aerosol fashion.
- Tracheostomy - a surgical opening over the trachea that allows breathing when the airway is otherwise obstructed. It can be permanent or temporary.

- G-tube - (gastrostomy tube) a soft rubber catheter that is surgically implanted thru the abdomen for the purpose of feeding. Often seen with individuals who cannot eat or aspirate food/fluids into the lungs while eating.
- J-tube - (jejunostomy tube) a soft rubber catheter that is surgically implanted into the jejunum for the purpose of feeding an individual who cannot eat otherwise.
- Colostomy - the opening of some portion of the colon onto the abdominal surface. Stool drains into a bag that is attached to the skin. Can be temporary or permanent.
- Ileostomy - creation of a surgical passage from the ileum to the abdominal wall. Requires the wearing of a fecal incontinence bag after surgery. Stools tend to be looser than with a colostomy.
- Fecal impactions - hard stool in the rectum due to a lack of fluids, fiber and motility of the colon.
- Suppositories - medication in a solid form that is inserted into the rectum.

- Foley catheter - a small flexible rubber tube that remains in the bladder to drain urine.
- Suprapubic catheter - surgically implanted tube that is left in place to drain urine and relieve pressure on the kidney.

- Stents - spiral shaped metal tubes that are placed inside an artery to prevent narrowing and increase blood flow. Can be used in the heart, kidneys and liver.
- EKG - a record of the electrical activity of the heart identified by certain waves called P, QRS, and T. These represent the activity of the heart during contraction and relaxation.
- Pacemaker - a compact size implantable device that electrically stimulates the upper chambers of the heart to maintain a normal sinus rhythm.
- AICD - (implantable cardiac defibrillator) device surgically placed inside the chest to regulate the heart rate of the lower chambers of the heart. Can be in combination with a pacemaker.
- Halter monitor - portable cardiac monitor that is worn for 24 hrs to monitor the patient's heart rhythm with normal activity.
- Baclofen pump - surgically implanted device that is placed in the lower abdomen to lessen the level of pain and spasticity due to cerebral palsy.
- Vagal nerve stimulator - a device the size of a hockey puck that is placed in the chest similar to a pacemaker, the lead wire is wrapped around the vagus nerve for the control of seizure activity.
- Sequential compression devices (SCD's) - wraps around legs and feet to automatically compress and release pressure to the legs to prevent blood clots, especially after surgery.
- MRSA - (methicillin resistant staph aureus). staph is a common bacteria that is found on the skin and nose of healthy people. A diagnosis of MRSA is made when the bacteria does not respond to treatment with penicillin.
- Glucometer - a device which measures blood sugars
- Insulin pump - surgically implanted device which delivers measured amounts of insulin at specific times.
- Tube feedings - a method of providing measured nutrition via pump or bolus dose thru a flexible rubber tube that is inserted into the stomach.
- NG - (nasogastric tube) a flexible tube inserted thru the nose or mouth for the purpose of emptying the stomach or inserting manual tube feedings.
- Decubitus - bed sore resulting from pressure to an area of the body causing skin breakdown

MEDICAL CONDITIONS

A change in behavior is often the first sign that a person has a serious medical condition.

Unfortunately, such conditions are frequently undetected by a routine physical examination, especially when individuals are unable to verbalize their symptoms. Additional procedures and tests are typically required to locate and diagnose the problem. But many times primary care physicians are reluctant to order such procedures for fear that the individual will not be able to cooperate

because of the behavioral issues. As a result, individuals are often seen repeatedly by their primary care physician or in emergency rooms before a medical diagnosis is determined. In the case of life-threatening conditions in which early detection is critical, such delays in diagnosis and proper treatment can have devastating consequences.

Medical procedures can usually be accomplished when the individual is helped to understand why the procedure is necessary and what to expect during the procedure.

Family members, care providers and others in a supportive relationship can help prepare the person for the procedure by facilitating communication with the physician or technician. It is sometimes beneficial to visit the clinic or lab prior to the scheduled appointment to familiarize the person with the setting, the equipment and the clinical staff who will be involved. This also helps to reassure any clinical staff who have concerns about the individual's ability to complete the procedure.

BEHAVIORAL CLUES TO MEDICAL CONDITIONS

*Observed
Behavior:*

*Medical Conditions
To Consider:*

Self Injurious Behaviors

- Hand Biting, Chewing of Fingers
 - Dental Pain
 - Nausea
 - Indigestion; Reflux
 - Local Infection

- Hitting or Banging Head
 - Headache; Migraine
 - Shunt Problems
 - Sinusitis
 - Dental Pain
 - Ear or Eye Infection

Scratching or Rubbing

- General
 - Eczema; Other Skin Conditions
 - Scabies; Lice; Insect Bites
 - Sunburn
 - Liver or Kidney Disorder
- Stomach or Abdomen
 - Ulcer
 - Gastritis
 - Gall Bladder or Pancreas Problems
 - Menstrual Discomfort
- Chest
 - Pneumonia
 - Indigestion; Reflux
 - Angina
- Rectum
 - Constipation
 - Hemorrhoids

*Observed
Behavior:*

*Medical Conditions
To Consider:*

Aggressive or Violent Behavior

- Hypothyroidism; Hyperthyroidism
- Temporal Lobe Seizures
- Caffeine; Substance Abuse
- Headache
- Infection

Unusual Movements or Postures

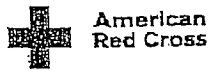
- Rocking
 - Back or Hip Pain
 - Indigestion; Reflux
- Head Tilting or Waving
 - Visual Problems
 - Sinus Infection
- Sitting Sudden Sitting
 - Vertigo
 - Cardiac Problems
 - Seizures
- Other Unusual Posture
 - Limb Fractures
 - Hip Pain
 - Rectal Pain
 - Genital Pain

Recurrent Masturbation

- Urinary Tract Infection
- Vaginal Infection
- Prostate Inflammation

(Based upon training materials entitled Medical Issues in Treating Individuals with Developmental Disabilities by Terrance Wardinsky, M.D., Medical Director at the California Regional Center)

Earthquake Preparedness (from the Santa Clara Valley
Chapter of the American Red Cross website
<http://www.santaclaravalley.redcross.org/preparedness/>



Santa Clara Valley Chapter



Here's what you can do to prepare for an earthquake emergency

Prepare a Home Earthquake Plan (see "Your Family Disaster Plan" handout

- Choose a safe place in every room - under a sturdy table or desk or against an inside wall where nothing can fall on you.
- Practice DROP, COVER, AND HOLD ON at least twice a year. Drop under a sturdy desk or table, hold on, and protect your eyes by pressing your face against your arm. If there's no table or desk nearby, sit on the floor against an interior wall away from windows, bookcases, or tall furniture that could fall on you. Teach children to DROP, COVER, AND HOLD ON!
- Know where your nearest ARK is located

Eliminate hazards by...

- Bolting bookcases, china cabinets, and other tall furniture to wall studs.
- Installing strong latches on cupboards.
- Strapping the water heater to wall studs. Tape a pipe wrench to the heater so you won't have to search for it during an emergency.
- Remember, *anything that can move, fall, break or cause a fire is a potential hazard.*

Prepare a Disaster Supplies Kit for home and car including:

- First aid kit and essential medications as well as copies of prescriptions for meds and glasses.
- A supply of non-perishable packaged or canned food and a non-electric can opener.
- At least three gallons of water per person. (Count on one gallon per person per day). Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
- Protective clothing, rain wear, and bedding or sleeping bags.
- Battery powered radio, flashlight, and extra batteries
- Credit cards and cash.
- An extra set of car keys.
- A list of family physicians.
- A list of important family information; the style and serial number of medical devices such as pacemakers.
- Special items for infant, elderly, or disabled family members (diapers, formula, hearing aid batteries, etc).

- An extra pair of glasses.
- Written instructions for how to turn off gas, electricity, and water if authorities advise you to do so. (Remember, you'll need a professional to turn natural gas service back on.)
- Keep essentials, such as a flashlight and sturdy shoes, by your bedside.

Know what to do when the shaking begins

- **DROP, COVER, AND HOLD ON!**
- Move only a few steps to a nearby safe place. Stay indoors until the shaking stops and you're sure it's safe to exit. Stay away from windows. In a high-rise building, expect the fire alarms and sprinklers to go off during a quake.
- If you are in bed, hold on and stay there, protecting your head with a pillow.
- If you are outdoors, find a clear spot away from buildings, trees, and power lines. Drop to the ground.
- If you are in a car, slow down and drive to a clear place (as describe above). Stay in the car until the shaking stops.

Identify what to do after the shaking stops

- Check yourself for injuries. Protect yourself from further danger by putting on long pants, a long sleeved shirt, sturdy shoes, and work gloves. Check your makeup ;)
- Check others for injuries. Give first aid for serious injuries.
- Look for and extinguish small fires. Eliminate fire hazards. Turn off the gas if you smell gas or think it's leaking. (Remember, only a professional should turn it back on.)
- Listen to the radio for instructions
- Expect aftershocks. Each time you feel one, **DROP, COVER, AND HOLD ON!**
- Inspect your home for damage. Get everyone out of your home if it is unsafe. Meet at your designated area.
- Use the telephone only to report life threatening emergencies.

Project ARK

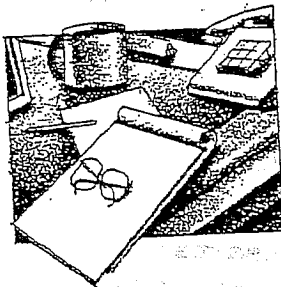
Project ARK is a preparedness component of the Santa Clara Chapter's disaster shelter program. This program involves the use of supply containers stocked with emergency supplies and placed at strategic locations throughout the Chapter's jurisdiction.

Neighborhood groups are recruited, organized, and trained to provide mass care services in the event of a disaster. In the event of a disaster or other local emergency, the supplies in the ARKs are used to open Red Cross shelters.

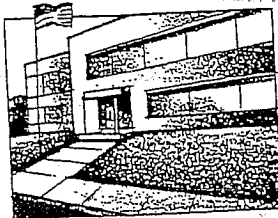
The containers are 40 feet long, 8 feet wide, and 8 1/2 feet high. They contain emergency supplies including cots, blankets, water, portable lanterns, flashlights, portable toilets, personal care kits, and other essential items needed to open a shelter. Current locations of the ARKs are found at <http://www.santaclaravalley.redcross.org/pages/ark.html> or call (408) 577-2023.

Your Family Disaster Plan

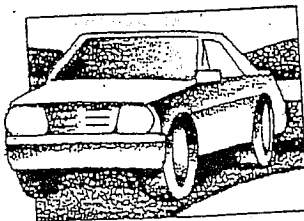
Where will your family be when disaster strikes? They could be anywhere —



at work



at school

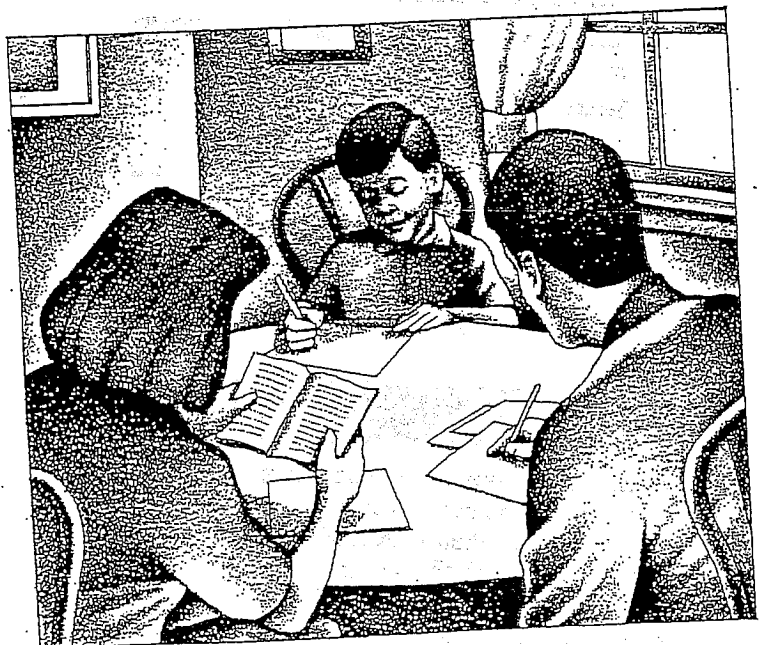


or in the car.

How will you find each other? Will you know if your children are safe?

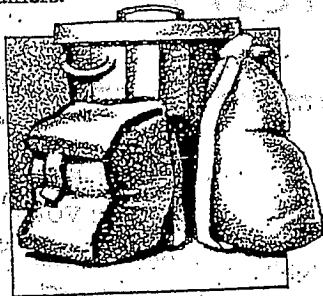
Disaster can strike quickly and without warning. It can force you to evacuate your neighborhood or confine you to your home. What would you do if basic services—water, gas, electricity or telephones—were cut off? Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away.

Families can—and do—cope with disaster by preparing in advance and working together as a team. Follow the steps listed in this brochure to create your family's disaster plan. Knowing what to do is your best protection and your responsibility.



EMERGENCY SUPPLIES

Keep enough supplies in your home to meet your needs for at least three days. Assemble a Disaster Supplies Kit with items you may need in an evacuation. Store these supplies in sturdy, easy-to-carry containers such as backpacks, duffle bags or covered trash containers.



Include:

- A three-day supply of water (one gallon per person per day) and food that won't spoil.
- One change of clothing and footwear per person, and one blanket or sleeping bag per person.
- A first aid kit that includes your family's prescription medications.
- Emergency tools including a battery-powered radio, flashlight and plenty of extra batteries.
- An extra set of car keys and a credit card, cash or traveler's checks.
- Sanitation supplies.
- Special items for infant, elderly or disabled family members.
- An extra pair of glasses.

Keep important family documents in a waterproof container. Keep a smaller kit in the trunk of your car.

UTILITIES

Locate the main electric fuse box, water service main and natural gas main. Learn how and when to turn these utilities off. Teach all responsible family members. Keep necessary tools near gas and water shut-off valves.

Remember, turn off the utilities only if you suspect the lines are damaged or if you are instructed to do so. *If you turn the gas off, you will need a professional to turn it back on.*

4 Steps to Safety

1

Find Out What Could Happen to You

Contact your local emergency management or civil defense office and American Red Cross chapter—be prepared to take notes:

- ☐ Ask what types of disasters are most likely to happen. Request information on how to prepare for each.
- ☐ Learn about your community's warning signals: what they sound like and what you should do when you hear them.
- ☐ Ask about animal care after disaster. Animals may not be allowed inside emergency shelters due to health regulations.
- ☐ Find out how to help elderly or disabled persons, if needed.
- ☐ Next, find out about the disaster plans at your workplace, your children's school or daycare center and other places where your family spends time.

2

Create a Disaster Plan

Meet with your family and discuss why you need to prepare for disaster. Explain the dangers of fire, severe weather and earthquakes to children. Plan to share responsibilities and work together as a team.

- ☐ Discuss the types of disasters that are most likely to happen. Explain what to do in each case.
- ☐ Pick two places to meet:
 1. Right outside your home in case of a sudden emergency, like a fire.
 2. Outside your neighborhood in case you can't return home. Everyone must know the address and phone number.
- ☐ Ask an out-of-state friend to be your "family contact." After a disaster, it's often easier to call long distance. Other family members should call this person and tell them where they are. Everyone must know your contact's phone number.
- ☐ Discuss what to do in an evacuation. Plan how to take care of your pets.

Fill out, copy and distribute to all family members



Family Disaster Plan

Emergency Meeting Place _____ outside your home

Meeting Place _____ outside your neighborhood Phone _____

Address _____

Family Contact _____ (name)

Phone () _____ day Phone () _____ evening

3

Complete This Checklist

- | | |
|--|---|
| <input type="checkbox"/> Post emergency telephone numbers by phones (fire, police, ambulance, etc.). | <input type="checkbox"/> Install smoke detectors on each level of your home, especially near bedrooms. |
| <input type="checkbox"/> Teach children how and when to call 911 or your local Emergency Medical Services number for emergency help. | <input type="checkbox"/> Conduct a home hazard hunt. |
| <input type="checkbox"/> Show each family member how and when to turn off the water, gas and electricity at the main switches. | <input type="checkbox"/> Stock emergency supplies and assemble a Disaster Supplies Kit. |
| <input type="checkbox"/> Check if you have adequate insurance coverage. | <input type="checkbox"/> Take a Red Cross first aid and CPR class. |
| <input type="checkbox"/> Teach each family member how to use the fire extinguisher (ABC type), and show them where it's kept. | <input type="checkbox"/> Determine the best escape routes from your home. Find two ways out of each room. |
| | <input type="checkbox"/> Find the safe spots in your home for each type of disaster. |

4

Practice and Maintain Your Plan

- | | |
|--|---|
| <input type="checkbox"/> Quiz your kids every six months so they remember what to do. | <input type="checkbox"/> Test your smoke detectors monthly and change the batteries at least once a year. |
| <input type="checkbox"/> Conduct fire and emergency evacuation drills. | |
| Year _____ Drill Date _____ | Jan. <input type="checkbox"/> July <input type="checkbox"/> |
| _____ | Feb. <input type="checkbox"/> Aug. <input type="checkbox"/> |
| _____ | Mar. <input type="checkbox"/> Sep. <input type="checkbox"/> |
| | Apr. <input type="checkbox"/> Oct. <input type="checkbox"/> |
| <input type="checkbox"/> Replace stored water every three months and stored food every six months. | May <input type="checkbox"/> Nov. <input type="checkbox"/> |
| | June <input type="checkbox"/> Dec. <input type="checkbox"/> |
| <input type="checkbox"/> Test and recharge your fire extinguisher(s) according to manufacturer's instructions. | Change batteries in _____ (month) each year. |

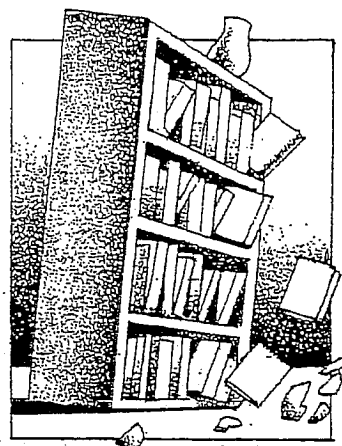
NEIGHBORS HELPING NEIGHBORS

Working with neighbors can save lives and property. Meet with your neighbors to plan how the neighborhood could work together after a disaster until help arrives. If you're a member of a neighborhood organization, such as a home association or crime watch group, introduce disaster preparedness as a new activity. Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make plans for child care in case parents can't get home.

HOME HAZARD HUNT

During a disaster, ordinary objects in your home can cause injury or damage. Anything that can move, fall, break or cause a fire is a home hazard. For example, a hot water heater or a bookshelf can fall. Inspect your home at least once a year and fix potential hazards.

Contact your local fire department to learn about home fire hazards.



EVACUATION

Evacuate immediately if told to do so:

- Listen to your battery-powered radio and follow the instructions of local emergency officials.
- Wear protective clothing and sturdy shoes.
- Take your Disaster Supplies Kit.
- Lock your home.
- Use travel routes specified by local authorities — don't use shortcuts because certain areas may be impassable or dangerous.

If you're sure you have time:

- Shut off water, gas and electricity before leaving, if instructed to do so.
- Post a note telling others when you left and where you are going.
- Make arrangements for your pets.

IF DISASTER STRIKES

If disaster strikes

Remain calm and patient. Put your plan into action.

Check for injuries

Give first aid and get help for seriously injured people.

Listen to your battery powered radio for news and instructions

Evacuate, if advised to do so. Wear protective clothing and sturdy shoes.

Check for damage in your home...

- Use flashlights — do not light matches or turn on electrical switches, if you suspect damage.
- Check for fires, fire hazards and other household hazards.
- Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- Shut off any other damaged utilities.
- Clean up spilled medicines,

bleaches, gasoline and other flammable liquids immediately.

Remember to...

- Confine or secure your pets.
- Call your family contact—do not use the telephone again, unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Make sure you have an adequate water supply in case service is cut off.
- Stay away from downed power lines.

The Federal Emergency Management Agency's Community and Family Preparedness Program and the American Red Cross Community Disaster Education Program are nationwide efforts to help people prepare for disasters of all types. For more information, please contact your local emergency management office and American Red Cross chapter. This brochure and other preparedness materials are available by calling FEMA at 1-800-480-2520, or writing: FEMA, P.O. Box 2012, Jessup, MD 20794-2012.

Publications are also available on the World Wide Web at:

FEMA's Web site: <http://www.fema.gov>

American Red Cross Web site: <http://www.redcross.org>

Ask for: *Are You Ready?, Your Family Disaster Supplies Kit and Food & Water in an Emergency.*

Local sponsorship provided by:

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FEMA L-191
ARC 4466

Federal Emergency
Management Agency



1-800-480-2520

EARTHQUAKE • TORNADO • WINTERSTORM • FIRE



Your
Family Disaster Plan

HURRICANE • FLASH FLOOD • HAZARDOUS MATERIAL SPILL

Determining Direct Care Staff Hours: Basic Staffing Level and Additional Hours

Basic Staffing Level Hours *Plus* (+) Total Additional Direct Care Staff Hours
 Equal (=) The Required Number Of Weekly Staff Hours In A Vended Facility.

The maximum number of basic staffing level hours required for a vended facility is 168 hours per week. (24 hours x 7 days/week = 168 hours/week). The basic staffing level equals not less than one direct care staff person at all times when consumers are under the supervision of facility staff. Hours may vary from week to week and home-to-home depending upon consumer schedules. Weekly staff schedules may reflect less than 168 basic staff hours due to planned time periods when there are no consumers under the supervision of facility staff (i.e. when all are being supervised by day program staff or transportation vendor). It is typical for all of a home's consumers to be away from the facility and not under the supervision of facility staff between 20 and 30 hours per week. As a result, the basic staffing hours required of most facilities are between 148 and 138 hours per week. This number is subject to increase on any day/week when one or more consumers does not attend scheduled day services or school and remains home.

Once basic direct care staff hours are determined, add the appropriate number of additional hours from the table below. The sum equals a projection of the weekly total required direct care staff hours for the facility.

Total Number of Consumers									
	1	2	3	4	5	6	7	8	9
Level 2	0	0	0	0	0	0	12	24	36
Level 3	0	0	0	4	23	42	61	80	99
Level 4a	0	0	0	12	33	54	75	96	117
Level 4b	0	0	0	24	48	72	96	120	144
Level 4c	0	0	9	36	63	90	117	144	171
Level 4d	0	0	18	48	78	108	138	168	198
Level 4e	0	0	30	64	98	132	166	200	234
Level 4f	0	4	42	80	118	156	194	232	270
Level 4g	0	12	54	96	138	180	222	264	306
Level 4h	0	22	69	116	163	210	257	304	351
Level 4i	0	36	90	144	198	252	306	360	414

Table 1. Additional Hours: *Cumulative Number of Additional Direct Care Staff Hours Required At Each Service Level and Billable Census*

	Maximum Basic Staffing Level	168
Less:	Estimated number of hours in a typical week that no consumers are under the supervision of facility staff.	_____
	Estimated Basic Staffing	_____
Plus:	Additional Direct Care	_____
Equals:	Total Direct Care Staffing	_____

*Basic staffing level may vary daily depending on consumer attendance in school or day services. It is determined based upon the number of hours one or more consumers are under the supervision of facility staff.

Determining Direct Care Staff Hours: Basic Staffing Level and Additional Hours

The table below shows the maximum number of weekly direct care staff hours (basic staff hours plus additional hours) required by Title 17 regulation. To determine the actual number of required direct care staff hours in a specific home, locate the maximum staff hours on the table below. Subtract from that number the hours each week when no consumers are under the supervision of facility staff.

Total Number of Consumers									
	1	2	3	4	5	6	7	8	9
Level 2	168	168	168	168	168	168	180	192	204
Level 3	168	168	168	172	191	210	229	249	357
Level 4a	168	168	168	180	201	222	243	264	285
Level 4b	168	168	168	192	216	240	264	288	312
Level 4c	168	168	177	204	231	258	285	312	339
Level 4d	168	168	186	216	246	276	306	336	366
Level 4e	168	168	198	232	266	300	334	368	402
Level 4f	168	172	210	248	286	324	362	400	438
Level 4g	168	180	222	264	306	348	390	432	474
Level 4h	168	190	237	284	331	378	425	472	519
Level 4i	168	204	258	312	366	420	474	528	582

Table 2. Maximum Direct Care Staff Hours: The Sum of the Maximum Basic Staffing Level (168 hours per week) Plus Total Additional Hours Required at each Service Level and Billable Census

Within the total number of required additional direct care staff hours (Table 1), the facility may include hours for program preparation functions. Program preparation functions may not supplant basic staffing hours. If the facility only has requirements for basic staffing then direct care hours may not be redirected to program preparation functions. The facility may redirect from additional direct care staff hours the number of program preparation function hours allocated in the table below. The staff schedule must reflect all required hours including hours for program preparation functions.

		Number of Consumers						
		1	2	3	4	5	6	7
Service Level 2	(up to 2hrs/wk/cons.)	0	0	0	0	0	0	12
Service Level 3	(up to 2hrs/wk/cons.)	0	0	0	4	10	12	14
Service Level 4A	(up to 3hrs/wk/cons.)	0	0	0	12	15	18	21
Service Level 4B	(up to 3hrs/wk/cons.)	0	0	0	12	15	18	21
Service Level 4C	(up to 3hrs/wk/cons.)	0	0	9	12	15	18	21
Service Level 4D	(up to 4hrs/wk/cons.)	0	0	12	16	20	24	28
Service Level 4E	(up to 4hrs/wk/cons.)	0	0	12	16	20	24	28
Service Level 4F	(up to 4hrs/wk/cons.)	0	4	12	16	20	24	28
Service Level 4G	(up to 4hrs/wk/cons.)	0	8	12	16	20	24	28
Service Level 4H	(up to 5hrs/wk/cons.)	0	10	15	20	25	30	35
Service Level 4I	(up to 7hrs/wk/cons.)	0	14	21	28	35	42	49

Table 3. Maximum Weekly Program Preparation Function Hours

Determining Direct Care Staff Hours: Basic Staffing Level and Additional Hours

"Direct Care Staff" means facility staff, in Service Level 2, 3 and 4 facilities, who personally provide *direct supervision and special services* to consumers and is synonymous with "Direct Support Professionals". The term includes the licensee, the administrator, management and supervisory staff during that time when they are providing direct supervision and special services to consumers or are involved in performing program preparation functions.

Activities and chores such as housekeeping, cooking, laundry, and lawn and garden maintenance are not job duties of Direct Care Staff. However these activities may be performed by staff when either one of the following conditions exists:

- 1). The activity is a consumer training activity and one or more consumers are also engaged in the activity at a level which is appropriate to their developmental progress and/or the consumer(s) are otherwise participating in a manner consistent with their IPP objectives or goals.
- 2). The direct care staff person performing the chore or household duties is not also assigned or scheduled as direct care staff for the same day and time.

"Direct Supervision" means those activities in which direct care staff provide care, supervision, training and support to promote the consumer's functioning in the areas of self-care, daily living skills, physical coordination, mobility, behavioral self-control, choice-making, community integration, accessing community resources and participating in leisure time activities.

"Special Services" means specialized training, treatment, and/or supervision that are required by the consumer's IPP and provided by the direct care staff in addition to direct supervision.

"Program Preparation Functions" means ancillary activities performed by direct care staff or administrators, including but not limited to data collection and analysis, development of training plans, staff meetings, consumer meetings and parent conferences.