



# **POLICY MANUAL**

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## **Board and Executive Director Roles and Responsibilities**

The Board of Directors provides policies and procedures for the operation of Coastal Opportunities (the "Agency"). Directors are responsible for ensuring that adequate funds are provided to operate programs and to prudently manage reserve or Board designated funds.

### **Responsibilities of the Executive Director**

The Executive Director is responsible for carrying out the policies established cooperatively with the Board of Directors, and for the daily operation of the Agency.

### **Board of Directors Responsibilities:**

- Hire and evaluate the Executive Director.
- Set policies and develop operating procedures.
- Ensure sound fiscal operations.
- Attend and participate in Board of Directors meetings.
- Visit all Agency program sites.
- Ensure, through the Executive Director, a safe working environment for program participants and employees.

### **Evaluation of Executive Director (App. 09/28/1993)**

The Board of Directors shall evaluate the Executive Director's performance at the May board meeting.

The evaluation of the Executive Director shall be placed on the March meeting agenda by the Executive Director.

At this March meeting the Board will be provided with the Executive Director's current job description. Each Director will be asked to provide the Human Resources Committee with feedback on the Executive Director's performance by the April board meeting.

Following the April board meeting, the Human Resources Committee will collate the evaluations and present the response to the full Board at the May board meeting.

The Board will meet without the Executive Director during this meeting; the Board will draw consensus on the evaluation, which will then be presented to the Executive Director.

Recommendations for continued employment, salary, goals, and areas of concern will be addressed as part of this evaluation.

### **Approval of Policies**

The personnel policies and practices of the Agency shall be approved by the Board of Directors and shall be reviewed annually.

## **Board of Directors Code of Ethics**

Members of the Board of Directors will comply with the following Code of Ethics:

- Represent the interests of all people served by this Agency and not favor special interests inside or outside the Agency.
- Not use the Agency or service on the Board to personal advantage or the advantage of friends, relatives, or supporters.
- Keep confidential information confidential.
- Approach all Board issues with an open mind, prepared to make the best decision for the whole Agency.
- Do nothing to violate the trust of those who elected the Director to the Board or of those to whom the Agency provides services.
- Focus efforts on the Mission of the Agency and not on personal goals.
- Never exercise authority as a Director except when acting in a meeting with a full Board or as delegated by the Board.

### **The Board of Directors Policy on Disclosure of Certain Interest Conflict of Interest Policy**

A member of the Board of Directors will conduct all of his or her activities, including those relating to persons or businesses with whom the Director is closely associated, in such a way that no conflict will arise between the other interests and the policies, operation, or interests of the Agency. The appearance of such a conflict will also be avoided.

Directors will file with the Board a statement disclosing their personal business, or organizational interests and affiliations and those of persons close to them, that could be construed as being Agency related. Disclosure statements shall be updated whenever significant changes occur, or at least annually.

Staff members, other than the Executive Director, shall not serve as Directors. Conflict of interest is the guiding principle, since Directors create and vote on policy affecting staff interests as a whole.

The appearance of self-interest at the expense of the Agency and the use of privileged information may arise when a Director, a member of his or her family, or a close associate personally provides similar services provided by the Agency. The Board of Directors must clearly state its policy regarding such personal endeavors to ensure that no Director takes personal advantage of information because of his or her Board membership, and that, should conflict develop between the interest of the individual and the Agency, those of the Agency will prevail.

No Director, person close to him or her, or individual who might act for him or her may acquire assets from the Agency unless it has been advertised and purchased at fair market value.

No Director, person close to him or her, or individual who might act for him or her may sell tangible personal property to the Agency without prior approval and recommendation by the Agency' administration.

When Directors seek staff assistance for personal needs, such help will not be rendered to an extent greater than that available to a member of the public in similar circumstances.

Whenever a matter arises for action by the Board, or the Agency engages in an activity where there is a possible conflict or appearance of conflict between the interests of the Agency and an outside or personal interest of a Director or that of a person close to him or her, the outside interest of the Director shall be a matter of record. If the Director is present when a vote is taken in connection with such a matter, the Director shall abstain.

In some circumstances, the Director shall avoid discussing any planned actions, formally or informally, where there may appear to be a personal benefit. If a case arises in which neither disclosure nor abstention appears to be sufficient, the only appropriate solution may be resignation from the Board.

A Director shall not take advantage of information he or she receives during service to the Agency if personal use of such information could be financially detrimental to the Agency. Any action that might impair the reputation of the Agency also must be avoided. When a Director obtains information that could be of a personal benefit, he or she must refrain from action until all issues have been reviewed by an appropriate representative of the Agency.

Directors serve the Agency and the public. They will not attempt to derive any personal material advantages from their connection with the Agency. Directors shall use Agency property only for official purposes and make no inappropriate personal use of the Agency, property or services in a manner not available to a comparable member of the general public.

### **Human Resources Committee and Practices**

There shall be a Personnel Committee appointed by the President of the Board of Directors, with the President as an ex-officio member. The Human Resources Committee shall serve as liaison between the staff and the Board of Directors, handling major employee grievances and revisions in the policies when indicated.

The Human Resources Committee shall make available to all staff and employees of the Agency a written copy of personnel policies and practices for their information and guidance and shall make an effort to keep employees informed about policies on a continuing basis.

Any requested interpretation of written policy will be referred to the Human Resources Committee.

The Human Resources Committee shall keep itself informed of job descriptions and approve evaluation practices.

The Human Resources Committee stands ready to consult about personnel matters at any time. The Human Resources Committee will confer at the discretion of the Committee Chairman, on not less than an annual basis.

## **EMPLOYEE POLICIES**

Policies that apply to all employees are detailed in the Employee Handbook, which is included in this Policy Manual as Appendix B, including its own Table of Contents.

## **SAFETY POLICIES**

Safety policies are detailed in the Employee Safety and Security Manual, which is included in this Policy Manual as Appendix C, including its own Table of Contents.

## **MANAGEMENT POLICIES**

### **Policy Against Unlawful Employment Discrimination**

Coastal Opportunities, in support of the intent and practice of affirmative action, has adopted the following:

To provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender (including gender identity and gender expression), sexual orientation, ancestry, national origin, age, physical or mental disability, genetic pre-disposition, religion, status as a Vietnam-era or special disabled veteran, or because of filing a claim or asserting a right under the Worker's Compensation Act, or retaliation under the Whistleblower's Act, in accordance with applicable federal laws, except where a bona fide occupational qualification exists. In addition, the Agency complies with applicable state and local laws governing nondiscrimination in employment in every location in which the Agency has facilities. This policy applies to all terms and conditions of employment, including but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

To recruit, hire, train, and promote persons in all job titles without regard to race, color, religion, gender (including gender identity and gender expression), sexual orientation, ancestry, national origin, age, physical or mental disability, genetic pre-disposition, religion, or status as a Vietnam-era or special disabled veteran, except where a bona fide occupational qualification exists.

To ensure that promotion decisions are in accord with principles of equal employment opportunity by imposing only strictly job-related requirements for promotional opportunity.

To ensure that all personnel actions such as compensation, benefits, transfers, layoffs, return from layoff, agency-sponsored training, education, tuition assistance, social and recreation programs, will be administered without regard to race, color, religion, gender (including gender identity and gender expression), sexual orientation, ancestry, national origin, age, physical or mental disability, genetic pre-disposition, religion, or status as a Vietnam-era or special disabled veteran.

To ensure that the Agency will not fail to hire, refuse to hire, or otherwise discriminate on the basis of a previous assertion of a claim or right under the Maine Workers'



Compensation Act or because of previous actions taken that are protected by the Maine Whistleblowers' Protection Act.

In conformance with the Genetic Information Nondiscrimination Act of 2008 ("GINA"), the Agency will not discriminate on the basis of genetic information. The Agency will also comply with Maine's genetic information law that prohibits discrimination on the basis of genetic information and/or the refusal to submit to a genetic test. GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that employees not provide any genetic information when responding to any request for medical information, such as when an accommodation for a disability is being requested or family medical leave is being sought. 'Genetic information' as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

### **Americans with Disabilities Act (ADA) and Reasonable Accommodation Management Policy**

Coastal Opportunities is committed to the fair and equal employment of individuals with disabilities. It is the Agency's policy to reasonably accommodate qualified individuals with disabilities unless the accommodation would impose an undue hardship on the Agency. In accordance with the Americans with Disabilities Act (ADA) as amended, reasonable accommodations will be provided to qualified individuals with disabilities when such accommodations are necessary to enable them to perform the essential functions of their jobs, or to enjoy the equal benefits and privileges of employment. This policy applies to all applicants for employment, and all employees.

#### **Disability**

"Disability" refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or a record of such impairment. An individual with a disability is qualified if he or she can perform the essential functions of the job, with or without reasonable accommodation.

#### **Reasonable Accommodation**

The Agency will seek to provide reasonable accommodation for a known disability or at the request of an individual with a disability. Many individuals with disabilities can apply for and perform the essential functions of their jobs without any reasonable accommodations. However, there are situations where a workplace barrier may interfere. A reasonable accommodation is any change or adjustment to the job application process, work environment, or work processes that would make it possible for the individual with a disability to perform the essential functions of the job.

There are three types of reasonable accommodations that may be considered:

1. Changes to the job application process so that a qualified applicant with a disability will receive equal consideration for the job opportunity;
2. Modifications to the work environment so that the qualified individual with a disability can perform the essential functions of the job; *and*
3. Adjustments that will allow a qualified individual with a disability to enjoy the same benefits and privileges of employment as other similarly situated employees without disabilities.

### **Essential Job Functions**

For each position, the job description typically will identify essential job functions. Management will generally review job descriptions on a periodic basis to evaluate job functions designated as essential. If there are any questions about the job requirements, they should be directed to your supervisor or manager.

### **Requesting a Reasonable Accommodation**

An employee with a disability is responsible for requesting an accommodation from his or her supervisor and providing medical documentation regarding the disability when requested. Once medical documentation is received, management will work with the employee to identify possible reasonable accommodations and to assess the effectiveness of each in allowing the employee to perform the essential functions of the job, or to enjoy the same benefits and privileges of employment as similarly situated employees without disabilities. Based on this interactive process, a reasonable accommodation will be selected that is most appropriate for both the Agency and the individual employee. While an individual's preference will be considered, the Agency is free to choose between equally effective accommodations with consideration towards expense and impact on the rest of the Agency.

A request for reasonable accommodation may be denied if it would create an undue hardship for the Agency. Factors to be considered when determining whether an undue hardship exists include: the cost of the accommodation, the Agency's overall financial resources, the financial resources of the particular facility at which the accommodation is to be made, the number of employees at the facility, the total number of employees of the Agency, and the type of operation.

### **Safety**

All employees are expected to comply with applicable safety procedures. The Agency will not place qualified individuals with disabilities in positions in which they will pose a direct threat to the health or safety of others or themselves. A direct threat means a significant risk to the health or safety of one's self or others that cannot be eliminated by reasonable accommodation. The determination that an individual with a disability poses a direct threat will be made by management and will be based on factual, objective evidence. A written copy of the determination will be given to the employee so that he or she may submit additional information and/or challenge the determination that he or she poses a direct threat.

## **Confidentiality**

All information obtained concerning the medical condition or history of an applicant or employee will be treated as confidential information, maintained in separate medical files, and disclosed only as permitted by law.

## **Complaint Procedure**

It is Agency policy of to prohibit any harassment of, or discriminatory treatment of employees on the basis of a disability or because an employee has requested a reasonable accommodation. If an employee feels he or she has been subject to such treatment, or has witnessed such treatment, the situation should be reported using the harassment complaint procedure. Any employee found to have engaged in retaliation against an employee for making a request for reasonable accommodation under this policy, registering a complaint under this procedure, or for assisting in the investigation of any registered complaint will be subject to immediate disciplinary action up to and including discharge.

## **Policies and Procedure for Protection of the Privacy and Security of Protected Health Information**

Coastal Opportunities intends to comply with federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations, and any applicable State law that is more stringent than the HIPAA requirements. These policies are designed to reasonably ensure the confidentiality, integrity, and availability of all electronic protected health information that the Agency creates, receives, maintains, or transmits; protect against any reasonably anticipated threats or hazards to the security or integrity of such information; and protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under the HIPAA Privacy Rule and the Agency's Privacy and Security Policies. In all instances, these Privacy and Security Policies shall be interpreted and construed consistent with the requirements of HIPAA, its regulations, and any more stringent State law.

"Protected health information" is any health information maintained by the Agency that is individually identifiable except: (a) employment records held by the Agency in its role as an employer; and, (b) information regarding a person who has been deceased for more than fifty (50) years. "Health Information" is any information that identifies an individual AND relates to: 1) The individual's past, present or future physical or mental health; OR 2) the provision of health care to the individual; OR 3) the past, present or future payment for health care or services provided.

"Individually identifiable health information" means any health information, including demographic and genetic information, whether oral or recorded in any form or medium, including demographic information collected from an individual, that:

1. Is created or received by a health care provider, a health plan, employer, or health care clearinghouse;
2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and,
3. That identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Information is deemed to

identify an individual if it includes either the patient's name or any other information that taken together or used with other information could enable someone to determine an individual's identity (such as date of birth, gender, medical records number, address, phone number, email address, license number, social security number, etc.).

The Executive Director is responsible for determining the potential risks and vulnerabilities to the confidentiality, integrity and availability of protected health information, including who has access to it and training on how to handle and safeguard it. The assessment includes what requires protection, what it should be protected from, and how to protect it.

The Executive Director is also responsible for ensuring that the Agency has the proper administrative, technical and physical safeguards in place to protect the privacy of protected health information. These safeguards include the following:

Computers:

- All computers must have screen savers that activate after five minutes of inactivity. The screen saver must require the employee's password to be deactivated.
- Information containing protected health information that is sent electronically will be password protected. The password will be communicated verbally.
- No protected health information may be removed from the office on computer disk without the prior approval of the Executive Director. When removal is authorized, the disk shall be password protected.

Trash:

- All trash that contains protected health information must be placed in the designated receptacles to be shredded. The designated receptacles shall be located only in office rooms that can be locked when the office is closed.

Files:

- During the workday, files containing protected health information shall remain in the appropriate file drawers except when being used. At the end of the work day, all files containing protected health information shall be returned to the appropriate file drawers.
- When the office is closed, all file drawers containing protected health information shall be locked.
- Any files being transported in a motor vehicle outside of the office, shall be transported in the trunk of the vehicle. If the vehicle does not have a trunk, files shall be transported in a locked container which does not identify the contents as individuals' files.

Faxes:

- Office staff will remove all received faxes from each fax machine promptly upon receipt and deliver the fax to the intended recipient. If delivery cannot be accomplished immediately, the fax will be placed in a confidential envelope.
- All outgoing faxes will be sent with a fully completed cover sheet. Any time protected health information is being faxed, the fax number will be double checked and receipt will be confirmed.

In the event of a breach of the HIPAA regulations and protected health information is shared with an unauthorized individual, the Executive Director will follow federal and state requirements relative to proper notification and resolution of the issue.

## Corporate Compliance Policy

Coastal Opportunities is committed to reasonable standards of accountability for administration, financial management, marketing, professionalism, and service delivery. The Agency seeks to develop, implement and maintain a formal program to provide for ongoing monitoring of and compliance with applicable legal requirements, and accordingly, to detect and prevent fraud, fiscal mismanagement and misappropriation of funds, with an emphasis on (1) identification and assessment of compliance risks, (2) prevention or wrongdoing, whether intentional or unintentional, (3) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party, (4) timely correction of situations and practices without consequences to the reporting party, and (5) timely correction of situations which place at risk the Agency or its leadership, staff, funding sources or individuals served.

The Board of Directors of has delegated responsibility for oversight of corporate compliance to the Executive Director. The Executive Director will monitor the Agency's corporate compliance and report at least annually to the Board on the Policy.

The Executive Director will serve as the Agency's primary point of contact for all corporate compliance issues.

The Agency will contract for an annual Independent Audit conducted in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. The standards require that the Auditors plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. The audit will also include assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

### Risk Management Plan

Coastal Opportunities' Risk Management Plan is to **“Promote quality services and manage risk effectively”**: to protect itself against accidental loss or losses which would significantly affect service recipients, agency personnel, property, its budget, or its ability to continue to fulfill its responsibilities.

It is Agency policy for every employee to act to reduce the risk of accidental loss or injury to the greatest extent feasible, consistent with carrying out its mission of assisting adults with Intellectual Disabilities to become participating members in the social and economic community.

To accomplish the goal of effective management of risks, a risk assessment system has been established to identify and analyze loss exposure and safety hazards, control mechanisms, responsibility and scheduling of reporting and monitoring the results produced or achievement of changes.

Risk management includes actions taken before and after a loss occurs and is directed towards reducing risks and reducing the frequency and severity of losses. When analyzing a loss exposure and its treatment, the impact on the entire agency, as well as on individual programs, is evaluated.

The Agency faces many risks in the course of its daily operations. Most fall into one of the following categories:

1. Fiduciary responsibility
2. Service recipient abuse or neglect
3. General liability
4. Professional liability (Including Directors and Officers coverage)
5. Liability and injury to employees
6. Property loss
7. Vehicle-related loss
8. Contractual liability
9. Business loss / Interruption
10. Loss of reputation

### **1. Fiduciary Responsibility**

A *fiduciary* is someone who is charged with the responsibility of managing assets for another. In terms of a non-profit agency, all employees and board members are fiduciaries, as such all, must adhere to the Code of Conduct established by the Agency.

### **2. Service Recipient Abuse or Neglect**

Risks include physical and/or emotional injury to clients; legal actions against the Agency and its employee(s); and accompanying harm to reputation.

### **3. General Liability**

General liability refers to the amount of loss payable to others outside the Agency for injury or damage arising from operations. It applies to personal injury, bodily injury and property loss or damage to a third party resulting from the negligence of the program operations or the employees.

### **4. Professional Liability (Including Directors and Officers Coverage)**

Claims are most prevalent in the areas of hiring, treatment and termination of employees. In terms of Directors and Officers liability, persons served and guardians rightfully expect a high level of character, professionalism and ethical conduct.

Directors and Officers must exercise reasonable care and diligence in carrying out their tasks. Negligence in fiscal management is the most common target of Directors and Officers liability claims. Failure to comply with the Americans with Disabilities Act (ADA) opens yet another arena for possible liability exposure.

### **5. Liability and Injury to Employees**

Coastal Opportunities liability to its employees includes compensation for job-related accidents or occupational illnesses. Three types of loss exposure are workers' compensation claims, employer liability claims, and non-compliance with applicable occupational safety and health regulations.

### **6. Property Loss**

Physical property at risk includes real and personal property, whether owned or leased. The loss may result from fire, accident or theft. Property may be destroyed, damaged or lost. The Agency may also experience an interruption in normal operations.

### **7. Vehicle Related Loss**

Risks include property damage to the vehicle itself, in addition to liability claims for personal injury and property damage as a result of vehicle operation. The specific types of liability are numerous and run the gamut from minor fender benders to loss of life.

### **8. Contractual Liability**

When risk is contractually transferred from one party to another, loss exposures can be increased or decreased. Contractual liabilities can arise out of leases, rental agreements, special service agreements, joint use agreements, cooperative ventures, construction contracts, service contracts with municipalities and contractual labor.

### **9. Business Loss / Interruption**

Loss or reductions of funding and major losses of facilities all create risk.

### **10. Loss of Reputation**

Loss of Reputation could result from negative publicity arising from negligent or unethical behavior of staff and/or Agency.

### **Board of Directors Leadership and Commitment**

The Board of Directors is committed to reasonable standards of accountability for administration, financial management, marketing, professionalism, and service delivery. It mandated and provides ongoing oversight to the development, implementation and maintenance of a formal program to provide for ongoing monitoring of and compliance with applicable legal requirements, and, accordingly, to detect and prevent fraud, fiscal mismanagement and misappropriation of funds. The key areas of emphasis are (1) identification and assessment of compliance risks, (2) prevention of wrongdoing, whether intentional or unintentional, (3) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (4) timely correction of situations which place at risk the Agency or its leadership, staff, funding sources or individuals served.

### **Risk Identification and Analysis**

Risks to the Agency are identified and analyzed at least annually with appropriate response to risks undertaken. Please refer to the attached Strategic Risk Plan which identifies the risk and outlines mitigating factors and plans to further reduce the risk.

### **Employee Training**

Each CO employee reviews the Corporate Compliance Policy at the time of hire. The Code of Ethics is reviewed with each employee as part of the annual performance review.

### **Allegation/Investigation System**

All allegations made to CO regarding suspected wrongdoing are investigated. The status of these activities is reported to the Corporate Compliance Officer. Allegations made directly to the Corporate Compliance Officer are documented and an investigation initiated.

The Board of Directors reviews allegations and investigation activities to identify trends and possible actions.

### **Risk Avoidance**

The Agency may elect to avoid undesirably high risks and programs with excessive costs by refusing to undertake unsafe activities or by discontinuing high-risk programs.

### **Loss Prevention and Loss Reduction**

Risks inherent in the existence and operation of CO can be reduced, resulting in a decrease in both frequency and severity of accidental losses. It is the responsibility of each department and its personnel to conduct the business of the company in such a way as to reduce or prevent hazards to individuals and property and to evaluate the risk cost potential when developing new programs.

### **Risk Retention**

It is general Agency policy to retain the financial responsibility for its risks of accidental loss to the maximum extent possible without jeopardizing the financial position of the company or the continuation of essential programs.

### **Risk Transfer**

The financial responsibility for risks may be transferred to others through contractual agreements or through the purchase of insurance. CO will purchase insurance when required by law, bond, or contractual agreement. Commercially insuring risks does not alter the responsibility of the agency and its employees for compliance with required and appropriate safety and security standards.

The Risk Management plan incorporates systems of checks and balances that clearly define accountability and monitor critical performance variables. Control systems are designed to minimize risks and prevent and detect illegal or unethical activity and or fraud, waste and abuse. Access to critical information is on a need to know basis.

## **MANAGEMENT EMPLOYMENT POLICIES**

### **Responsibility for Staff Employment**

The Board of Directors, with the Human Resources Committee, shall be responsible for the hiring of the Executive Director. Consultants may be used to assist in the selection of candidates.

The Executive Director, in consultation with the Human Resources Committee, shall have the responsibility for the recruitment and employment of all other staff.

### **Recruitment**

Current Agency staff will be notified of any job vacancies by internal memo.



For all purposes of recruitment, the Executive Director shall be responsible for the preparation of a description of the position to be filled, necessary qualifications, salary, and any other information required by the Agency or needed by potential applicants.

The description will be distributed internally and advertised publicly in the newspaper.

### **Qualifications for Employment**

An applicant for any position at the Agency shall be selected on his or her ability to perform the job functions of the position, training, background, moral character, and his or her agreement with the philosophy and purpose of the Agency.

The Agency has the right to require a post-offer medical examination of all employees in the same classification as a condition of employment as permitted by federal, state, and local law.

Applicants with either a conviction or an employment history of child abuse, neglect, or mistreatment will not be eligible for employment.

### **Responsibility of Applicant**

Candidates for employment shall make known in writing to the Agency all pertinent information that may affect their ability to perform the job functions of the position for which they have applied.

Candidates for employment shall provide acceptable references regarding their education, experience, and competence. Candidates are required to report all traffic violations.

The Agency has the right and discretion to reject an applicant on the basis of unsatisfactory references or on the inability to contact references.

### **Responsibilities of Coastal Opportunities**

The applicant shall be given a written job description, approved by the Human Resources Committee and the Executive Director, pertaining to the position sought. The description shall include, but not be limited to:

- The title of the position being described;
- Specific duties and responsibilities of the position;
- Minimum qualifications expected for education and experience, as well as work experiences which may be substituted for formal educational requirements;
- Specific licensing and/or certification requirements where necessary;
- Identification of supervisor(s) or position(s) supervised;
- Minimum rate of pay;
- A description of any other special or unique employment conditions.

The Human Resources Committee will personally interview all selected applicants for Executive Director.

The Executive Director will personally interview final applicants for all other positions.

The Agency will not assume responsibility for cost of travel to an interview except in cases specifically approved by the Finance Committee of the Board of Directors.

Confirmation of employment shall be given in writing by the Executive Director. Starting wage, working hours, verification of certification where required, and any other pertinent information shall be as set forth in the job description. Each employee is required to sign his/her job description.

### **Performance Evaluation**

Evaluation:

- a. Each employee shall be evaluated annually by the employee's immediate supervisor in relation to the employee's specific job description. Based upon the evaluation, the employee and the Executive Director will identify and write objectives to be addressed within specific time frames. Both the employee and the Executive Director may include narrative comments.
- b. It is expected that evaluations will be completed on or before their due date.
- c. Pay increases may take effect after the evaluation is complete and may not be retroactive.

### **VOLUNTEER POLICY**

Any person(s) providing volunteer services to programs operated by Agency will be required to:

1. Make known in writing to the Agency all pertinent information that may affect their ability to perform the position for which he/she applied. Such information includes preparation and experience for the position, individual interests and capabilities, and outside responsibilities that would interfere with their ability to perform the duties of the position.
2. Provide the Agency with acceptable references.
3. Work within a structured schedule and setting provided by the Program Supervisor.
4. The Agency will:
  - a. Maintain a personnel file on each volunteer. Files will contain, but not be limited to, the following: applications, references, related correspondence, and performance evaluations (where applicable). Collection, retention, and dissemination of employee information shall be in compliance with all relevant statutes.
  - b. Ensure compliance with health requirements as a condition of volunteering as permitted by federal, state, and local law.
  - c. Require volunteers who have been out of volunteer service due to a communicable disease, or for other medically related reasons, to present a physician statement assuring that the volunteer is able to return to volunteer service.
  - d. Require volunteers to attend an orientation after submitting required documents.
  - e. Require volunteers to read a document outlining the Agency's goals, objectives, and philosophy and provide a signature to acknowledge that it has been read and understood.

## **SUPERVISION OF CASE MANAGERS POLICY**

It shall be the Policy of Coastal Opportunities to provide supervision for each employee.

### **Purpose:**

The purpose of this Policy is to provide the assistance, guidance and oversight necessary to ensure quality services at all levels within the Agency.

### **Procedure:**

Each employee will be assigned a supervisor immediately upon his or her hire. The supervisor will have a minimum of 5 years experience in the field of intellectual and developmental disabilities and 2 years experience as a supervisor. The supervisor will oversee all aspects of the case management position including the development and review of individual service plans and will assure the provision of quality case management services. Supervision will be provided on a regular basis and will be held at least once per week for the first 2 months that the case manager is employed. After the initial two-month period, supervision will be provided at a minimum of once per month and will be available more often if needed.

Supervision will include the following:

1. Review of the entire intake process including initial contact with the referral source and the family and child.
2. Review of the case record including background information and Person Centered Plan.
3. Review of all documentation in the files for completeness and content. This review will be documented in the file.
4. Review of all case management activities, including the adequacy and completeness of screenings, assessments, referrals, etc.
5. Enhancement of the case manager's individual, family and group support skills.
6. All supervision sessions will be documented with the date, duration and content of the meeting. Both the case manager and the supervisor will sign the supervision log.
7. Any issues pertaining to the delivery of case management services, interaction with clients, families, other service providers, needed training or resources, etc. will also be addressed.
8. Supervisors will provide clinical/professional and administrative supervision to case managers at a ratio that will ensure that all supervisory requirements are met.

While formal supervision will be provided as noted above, supervision will also be available as needed to deal with the day-to-day occurrences that are inevitable. The case manager will receive support and assistance from other Agency staff as needed and appropriate. Case managers will be evaluated at the end of six months and annually thereafter. The evaluation will include goals for the upcoming year.

## **Case Management**

### **Policy**

The Agency will provide case management services to adults who live at home.

### **Purpose**

Case managers will work with adults who live alone or with their families. Full time Case Managers will have caseloads of up to 35 clients. If a case manager works less than 40 hours per week, the caseload will be pro-rated accordingly.

### **Procedure**

Case managers will be expected to work 40 hours per week, if they have a full caseload. Case managers will need to allow for flexibility in their schedules to meet the needs of the individuals they work with. If a situation arises and the case manager is not available to respond, the case manager's supervisor or his/her designee will be expected to respond to the situation. The supervisor or his/her designee will be available to respond as needed if the case manager is not available because of vacation, illness or training. Per Diem or contracted staff will not be utilized in this position due to the nature of the work. If the demands of the caseload is too challenging to meet the needs of the individuals served prior to the caseload size reaching 35, an additional case manager will be hired.

Assignment of individuals for case management services will be done at the discretion of the supervisor. The supervisor will strive to recognize the strengths of the abilities of the case manager and to match these with the needs of the clients. The duties and job responsibilities of the case manager will be identified in the job description. Case management will only be provided to individuals who do not receive any other services from the Agency.

### **Representative Payee**

The Agency began providing representative payee services in November 2011. This service is limited to people for whom the agency provides case management services. Additionally the service will be limited to administering funds that originate with Social Security, the VA or the State of Maine.

There are no fees currently charged by the agency to provide the representative payee service. The cost of checks is the responsibility of the person and the fee is deducted by the bank from their accounts. If in future, a small fee was assessed for the representative payee service, than each person/guardian would be notified 60 days in advance of the change in order to give them time to make other arrangements if they choose to do so.

The process begins when a person under case management (or their guardian) requests the representative payee service. At that time, a copy of the representative payee policy will be provided to them. The person/guardian will be requested to sign a release of information so that the case manager can contact Social Security, the VA and/or the State of Maine to begin the process. The case manager will be responsible to complete the necessary paperwork requesting the change in representative payee.

Once Agency has been designated as representative payee, the case manager will request that the person/guardian give written permission for Agency to pay all routine bills relating to that person such as room and board bills, rent, utilities, medical expenses and monthly spending. The case manager will work with the person/guardian to arrive at a monthly spending amount which they can afford. Requests for non-routine expenditures will be discussed with the person/guardian.

Upon receipt of the letter from Social Security, the VA or the State of Maine designating Agency as representative payee, the business manager will:

- ❖ Open a checking account for each individual (Beneficiary)
- ❖ Checks will show the Beneficiary's name, the name of the Representative payee and the address of the Representative payee.
- ❖ Direct Deposit will be arranged and Social Security, the VA and/or the State of Maine notified.
- ❖ A spread sheet ledger page (Income and Expense Worksheet) is then set up showing the beneficiary's address, bank account number, social security number and phone number. It will show the date, check source, deposit amount, expense categories, and check number, reason for payment and to whom the check was written. Additionally, it shows the running checking account balance. Each column maintains a running total of deposits and expenditures which can be used to complete the SSA-623 form (Representative Payee Report) which is sent to the Rep payee yearly by Social Security.
- ❖ Requests/Invoices received on behalf of the beneficiary are given to the case manager for review and approval. The case manager will sign and date the requests/invoices and return them to the business manager who in turn obtains the approval of the executive director.
- ❖ After checking requests/invoices for the authorization signature, the beneficiary's paper file is retrieved and the ledger page opened.
- ❖ If the request/invoice must be returned with the check, a photo copy of the request should be made for the beneficiary's paper file. The check is written for the requested amount and the date and check number will be written on the request/invoice and in the check book. The opened ledger page will then be filled in with the required information. The invoice and check are attached and then they are given to the authorized signer. After signing the check, both the check and invoice will be returned to the business manager who will mail the check and file the back up invoice in the beneficiary's file folder.
- ❖ Beneficiary's accounts are set up for on line access in order to check for deposits or withdrawals at any time. Bank statements are balanced to the check book and to the ledger monthly.
- ❖ Any check not cashed within 90 days will be voided. After being notified by the business manager of an outstanding check that was written more than 60 days ago, the case manager will attempt to determine the reason that the check has not been cashed.
- ❖ Purchase Orders may be utilized.
- ❖ Beneficiaries may request a copy of their ledger at any time from the case manager or the business manager.
- ❖ The business manager will inform the case manager when a person's account exceeds \$1850 at the end of a month.
- ❖ The case manager will be responsible to monitor the funds that beneficiaries may have in other personal accounts such as accounts into which they might deposit their monthly spending money. This is necessary to ensure that the beneficiaries' total assets do not exceed \$2000 for SSI for those who receive an SSI check.

The checking accounts do not accrue interest. In lieu of interest, the bank does not mandate that the representative payee accounts maintain a certain balance in order to avoid bank fees.

The case manager will request that receipts be provided if checks are written to a family member or staff person in order for them to purchase items for the beneficiary.

The case manager will be responsible for completing the necessary reviews which originate from Social Security or the VA.

If the business manager is not available and someone is in need of emergency funds from their account than the accounts receivable clerk can write a check.

If at some point the person/guardian chooses another representative payee other than Agency, half of the account balance will be transferred to the new payee at the time that the new payee receives the first benefits check. The balance of the account will be transferred in 60 days after all outstanding bills are paid.

In the event of death, any remaining funds in the account will be examined to ascertain the payer source. If the funds are entirely from the Social Security Administration and there is no personal representative, the balance in the account will be returned to SSA. If there are other payers of income (VA or State of Maine) the last monthly amount received from SSA will be returned in accordance with SSA policy. The remaining balance will be held for 90 days and then surrendered to Unclaimed Property and the account will be closed. If there is a legal representative of the person's estate, the conserved funds will be given to them for disposition under State Probate law.

### **Interpreter Services**

Coastal Opportunities is committed to ensuring that individuals receiving Case Management services have access to Interpreter Services if these services are necessary to facilitate optimum communication when there is a communication barrier. Critical times for Interpreter services include when informed consent is needed for treatment or acquiring services, the individual is involved in legal proceedings and for participation in the Person Centered Planning process. Interpreters must be licensed in Maine. The CCM will refer to the *Language Access Policy* and the *OADS Process for use of Interpreters in the Person Centered Planning Process* to when obtaining services of an interpreter.

### **Community Case Management Records**

An Active Record is that which contains current information needed for the individual receiving services. This may include information in paper or electronic form (EIS).

A record will be considered Inactive when person is no longer receiving or requesting services.  
Paper Records Will Include:

- Releases/ notifications and other forms (guardianship, MaineCare, SS info, etc
- Planning documents such as PCP, IST, Behavioral supports, quarterly reviews
- Professional Evaluations
- Medical /Dental records
- BMS 9
- Waiver correspondence
- Discharge summaries will be completed within 30 days of termination of services.

Signatures will be evident on all reports by the provider of services. Signatures will be obtained from the Person Served or their guardian to release any information in the record and for approval of plans or treatments.

How to Access Client Records:

Individuals receiving services or their guardian may request access to their records in writing. The CCM will do this within 10 workdays. There may be a fee for this.

Disposal of Records:

Inactive records will be retained for a period of 5 years unless involved in an Audit, in which case the records will be retained until Audit is completed.

**ADMINISTRATIVE POLICIES**

**Accessibility and Equal Opportunity**

Coastal Opportunities does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or status as a Vietnam-era or special disabled veteran, in admission to, access to or operation of its programs, services, or activities, or its hiring or employment practices.

Coastal Opportunities is committed to complying with the Americans With Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Maine Human Rights Act. All services provided by the Agency are designed and operated so that persons with disabilities can access and participate. We will provide persons served with any reasonable auxiliary aids, as necessary, to ensure accessibility and program participation.

Coastal Opportunities is committed to providing programs, services, employment, and volunteer opportunities to all individuals. In support of this commitment, the Agency will continue its efforts in the following areas:

- We will continue to implement our affirmative action/equal opportunity policy.
- We will continue to promote the recruitment of individuals with disabilities or their personal representatives to serve on our Board of Directors, our committees, our staff, and as volunteers.
- We will continue to address barrier-free design in all renovations and new construction projects we plan. We will seek accessible space for all of our programs and services with the goal of achieving full program accessibility when it is economically feasible.
- All plans for new buildings or renovations of existing buildings will receive approval from the State Fire Marshal's Office or designee for compliance with ADA and Section 504 of the Rehabilitation Act.
- Assistive tools and devices may be available to assist employees with disabilities, including but not limited to those affected by vision, speech, hearing or mobility impairments. The Agency will seek to assist employees in accordance with ADA provisions and the Agency's ability to pay.
- We will notify DHHS of complaints pursuant to the Americans With Disabilities Act, the MHRA, or Section 504 of the Rehabilitation Act resulting in reasonable grounds finding by an external regulatory body such as the MHRC or the EEOC.

**Retention of Financial and Administrative Records**

Financial and administrative records will be retained for a period of three (3) years following the final acceptance of the audit and resolution of all findings by the funding source and the Agency with the following exceptions:

- Financial records that have not been audited by the funding source will be retained for a period of seven (7) years.
- If any litigation, claim, or audit is started before the expiration of the three (3) year period, the records will be retained until all litigation, claims, or audit findings have been resolved.
- Records for non-expendable personal property will be maintained for three (3) years following the disposition of the property.
- Computerized payroll records are backed up monthly. The back up copies will be kept in a fireproof file.

It is the responsibility of the Executive Director to ensure that the records are maintained for the designated time periods. Records disposed of will be shredded.

Administrative records include, but are not limited to, the following:

- Personnel;
- Travel;
- Policies and Procedures;
- Corporate Minutes;
- By-Laws;
- Articles of Incorporation;
- Agreements and Agreement Related Correspondence; and
- Memos and Documents.

### **Endowment Investment**

Gifts of money or securities to the Agency Endowment Fund will be unrestricted as to the purpose of the gift or to further use of the income or principal of the gift.

Gifts of money or securities with restrictions imposed by the donor will be invested separately from the Endowment Fund.

#### Objectives:

1. To provide a growing, inflation adjusted, available income stream for present and future beneficiaries of Agency programs.
2. To keep the market value of the investment assets whole, after inflation, while recognizing that market values may remain over or under priced for a sustained period of time.

### **Principles and Assumptions**

Long-term investment focus. To meet the objectives of perpetual funds, the Board must focus on longevity. The Endowment Fund will be invested over the long term and total returns may experience periods of short-term price volatility.

Long-term returns. The Board expects equities (stocks) to continue providing greater long-term total returns than bonds or cash. Although there will be periods when bonds and cash will outperform equities, over the long term, inflation adjusted dividends from stocks will grow with the economy.



## **Investment Strategy**

Asset class objectives. Equities should provide both a dividend stream that grows at least as fast as the inflation rate and capital appreciation. Fixed-income instruments should reduce overall portfolio price volatility and provide a higher, but fixed, income stream.

The Endowment portfolio will be primarily diversified into quality stock holdings. The Finance Committee will recommend to the Board the actual allocation of funds among stocks, bonds, and cash equivalents. This allocation is expected to vary over time.

Security restrictions. Aggregate holdings in the securities of any one issuer should not exceed five percent (5%) of the total market value of the combined funds at the time of purchase. In addition, the market value of securities of any one issuer should not exceed ten percent (10%) of the market value of the combined funds at any time. Debt securities should be rated A or better. The Board prohibits the use of private placements, commodities, stock and bond futures and options, short selling, and security lending.

## **Spending Policy**

Available income and cash income. Available income is that which the Board may distribute to the Agency for current consumption. Cash income is comprised of the interest earned and dividends received from the securities in the investment portfolio and does not include capital gains or capital gains distributions from mutual funds. Annual cash distributions should not exceed the preceding year dividend return on the Standard & Poor 500 index. Income distributions may be postponed and allowed to compound for use at a later date.

## **Supervision**

The Finance Committee will be solely responsible to the full Board of Directors for the administration of these investment funds and will make periodic reports to the Board.

The Committee will meet at least twice a year to monitor the performance of the external investment manager. The Committee will annually review this policy statement to ensure that it remains appropriate and is complete.

## **Cash Management**

### **Receivables**

The Business Office staff will pick up the mail each day at the post office. The mail will be opened and each check will be stamped with "deposit to Coastal Opportunities." All income, checks or cash, received by the Agency will be photocopied and grouped, making sure they balance to the deposit ticket. The income is then applied to the AR account from these groupings ensuring that the posted amount matches the deposit. All income will be immediately recorded in the Cash Receipts Journal by the bookkeeper/secretary or the office manager and will be deposited into the general account as soon as possible. If the income received is not required for immediate cash flow purposes, it will be transferred from the general account to a money market account or to the Endowment Fund to earn a higher rate of interest.

## **Payables**

The Business Office staff will prepare all payables for payment indicating the cost center the payment will be applied to. The Executive Director will initial each payable indicating agreement with the allocation of the payment. The payables will be returned to the bookkeeper/secretary or office manager who will attach the checks to the appropriate payables. The Executive Director will then sign the checks. The Treasurer and Board President are also authorized to sign checks on behalf of the Agency. The Residential Coordinator is authorized to sign checks not to exceed \$500.

The Business Office staff will prepare the payroll on a biweekly basis. The Agency contracts with an external payroll service for payroll, tax, and withholding statement services. The payroll, tax, and withholding are checked quarterly and are balanced to the general ledger cost centers.

All transfers from the money market account to the general account will be prepared by a member of the Business Office staff, and will be signed by the Executive Director, Treasurer, or Board President.

The Treasurer will review all checking account statements on a regular basis.

The Business Office staff will reconcile and post all accounts to the general ledger at the end of each month. The accounts payable and accounts receivable are posted to the general ledger immediately after completion. The Business Office staff will prepare the trial balance, balance sheet, and income statements.

Agency finances of will be reviewed monthly by the Finance Committee of the Board of Directors and annually by a certified public accountant and state funding sources.

## **Procurement Policy and Procedure - Purchases**

With the exception of food and gas charged at authorized stores, a purchase order must be used for all purchases.

All orders for goods will be made by the office personnel. This insures accurate delivery and that a check will be ready if the purchase arrives as COD.

Any purchase for goods or services over \$100 must be approved by the executive director. Other purchases may be approved by the program supervisor. As noted above, once purchases are approved all orders for goods will be made by the office personnel.

Items whose cost is greater than \$10,000 or more will involve a competitive bid process where practical. If it is not practical, documentation explaining why it is not practical should be noted. All competitive bids require board approval.

## **Acknowledgment of Donations**

It is the policy of Agency that all donations will be acknowledged in writing. Acknowledgment of donations will include notifying the donor(s) of our IRS tax exempt status in case that status should be a benefit to them.

## **Rubbish Removal**

It is the policy of all Agency facilities that garbage is properly covered and disposed of away from food preparation areas and resident or program areas. Garbage cans must be thoroughly cleaned and checked when emptied. Garbage must be removed from residential facilities on no less than a weekly basis and from the day program buildings on no less than a daily basis. Garbage must be disposed of at the dumping transfer station, collected by an authorized garbage collector.

## **Case Record Review**

Confidentiality. The information contained in client files is confidential and may be viewed/reviewed by authorized personnel ONLY.

Authorized personnel include Agency direct care and supervisory staff. AUTHORIZATION OF OTHER INDIVIDUALS WHO REQUEST ACCESS TO CLIENT FILES MAY BE GAINED BY OBTAINING A SIGNED AND DATED RELEASE FROM THE CLIENT OR HIS/HER LEGAL GUARDIAN INDICATING THE SPECIFIC INFORMATION REQUESTED AND THE PURPOSE FOR THE PROCUREMENT OF THAT INFORMATION.

## **Working Files**

Each program will have a notebook that will contain information of value regarding clients and programming, compiled on a daily to weekly basis, depending on the need. Recording repeated behaviors, observations, and subjective material are examples of the type of information contained in the notebooks. This material is not to become part of the permanent client file. The portion that relates to the goals and objectives of individuals will be condensed and incorporated into the client's monthly progress notes. Non-pertinent information may be discarded when no longer useful.

Working files are for the use of pertinent staff only for the purpose of improving individual programming and are to be kept confidential. Files are not to be left open in an unsupervised area at any time.

## **Performance Outcome Measurement**

Policy: There shall be an organized performance outcome measurement system that encompasses all of the programs offered by Agency. This policy is effective April 1, 1988 and will be installed by April 1, 1991.

Purpose: The purpose of the performance outcome measurement is to provide the Board of Directors, staff, and the public with data identifying the efficiency and effectiveness of the Agency program in such a way that program performance can be improved.

Responsibility: The Executive Director is responsible for all aspects of the performance outcome measurement system.

Authority: The Executive Director or his/her designee is empowered with all authority reasonably necessary to undertake a comprehensive performance outcome measurement effort and to ensure that such an effort is maintained.

Monitoring and review: The monitoring and review functions will be carried out by the Agency staff on an annual basis. The results of these reviews will be reported to the Board of Directors annually.

Reporting: The Executive Director will report to the Board of Directors on an annual basis the actual program results compared to the established criteria.

Each program coordinator will generate a management report by August 1 of each year, which will cover the period of July 1 through June 30 of the previous year. The report will include a review of who was served by the program (nature of the caseload), what types of services were provided and the resulting outcome(s). This will be compared to the present goal(s)/objectives of each program to determine the efficiency/effectiveness of each program.

### **Annual Program Evaluation**

In July of each year our annual program evaluation will be completed by each program coordinator for the program(s) he/she is responsible for.

The evaluation will consist of the following:

- A statement regarding client progress, maintenance, or regression with accompanying rationale when compared with the previous year's evaluation; and
- Rationale for current identified program focus and/or change.

Program focus should be linked to the Program Services description in the program manual.

PCP goals and objectives should directly relate to identified program focus. Goals and objectives which are not directly related should be accompanied by rationale. Any existing program goals/objectives established by the program should be addressed in terms of progress.

Program goals/objectives for the upcoming year should be identified.

### **Policy & Procedure for Handling Search Warrants, Subpoenas, and Other Investigations**

#### **Procedures**

Agency (CO) will comply with all subpoenas, search warrants and investigations in a timely manner as required by law. We will also fully cooperate with law enforcement officials, investigators and auditors.

#### **General**

The focus of this procedure is upon the various government investigative tools, which can range from a simple telephone call to a search warrant. These tools are used to root out fraud and abuse, especially for federally funded programs such as Medicaid.

#### **Key Points**

Subpoenas are a more common element of the business world while a search warrant is a less frequent occurrence. *Receiving a search warrant without advance notice can be a stressful and disruptive event; however, it is important that we respond in a calm manner while maintaining and displaying a polite and cooperative attitude.*

## **Record Retention and Destruction**

Routine and non-routine destruction of records should immediately stop when a subpoena, search warrant, inquiry, or any type of investigation is received or is underway. This includes computerized records. Records should not be altered or created in an effort to provide documents in response to a government investigation, subpoena, search warrant, audit, or inquiry. Any changes due to ongoing business needs should not be made to existing documents or records. This also applies when it is likely or reasonably known that a subpoena, search warrant, inquiry, or another type of investigation will occur.

## **Media Inquiries**

If an employee is contacted by the media or an outside party for comment, he/she should refer the issue to the Executive Director.

## **Protected Health Information:**

If Protected Health Information (PHI) is involved, Agency' HIPAA and confidentiality policies will be followed.

## **Confidentiality Agreements**

In cases where CO has a signed confidentiality agreement with a person or entity, any release of record(s) must be in compliance with the agreement. The subpoena or search warrant should be reviewed to determine the scope of the request in order to identify documents that are under a confidentiality agreement. Accordingly, the related confidentiality agreement should be reviewed and followed.

### 1. Definitions

2. Subpoena- Subpoenas can be either administrative or grand jury subpoenas.
  - a) Administrative subpoenas are issued by a government agency (e.g. the Federal Bureau of Investigation, the Office of the Inspector General, etc.) and can only require that documents be provided or produced.
  - b) Grand jury subpoenas are issued by the U.S. District Court at the request of a prosecutor and can require testimony in addition to documents.
3. Subpoena duces tecum– This is a *document* subpoena that requires the appearance of a witness to bring certain documents or things with him/her. It might also require the person to provide testimony.
4. Subpoena ad testificandum –This is a *testimony* subpoena. A witness subpoena compels the appearance of a witness to provide testimony.
5. Deposition Subpoena requires a non-party to provide copies of business records to or appear before a subpoenaing party. A deposition subpoena differs from a subpoena duces tecum in that the focus is production of and testimony regarding records related to the discovery process before trial, rather than a court hearing.
6. Search Warrant is an order issued by a judge or magistrate that authorizes law enforcement officials to search a specific location and seize specific types of property.

7. Blanket Search Warrant is an order issued by a judge or magistrate that authorizes law enforcement officials to search a broad or multiple areas and seize a broad range of property.

#### A. Subpoena Procedures

1. Subpoenas are served by a process server, law enforcement officials, a person 18 years of age or older who is not a party or, in certain circumstances, by mail. Business related subpoenas should be delivered to the Executive Director / Corporate Compliance Officer (CCO) or the most senior person on location. Since the Executive Director / CCO is physically located at the administrative office, the most senior person at a given CO worksite should accept the subpoena.

When a subpoena is served, any interaction and/or limited discussion(s) should occur in a polite business manner and cooperation should take place as required by law; however, no discussion(s) should occur concerning the subject matter, as incorrect statements could be made. Redirect any inquiries to the Executive Director.

2. For a subpoena that is CO business related, the employee's supervisor will be notified. The employee will be granted paid time off in order to comply with mandated court appearances and as needed to fulfill his/her obligations. The employee must follow CO process for requesting time off. Notification should occur as far in advance as possible and a copy of the summons, subpoena, or other written evidence of the required court appearance should be submitted as support.

Jury and Witness Duty policies published in the Employee Handbook should be followed for subpoenas that are not CO business related (i.e., witness of traffic accident).

3. If the subpoena names a person who is no longer employed by CO, the delivery person will be informed of this and the subpoena should not be accepted. When in doubt concerning a person's employment status, accept the subpoena.
4. The individual accepting the subpoena should sign for it and enter the date and time of receipt on the copy received. Immediate notification shall be made to the Executive Director or alternative senior staff member in his/her absence. Depending on the facts, a decision will be made whether the actual subpoena will be sent to the Executive Director or will be delivered to the named person. If the subpoena names a specific individual, the Executive Director or alternative person will handle its delivery to the individual in a manner that limits disruption of business.
5. Legal counsel will be consulted to ensure the Agency responds properly and in a timely manner.
6. The Board of Directors shall be notified of any subpoenas related to Agency business matters within seventy-two hours.

#### B. Search Warrant Procedures

1. General
  - a) Search warrants are executed by a law enforcement agency with jurisdiction over the matter and normally occur without prior notice as a surprise event. One or more law enforcement official(s) may execute the warrant. The process can take many hours or

- the whole day to complete. It usually occurs during the daytime (6 AM-10 PM) unless a nighttime search is specifically authorized. A search warrant is also usually executed within ten days of the date issued.
- b) The Agency cannot legally prevent the search and seizure from occurring and it is illegal to obstruct the execution of the warrant. Therefore, employees should not interfere with the search.
  - c) Staff will inform employees who are impacted when a search and seizure activity is underway since the news will travel throughout the Agency and it is better to present accurate information. This policy should be highlighted in the communication and referenced as a source for employee guidance. A decision should be made about whether or not it would be prudent to send home nonessential employees.
  - d) The search warrant permits the search and seizure of property including records and computers. However, it does not entitle law enforcement officials to interview employees.

## 2. Action Upon Receipt of Search Warrant

***Reminder--Be calm and polite and cooperate with law enforcement officials. They are professionals; however, the process is sometimes designed to be intimidating and it is an investigation technique.***

- a) Upon receipt of a search warrant, immediately contact the Executive Director. In the absence of the Executive Director, immediately contact the most senior person. Since CO has numerous locations, an employee should also inform his/her manager and the most senior person on-site of this event. The most senior person will coordinate efforts until the Executive Director and legal counsel can be reached and arrive on the scene. Either the Executive Director or alternate person will contact legal counsel immediately. Legal counsel may recommend a response that varies from this policy. If so CO will follow his/her advice.
- b) The Network Administrator (IT) should be contacted since search and seizure of computers may be involved. An attempt should be made to convince the law enforcement officials to take only computer files and not the entire computer hardware.
- c) Emphasize that CO will do everything to ensure the search proceeds smoothly, noting that CO is represented by legal counsel and that you have been instructed to contact the Executive Director, who is contacting legal counsel. Request a brief delay of the search, noting this is preferred in order to allow time for the Executive Director and legal counsel to arrive on site as a precaution to make sure everything is in order. The law enforcement officials do not have to honor this request. If they decline the request, no attempts should be made to impede/obstruct the search.
- d) Identify the agent in-charge of executing the warrant. Ask for a business card, his/her name, title, telephone number, and the names and affiliation of the law enforcement officials involved in the search. Ask each person for a copy of his/her business card. Examine the in-charge agent's credentials to ensure validity. All communications, key information, and requests should be directed to this agent.
- e) Request that all law enforcement officials sign the sign-in log and ask if they will wait in a conference room or private office as a way to minimize the impact on persons served. Briefly explain our work environment, which includes persons served. Make a decision whether a person served should be sent home or to another location.
- f) If the law enforcement officials will not wait until the Executive Director and legal counsel arrive, request a copy of the search warrant and carefully read it. Make sure

the warrant is valid and signed. For example, it would not be valid if the address listed is not correct.

- g) Determine the scope of the warrant, the area to be searched, the type of evidence to be seized, as well as the time limits specified. Monitor activity to ensure that the search area and time limits are followed. There will be a specific location and/or property identified, unless it is a blanket search warrant. If a law enforcement official wanders to an area not specified, or if the time limit expires, notify the in-charge agent, but do not be overly forceful in doing so. If the in-charge agent rejects your concerns, legal counsel will address the issue. Remember, there is judgment involved and they are allowed to take documents that are the fruits of or related to the potential crime.
- h) Identify the employees that are knowledgeable and can assist in retrieving the documents, computer information, etc. Assign an employee to each law enforcement official who will accompany him/her throughout the process. Notify the in-charge agent that these employees are here to ease the search with minimal disruption of business. Offer assistance to retrieve records and property without interfering with the process.
- i) Advise the law enforcement official that no employee has the authority to consent to any search and seizure. Law enforcement officials may search a place or object without a warrant or even probable cause if a person with authority has voluntarily consented to the search. *If you are asked to consent to the search, politely decline.*
- j) Do not volunteer information or records not specified in the search warrant. Also, do not make small talk or discuss the search warrant with the law enforcement officials. Our legal counsel will deal with such issues. Any statement that is volunteered cannot be retracted or modified. Additionally, errors and/or incorrect information may be provided. Do assist the law enforcement officials in finding a person's office or specified documents or property for which they are looking and/or making inquiries.
- k) Take extensive notes regarding the places searched, such as time, statements made, and actions of the law enforcement officials. Also, it is very important to inventory records/property searched and seized. Ask if you can photocopy the information, especially if it is essential to business and copies can be made on the spot without damaging the original or impeding the search. Nevertheless, your request may be denied. Once the search has been completed, deliver any notes and inventory of records/property seized to the Executive Director.
- l) If law enforcement officials attempt to seize attorney-client confidential and privileged communications, politely object, noting that you believe they are outside the scope of the warrant. Also notify the in-charge agent of your concern. If your objection is ignored, no attempts should be made to impede the search by refusing access to records.
- m) CO is entitled to a copy of the warrant and a receipt for seized property before the law enforcement officials leave our site. Also, CO has the right to be present when the law enforcement officials make an inventory of the property seized. If the law enforcement officials refuse to provide a receipt, one will be obtained through the appropriate channels after they leave.
- n) No statement other than the law enforcement official's receipt for seized records should be signed. Compare their list to our inventory prior to signing the receipt. Point out any discrepancies.
- o) Ensure that all law enforcement officials have left the location once the process has been completed. Note the time the search ended.



3. The Board of Directors shall be notified immediately of any search and seizures.

4. Interviews

a) Law enforcement officials who execute a search warrant may seek to interview employees. As previously mentioned, a search warrant does not create the right to interviews; however, CO would never prohibit an employee from speaking with a law enforcement official or an investigator. We also will not instruct an employee to refuse to be interviewed. Such prohibition is a serious legal issue.

b) We can advise employees of their rights, which are:

- Employees are under no obligation to talk with a law enforcement official or an investigator.
- If an employee consents to an interview, that employee can choose to have a CO representative, an attorney, or another person present.
- An employee should ask for identification to verify the person's identity.
- Sometimes law enforcement officials approach an employee at odd hours and at his/her home. Employees can choose the time and place of an interview and can terminate it at any time.
- Speaking to a law enforcement official or an investigator will not be viewed unfavorably by CO.
- If an employee grants an interview, all questions must be answered truthfully. Lies or false or misleading statements should never be made.
- Telling a co-worker what you were asked and how you answered interview questions can quickly become conspiracy, which is a serious legal matter. Accordingly, do not discuss the interview with a co-worker. Any employee who has concerns or questions should contact the Executive Director. Discussions with the Executive Director will be general in nature and not involve specific information concerning interview questions or responses.
- All statements can later be used against the employee and CO regardless of whether Miranda warnings were given (Note: Miranda requires that a person under arrest be informed of his/her legal rights. Unless a person is legally in the custody of law enforcement officials, the Miranda requirements are irrelevant to the admissibility of a statement).

c) Other Investigative Tools Audit, Telephone Calls or Inquiries

- Telephone calls or written inquiries concerning an actual or potential investigation or audit shall be forwarded to the Executive Director for response.

d) Contacts:

1. Corporate Compliance Officer- Executive Director  
Work Telephone Number- 207-236-6008  
Fax Number- 207-236-0690
  
2. Executive Director-  
Work Telephone Number- 207-236-6008  
Fax Number- 207-236-0690
  
3. Network Administrator (IT)

Work Telephone Number- 207-549-7375

Fax Number- 207- 549-4715

If those above are not available, the employee should contact the most senior person on location, supervisor, or Administrator on Duty.

**Rationale:** To provide guidance regarding the handling of subpoenas, search warrants, inquiries, or other types of investigations related to Agency business.

This Policy applies to all Agency employees.

## **POLICIES RELATING TO CLIENTS SERVED**

### **Program Re-entry**

It is the policy of Agency that, in the event that a client has been placed into a job in competitive industry or into another program and circumstances beyond his/her control result in loss of placement within sixty (60) days of an individual's hiring date or program assignment, every effort will be made to offer the client re-entry into his/her previous program or to refer the client to another program which may better meet his/her needs. If an opening is not available in an appropriate program, re-entry will be offered as soon as one is available.

### **Communication of Health and Special Considerations**

It is the policy of Agency that health and other special considerations will be taken into account in the work assignments of clients served. These concerns will be clearly communicated in writing by the Program Coordinator following intake on any new admission. Written concerns will be given to the assigned case manager and communicated to all staff at a staff meeting. When appropriate, written instructions regarding procedures necessary in response to the stated concern will be given to all staff. This policy is applicable to clients currently in programming when health or other special consideration issues develop. All information regarding these issues will be clearly documented in the client's file.

### **Visitations and Outings**

Arrangements to visit or take out a client shall be made in accordance with the policies of the program area in question.

Persons wishing to visit or take a client out should contact the appropriate Program Supervisor at least twenty-four (24) hours in advance.

### **Special Policy on Input from Those Served**

Agency is committed to develop and implement services that will best meet the changing needs of all persons to whom we provide services. In order to achieve this goal Agency solicits the opinion of the individuals it serves, family members and significant others.

Methods of obtaining information from those people to whom we provide services include the following:

Individuals to whom we provide services express their opinion regarding services which they receive, at their PCP meeting, staff meet with each individual and/or their designate(s) prior to the annual meetings to help them make choices and decisions regarding the services they are receiving and those which they would like to receive. Any person receiving services may request a special meeting at any time to request a change in the services they are receiving.

Individuals are encouraged to express their opinion regarding services received. In the day program participants meet weekly to review the week's schedule and to give input into what they will be doing for that week. In the group homes, residents meet monthly and are encouraged to express their opinions regarding all services received and any house/apartment issues. Participants in any program are encouraged to communicate problems as they occur. Each person's opinion is listened to in a respectful manner.

When an individual is discharged we ask his/her opinion of services received and areas in which he/she feel we can improve. Recommendations are reviewed by the Program Supervisor and Executive Director.

Once a year, Agency sends out a questionnaire to clients, parents and family members, and other individuals involved in the individual planning process to gain information on satisfaction with the services that have been provided. This information will be compiled and reviewed by the management team.

### **Informed Consent Policy**

It is the policy of Agency to ensure that informed consent has been obtained from the legal guardian for all medical, dental, medication, and therapy related treatment. Agency will obtain permission from the legal guardian to arrange for all scheduled and unscheduled medical, dental and therapy treatment appointments and emergencies.

A guardian may utilize a Power of Attorney (P.O.A.) to represent them during absences and unavailability. The P.O.A. may be used to authorize unplanned or emergency treatment. Any record designating a P.O.A. by the guardian needs to be updated every six months and a copy of the appointment of the P.O.A. must be on file in the legal section of the individual's historical binder. The procedure for obtaining informed consent from the P.O.A. is the same.

#### **Purpose:**

Informed consent by the legal guardian is required for all medical, dental, medication, and therapy related treatment. Informed consent is defined as the understanding of the facts, implications, and positive or negative consequences of an action or treatment. Informed consent shall not be obtained under pressure and all decisions are to be made freely by the guardian. The guardian must participate in determining the choices and decisions regarding health care options, medication and treatment. This policy is intended to define when informed consent is to be obtained and applied, how it will be implemented and documented, what needs to happen when informed consent cannot be obtained and how Agency will monitor itself for compliance with this policy.

#### **Procedure:**

A. Obtaining Informed Consents for Planned and Unplanned Appointments and in Emergencies:

1. Agency must obtain consent from the guardian to arrange and schedule all planned medical, dental, and therapy treatment appointments.
2. Agency must further obtain guardian consent prior to following through with any treatment prescribed (accompanied by doctor's orders) by the treating professional (related to medication, additional services required, plans to implement at the program, etc.).
3. The legal guardian will be given prompt notification of all unscheduled or emergency appointments and every effort will be made to obtain their consent prior to the appointment.
4. Agency will make every reasonable effort to coordinate the scheduling of appointments and accommodate the expressed intent of the legal guardian to attend the appointment.
5. When the legal guardian is unable or chooses not to participate in an appointment the medical provider will be requested, by Agency, to contact the legal guardian directly and discuss the outcome and treatment recommendations (e.g. medication changes, etc.). When direct contact is not possible, the medical provider will be requested by Agency to make other reasonable efforts at communicating with the guardian. Agency may offer assistance in contacting the guardian.
6. All efforts to contact and/or actual contact of the guardian will be documented in accordance with this policy.

B. Obtaining Informed Consent for Planned Complex or Invasive Procedures:

1. Informed consent from the legal guardian will be obtained directly by the medical provider when surgery, anesthesia, or other invasive treatment plans are ordered by the medical provider. A doctor, nurse or other health care provider recommending treatment will be responsible for ensuring that the guardian/patient understands the purpose, risks, and other options before starting treatment.
2. The guardian may be asked to sign a consent form or a refusal of treatment form by the provider in more complex situations. Agency' staff will request a copy of the form for documentation and tracking purposes and will file it in the consents section of the Individual's Historical Binder.
3. Agency will not be able to follow through with any planned complex or invasive procedure without prior guardian consent.
4. All efforts to contact and/or actual contact of the guardian will be documented in accordance with this policy.

C. When Informed Consent Cannot be Obtained:

1. When Agency has made every attempt but is unable to secure guardian consent prior to treatment for unplanned or emergency appointments from the guardian, treatment will be sought and notification of the guardian will be completed following treatment. Agency will maintain annually signed medical releases for these instances. In the event the circumstances are of a serious nature, requiring invasive procedures, the treating medical providers will be responsible for obtaining informed consent or making the judgment to treat without prior consent.
2. In any instance when prior informed consent cannot be obtained, Agency will continue to attempt to reach the guardian, up to and including notifying the guardian following treatment.
3. Agency will document all guardian contact attempts made, actions taken and outcomes as described in this policy.

D. Documentation of Informed Consent:

1. All written documentation of informed consent obtained through the medical provider will be filed in the Client Case Record. Documentation shall include those informed verbal consents so noted and witnessed by the medical provider. 2. Agency will document all activities related to informed consent, permission to schedule appointments, and notification of emergencies in the Client Case Record. Documentation will include the name of the guardian, the request, the time, the outcome, the medical provider, and if the guardian was available or unavailable to provide consent.
2. When a guardian is unavailable to provide informed consent, Agency will document each attempt to contact them in the Client Case Record. It may become necessary for Agency or the medical provider to notify DHHS of any persistent unavailability of a guardian.
3. Agency' staff will document in the Client Case Record all information specific to medical appointments and the outcome of those appointments.

#### **Quality Assurance and Tracking of this Policy:**

1. The Program Coordinator will conduct audits of the programs and Client Case Records (identified location of informed consent documentation) to determine compliance with the required content and the accuracy of the documentation involving informed consent and medical appointments.
2. The Program Coordinator (who the Agency identifies to monitor compliance) will conduct periodic audits of the Individual Medical Binders and Historical Binders to ensure that documented informed consent obtained by medical providers is properly recorded and that releases are current.
3. The Supervisor will be responsible for ensuring the proper documentation of all medical appointments, treatment recommendations, and guardian contacts in the Client Case Record.
4. All stock medication orders, psychotropic medication renewal forms, and other physician orders will be updated and filed in the Client Case Record and Medical Administration Record (MAR).
5. All MARs, except for the current month, will be maintained in the Client Case Record.
6. The Person Centered Plan will be referenced to determine that specific needs, requests and accommodations regarding advanced consent by the guardian were recorded. In some instances, it may be acceptable for some routine appointments (e.g. routine blood draws, blood pressure checks, weekly counseling appointments, allergy shots, etc.) to be agreed upon in advance for the year, and then would only require guardian consent should the nature of the appointments change, or changes in treatment be recommended.

#### **Re-entry Following Discharge**

An individual who has been discharged from Supported Employment Services may request services by contacting Agency. Requests will be reviewed by a team consisting of, but not limited to, the employee, employer, DMR representative, Agency representative, Home Provider (where applicable) and VR representative (when placement services are included). Determination for eligibility will be determined on an individual basis. Integrated job-sites in the community are defined as those having a minimum of two thirds (2/3) of their employees being non-disabled workers.

#### **Client Dismissal**

In the event that a client manifests signs of illness or exhibits behavior(s) that prevent him/her from participating in his/her particular day program, the following procedure will be followed:

1. In the case of physical illness not requiring emergency medical treatment or in the case of behavioral incidents in programs not designed for behavioral management, the case manager will inform the Program Supervisor of the client's condition.
2. The Program Supervisor will call the client's home provider and inform him/her of the situation and request that the home provider arrange to have the client transported home as soon as possible.
3. In the event that the home provider cannot be reached, the Program Supervisor will call the DMR case worker and request assistance.
4. In the event that no other means of transportation can be provided and with the assurance that a responsible person is at the client's home, Agency will transport the client to his/her residence.
5. When the individual is NOT a client of DMR and no one can be reached at home, a determination of the best possible solution will be made by Agency staff Program Supervisor.

### **Client Release**

Agency Supervisory Staff will be notified in writing by a parent/home provider/authorized individual prior to releasing a client to an authorized individual.

The same procedure will be followed when a client is to be transported to a place other than the designated station. Following notification, Agency Supervisory Staff will contact the appropriate Agency driver and instruct accordingly.

In the event of an emergency situation, a telephone call may be acceptable notification.

### **Client Missing**

Any event of a client wandering away from an activity or designated room within the building itself, is an unusual incident and treated as such. It is also an emergency if they are off the grounds of Agency or away from the group.

Although there may be exceptions dictated by terrain (urban or rural, wooded, presence or absence of strangers, or a crowd) and the characteristics of the particular client (such as mobility, state of mind, existence and ability to reach a particular destination, etc.), the basic system will be as follows:

1. **Phase I (which should last no more than 10 minutes)**
  - a. Whoever notices that the client is missing should make sure the clients he/she are responsible for are covered by another staff person, not left alone or unsupervised. It may be necessary to take them along.
  - b. Conduct an immediate search of the immediate area – i.e. the entire building and grounds, or 50 yard radius, or back track (if on a walk, etc.) to just beyond the point where the client was last seen.
  - c. Return to the point where the other staff person is with the clients, and switch roles; the first searcher stays with the clients, the second then searches the same

area. This is to ensure that the immediate area is covered thoroughly, and in case the client is angry with or hiding from the first person, they might more readily show themselves to another.

2. **Phase II (which should last no more than 20 minutes if cars are used for a search; 30-40 minutes if conditions require a search on foot)**

- a. Once an immediate area search has been made, assemble all the clients in one area. One, preferably two staff should stay with them; all other available staff are then free to search.
- b. One of those with the clients is designated as the coordinator. The area to be searched should be divided by the number of available searchers, the size of each area should be determined by the terrain and an estimate of how much of it the particular client could have covered and extend beyond that point.
- c. Each area should be covered quickly twice with the searchers changing sectors after one sweep. Each should report to the coordinator after each sweep, in this way one person will know if the client is around, or only by the absence of a searcher.
- d. The sectors to be covered are then extended.

3. **Phase III**

- a. The search coordinator should immediately notify:
  - i. The local police; give a description and tell them where and how to get back to you.
  - ii. The Executive Director, if not already, notified.
  - iii. The client's guardian and/or residential provider.
  - iv. If there is any chance that the client may have entered a wooded area or body of water, notify the Fish & Wildlife Warden Service, although the police may have already done so.
  - v. BMR regional office – they will contact an expert on searching for retarded people.
- b. The coordinator should then stay put to receive messages and to notify everyone when the client is found. When police arrive, a staff person should be available to give them undivided attention if possible.
- c. Once the search has gone this far, the other clients and sufficient other Staff should return the remaining clients to routine activities to avoid behavioral incidents, etc.
- d. Extend every help to the warden service, police, or official emergency crew members to help search, follow advice of the wardens, who basically are now in charge. Any available staff should assist until the client is located.

**General Rules of Thumb**

Do not delay notifying the police in order not to make a "big deal". It has now been one-half to one hour since the client was seen. It is officially now a very big deal indeed, whether you think

they have just wandered away or deliberately run away. You would be negligent not to start contacting the authorities.

Public spirited citizens may volunteer to help search. Use them best by asking if they had seen the client or to help occupy the rest, especially if in wooded areas. Too many searchers who are untrained can diffuse the scent trails necessary if tracking dogs are necessary later. Too many strangers could scare some clients or confuse them.

Remember, the client may actually be hiding or may be hurt. When searching, do not assume anything. Ask people if they have seen him/her—they could also have been abducted or “helped” by someone else to get to an office, police, etc. Also, even mobility-impaired people sometimes manage to go further, faster than searchers first estimate.

By Phase III (above), the situation is truly an emergency. You know the client, but police and fire personnel usually know much more about searches and the particular area you are in. Cooperate with them. If what they want to do seems to conflict with what you think, tell them, but weigh their responses very carefully. The arrival of anyone from the Maine Warden Service puts them in charge as far as you are concerned.

By state law, the Wardens of the Department of Inland Fisheries and Wildlife are the state agents in charge of searches in rural areas. Their personnel are extremely well trained. Trust them implicitly and ignore contrary directions from any others. Put yourself at their disposal.

As soon as possible in Phase III, get the other clients back to Agency or their homes as long as one staff member is at the scene to assist in the search.

The search coordinator for Agency is “on duty” until relieved by Agency personnel. If relieved, make sure the warden in charge knows of the switch. Agency personnel will remain at the warden’s disposal for as long as it takes.

Check all side streets in your sector.

On a second search, do not do the same sector twice; report to search coordinator to be reassigned. If you do not, they will assume you found the person.

DO stop and check places that might be attractive to that particular person.

If a searcher does not check in, one person should go over that area. It will be assumed that the missing searcher found the client and may need help, but the second searcher should not approach too near unless signaled. Once this second searcher spots the two, he/she should stop close enough to be seen by others, but not so close as to upset the client. They should stay there until signaled or until the “finder and found” return to Agency.

### **Decision Chart — Client Missing Procedure**

**POLICE:** Rockland, Thomaston, Camden: 911

**State Police:** 1-800-452-4664

**Dept Marine Resources:** 624 – 6550

**Knox County Sheriff:** 594 - 3030

**Dept Inland Fisheries & Wildlife (Game Wardens):** 287-8000 or 1-800-452-4664



## **Procedure for Proper Care of Skin and Skin Breakdown**

Agency (CO) residents will be evaluated for skin integrity. Residents will have skin integrity checks daily and will be monitored in a routine, ongoing manner by direct care staff. Residents with skin breakdown will be monitored at daily intervals by the staff and will have an initial assessment from a Licensed Nurse. Any time the skin breakdown progresses the Licensed Nurse will be contacted to make a site assessment and recommendations regarding any change in treatment.

Residents at risk of developing skin breakdown will have an improvement plan developed to avoid skin breakdown. The improvement plan will address changes in care routines to improve skin integrity. Evaluation of the changes will occur after implementation of any necessary adjustments to the care plan have been made and then the evaluation process will be repeated.

### **Handling Seizure Activity**

At the onset of any seizure activity, direct care staff will:

1. Get the client to a safe place (away from furniture, etc.) and/or move dangerous material away from the client (i.e. chairs, boxes, etc.).
2. Try to position the client on his or her side.
3. DO NOT put fingers in the client's mouth. (This is unnecessary and could result in injury.)
4. DO NOT use any type of restraint.

During the seizure, direct care staff will:

1. Stay with the client.
2. Make observations to be recorded later.
3. Contact physician and/or call for medical assistance after five minutes of continued seizure activity unless otherwise directed by an individual's physician.
4. ALWAYS call for medical assistance when the physician cannot be reached if the seizure continues for five minutes or more.

After the seizure, direct care staff will:

1. Allow the client to rest if necessary or requested.
2. Contact the home provider and allow the client to go home if indicated.
3. Check for injury.
4. Try to ascertain why the seizure occurred.
5. Complete seizure record form.
6. Notify physician if not contacted during seizure.
7. Complete an incident report.

### **Holding Client Money**

Each resident will have his/her own savings account. Deposits and needed withdrawals will be made by residents according to their budgetary needs.

Cash will be held in the home for those residents who are unable to handle spending money for a week or who have a demonstrated need.

At no time will we hold more than \$25 per resident.

For each resident who has a need for Agency to hold his/her money we will adhere to the following procedure:

- a. Written permission will be obtained from the resident or his/her legal representative, the amount to be held will be specified in the agreement.
- b. A ledger will be developed for each resident. The current balance, deposits and withdrawals will be recorded at the time of each deposit or withdrawal. All deposits and withdrawals will be signed by the staff. We will not be responsible for obtaining receipts for cash disbursed.
- c. The money will be held in a locked area.

Agency will be responsible for the residents' funds they are holding.

### **CLIENT/RESIDENT RIGHTS**

The United Nations General Assembly Declaration on the Rights of Persons with Developmental Disabilities is the framework for the provisions of rights of the individuals attending or residing in Agency operated programs. These rights are adopted bearing in mind the necessity of assisting our clients to develop their abilities in various fields of activities and/or promoting his/her integration as far as possible in a normal life.

1. A Person with Intellectual and Developmental Disabilities has, to the maximum degree of feasibility, the same rights as other human beings, including the right to vote.
2. The Person with Intellectual and Developmental Disabilities has a right to proper medical care, specialized therapeutic services, and to such education, training, rehabilitation and guidance as will enable him/her to develop his/her ability and maximum potential.
3. The Person with Intellectual and Developmental Disabilities has a right to economic security and to a decent standard of living. He/she has the right to perform productive work and to engage in a meaningful occupation to the fullest possible extent of his/her capabilities.
4. Whenever possible, the Person with Intellectual and Developmental Disabilities should live within the community and participate in different forms of community life. The home within which they live should receive assistance. If care in an institution becomes necessary, it should be provided in circumstances as closely as possible to those of normal life.
5. The Person with Intellectual and Developmental Disabilities has the right to a qualified guardian when required to protect his/her personal well being and interest.

6. The Person with Intellectual and Developmental Disabilities has a right to protection from exploitation, abuse, and degrading treatment. If prosecuted for any offense, he/she shall have a right to due process of law and legal representation with full recognition being given to the degree of mental responsibility.
7. Whenever Persons with Intellectual and Developmental Disabilities are unable, because of the severity of the disability, to exercise all their rights in a meaningful way, or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain the proper legal safeguards against every form of abuse. This procedure must be based on an evaluation of the social capability of the Intellectually and Developmentally Disabled Person by qualified experts and must be subject to periodic review and to a right of appeal to higher authorities.
8. Each resident will be transferred or discharged only for medical reasons, or for the welfare of self and/or residents. A resident being transferred will be given reasonable advance notice and an account of said transfer will be documented in the individual's record.
9. Each resident/client will be encouraged and assisted throughout the period of stay to exercise his/her rights as a citizen and will be free to express grievances and to recommend change in policies and services to staff of Agency and to outside representatives of his/her choice. In doing so, a client will be free from restraint, interference, coercion, discrimination and/or reprisal.
10. Each resident/client is free to manage his/her personal financial affairs as able and/or to request assistance with said financial matters by Agency staff.
11. Each resident/client is to remain free from mental and physical abuse and free from chemical and physical restraints unless the restraints are:
  - a. Used in an emergency under the following conditions:
    - The use is necessary to protect the resident/client from injuring himself/herself or others.
    - The use is authorized by a licensed psychologist.
    - The use is reported promptly to the resident's/client's physician, guardian, and advocate by that staff member who shall so note on the client's record; or
  - b. Used during a behavior modification session for a resident/client under the following conditions:
    - The use is authorized in writing by a physician or a licensed psychologist.
    - The use is authorized by the resident/client, if he/she is capable of giving informed consent or from the client's family or guardian, if the client cannot give informed consent.
    - The use is authorized by the resident's/client's Inter-Disciplinary Team Meeting, the Human Rights Committee of the State of Maine or by the Consumer Advisory Board for class members.
12. Agency, acting as an advocate for all citizens with intellectual and developmental disabilities, will refer all alleged instances of abuse or neglect of a citizen with intellectual and developmental disabilities to Disability Rights Maine (DRM). Should

such an incident occur within the Agency, the appropriate program director shall immediately inform the Executive Director, in writing, who shall inform the appropriate Agency Committee and the State Office of Advocacy. Should the incident occur in an area outside of Agency' program responsibilities, the Executive Director shall inform the State Office of Advocacy and, in the case of minors, the Department of Human Services. Each resident/client and his/her guardian will be informed of the availability of both State and private advocacy services available to him/her. In the event that a resident/client is unable to determine his/her need for advocacy services, the Executive Director will make a referral to either the Advocates for the Intellectually and Developmentally Disabled, Inc. or the State Advocacy Office on a resident's/client's behalf.

13. Each resident/client is to be assured confidential treatment of personal and medical records, and may have access to them at reasonable times in the presence of Agency staff and may approve or refuse their release to any individual outside of Agency, except in case of transfer to a health-care institution, or as required by law or third-party contract. In no instance shall any material be duplicated or released without the written authorization of the resident/client or his/her legal guardian.
14. Each resident/client is to be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and care for personal needs.
15. A resident/client will not be required to perform services for the facility that are not included in the therapeutic process or in the educational or training plans of care. Therapy shall be understood to be social as well as physical.
16. In regard to social/sexual development, each resident/client has:
  - a. The rights to sexual expression which do not harm another person.
  - b. The right to full access to information regarding sexuality.
  - c. The right to receive training in appropriate social-sexual behavior.
  - d. The right to enjoy love-both to love and to be loved, including sexual fulfillment.
17. Each resident/client is assured the right to active participation in the development of his/her individual program plan.
18. Each resident/client is assured the right of having whomever they desire participate in the development of their program plan.
19. Each resident/client is assured the right to refuse participation in any Agency-sponsored program or activity that is not a specific activity in which he/she agreed to participate as part of the individual program plan. They may reconsider earlier agreements.
20. A resident/client who wishes to change a Person Centered Plan (PCP) agreement may do so by requesting that a PCP meeting to review the Plan be called for him/her within thirty (30) days. Agency will offer the services of an advocate to any client requesting a PCP.
21. Each resident/client is assured the right to formally object (see #22) or, in the case of an Office of Aging and Disability Services client, informally object, to his/her prescriptive program plan or any Agency decision which may deny, modify or terminate services to him/her or restrict any of his/her rights – such an objection must be forwarded to the appropriate Agency Committee through the office of the Executive Director. An outside

advocate, parent, or legal guardian will be selected by the client when possible and must be involved with the appeal.

The Executive Director or his/her designee is responsible for seeing that the appropriate advocate is involved. Agency committee decision shall be in writing and a copy of the decision will be made within twenty (20) days. The resident's/client's advocate will have the responsibility for ensuring the decision is understood by the client. All informal objections will be noted in the resident's/client's permanent record.

22. Each client of the Department of Human Health Services ("DHHS") is assured the right to make a formal objection to his/her prescriptive program plan or any Agency decision that may deny, modify or terminate services to him/her or restrict any of his/her rights. Such an objection may be made only after the informal objection procedure outlined in #21 has been exhausted. Formal objections must be in writing and addressed to the Regional Administrator of DHHS. Upon receiving a formal objection, the Regional Administrator will notify the Executive Director of Agency, the resident/client, the appropriate advocate and Client Services Coordinator that a formal objection has been filed. A conference will be held in an informal manner to gather all relevant and oral information. The Regional Administrator will issue a written decision regarding the formal complaint within five (5) days. If the objection is upheld, recommendations to resolve the issue will be presented.

23. Each client of DHHS is assured the right to appeal the decision of the Regional Administrator of the Department of Human Health Services regarding a formal objection. Notice of an appeal shall be filed with the Director of DHHS within 10 days of the receipt of the Regional Administrator's decision.

The Director of DHHS will notify the client, the Client Services Coordinator for the client, the Administrator and the Executive Director of Agency that an appeal has been filed. Within ten (10) days of the filing of the notice of appeal, all persons receiving notice shall submit to the Director of DHHS and to each other all information they feel is appropriate for the Director of DHHS's review.

The Director of DHHS will make a decision based solely on the papers that are submitted. If the Director feels more information is necessary, then the Director may call a conference notifying all people who received notice of the appeal. The client has the right to be present at the conference with an advocate of his/her choosing, if possible.

Within ten (10) days of receiving the information necessary to make a decision and within twenty (20) days of the notice of the appeal the Director of DHHS will make a decision regarding the appeal. The Director of DHHS or his/her designee will be responsible for seeing that the decision of the Director is understood by the client.

The decision of the Director will be sent to the client, parent or legal guardian, the Client Services Coordinator for the client, the Regional Administrator and the Executive Director of Agency.

Any proposed resolution by the Director of DHHS will identify the individuals responsible for carrying out the recommended resolution, within forty-five (45) days of the date of the decision.

24. When modification of a resident's/client's rights is under consideration by the facility, the rights to be modified shall be explained to the resident/client and/or designated agents and they shall be advised of the process and degree of modification proposed. The resident/client and/or designated agents shall be allowed to present objections to the modifications or degree of modification.

A written plan must be approved by the State Human Rights Committee, filed in the case record and shall include information as follows:

- A behaviorally specific description of the modification or limitation.
- What impact the modification or limitation has on the Individual Plan.
- The specific length of time the modification or limitation will be in effect.

At the end of the specified time period, if the modification is to continue, a new plan will be written and filed in the case record. When the circumstances for modification are no longer justified, their rights shall be immediately restored and the client so notified. A review of the continuing need for such modification or limitation shall be conducted at least quarterly.

25. Each resident may retain and use his/her personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents/clients.
26. Each resident may meet with and participate in appropriate activities of social, religious, and community groups at his/her discretion.
27. Each resident, parent or guardian will be made aware of and provided a written copy of, any material as provided by the Department of Human Services of the benefits for which Medicaid programs pay, which do not have to be paid by the resident or relative, and particularly on the provisions for monthly allotments to cover the resident's personal needs.
28. Each resident, parent or guardian will be fully informed of the availability of a summary provided by the Department of Human Services that covers, in layman's terms, the findings of the most recent survey of the facility conducted by the Department.

### **Maintaining Clients' Rights**

The rights of the residents/clients will be maintained by:

- a. Providing the client with a written copy of these rights upon admission and/or by providing parents, guardians, etc. with a copy of said rights.
- b. By verbally explaining said rights when and where necessary.
- c. By careful monitoring of the facility and program by the Human Rights Committee of ICF/IDD and the Executive Director to ascertain that these rights are not infringed upon.

- d. By observing and adhering to the Bill of Rights for the Mentally Retarded, L.D.464, State of Maine and Appendix B of the Pineland Consent Decree.
- e. Any abridgement or infringement upon these rights will be investigated by the Human Rights Committee of ICF/IDD. This investigation will be documented in writing and filed in the client's case record. Any corrective action to be taken will also be documented in the case record.

### **Behavioral Practices and Intervention**

It is the Policy of Agency to adhere to the regulations of the State of Maine governing the use of behavioral procedures in programs serving persons with intellectual and developmental disabilities.

Restraints may be used on an unprogrammed basis to prevent the serious injury of a client or harm to him/her self or others.

Staff will receive appropriate training prior to implementing a behavioral program.

### **Abridgement of Rights**

Any abridgement or accusation of the abridgement of the resident's/client's rights will be:

1. Brought to the attention of the Executive Director by the resident/client, staff member or any interested party. If immediate action is necessary, the Executive Director shall take such action as necessary to protect or restore the right(s) abridged.
2. Any allegations of Abuse, Neglect, or Exploitation must be reported immediately to Adult Protective Services (APS) Intake Unit at 1-800-624-8404. It shall be reported in good faith immediately to the Executive Director, the Department of Human Services – Licensing and Certification, Disability Rights Maine, Office of Aging and Disability and the Human Rights Committee (KBH).
3. The Agency's role in the Investigation will be to 1) Take any necessary steps to ensure safety of consumers. 2) Cooperate with APS. 3) Avoid ANY unnecessary conversations/interviews/gossip about the incident or the investigation. 4) Maintain documentation related to the incident or investigation and provide to APS upon request.
4. An Agency investigation will be conducted within three (3) working days of a reported incident to investigate and to submit a report. Copies of this report shall be made available to the resident/client, his/her guardian, the Department of Human Services – Licensing and Certification and the OADS.
5. The Agency has the right to suspend, discipline, or otherwise take action against an employee during an APS investigation as it deems appropriate.
6. A resident's/client's family shall be notified in writing whenever an instance of mistreatment, neglect or abuse occurs.

## **Specially Constituted Committee / Katherine Brown Home**

The Katherine Brown Home (KBH) will designate and use a specially constituted committee known as the Human Rights committee (HRC) whose primary function is to proactively protect resident rights by monitoring facility practices and programs. The purpose of the committee is to assure that each residents' rights are protected utilizing a group of both internal staff and outside individuals (who do not have a vested interest in the facility). The designation and use of this committee may be modified only if, in the judgment of the State of Maine DHHS Licensing and Certification, Court Decrees, State Law or Regulations provide for equivalent resident protection and consultation.

The committee will contain the required membership, participate regularly and perform the functions of the committee according to the requirements. Participation on the HRC must occur in person or via conference call in real time.

The committee will seek to have representation from the following:

1. Facility Staff: Administrator, QIDP and or Social Service staff
2. Member Representative: Parent, Legal Guardian or interested party
3. Executive Director, Program Coordinators, Community Support staff
4. Professional Consultants: Nurse, Dietician, Physician, Pharmacy Consultant, Psychologist
5. Community Member
6. Board representative

For regularly scheduled meetings, attendance by all members is required although occasional absences from meeting are understandable, patterns of absence by the required membership of the committee is not acceptable. For ad hoc meetings a quorum is needed.

The committee will inform the governing body of any issues of concern in a timely manner.

**Regularly Scheduled Meetings:** These meetings serve to review all facility practices and individual resident's plans that are on-going. In addition, will review, monitor, and approve on-going restrictive programs or practices.

**Ad-Hoc Meetings:** Ad-Hoc meetings are to allow for the real time review and approval of any new programs or practices that are a restriction of one's' rights, prior to implementation. Changes to a plan in accordance with the approved plan, i.e. when and MD changes a medication with the same therapeutic class, or a behavior plan has revisions that do not create a higher level of intrusiveness, these changes do **NOT** need to be approved.

### **Resident/Client Responsibility**

1. Each resident/client has the responsibility to participate in a meaningful community supports program.
2. Each resident/client has the responsibility to refrain from physically harming himself/herself or others.
3. Each resident/client has the responsibility to refrain from emotionally harming another person.



4. Each resident/client has the responsibility for meeting through a recognized assessment, requisite skills necessary to perform a task, before he/she will have the right to perform that task independently.
5. Each resident's/client's responsibility for handling their finances will be increased in accord with his/her ability.
6. It is the responsibility of each resident/client to treat others with consideration, respect, and full recognition of dignity and individuality, including the privacy and rights of others.
7. Each resident/client will be responsible for participating, to the best of his/her ability, in the development of his/her Individual Program Plan.
8. Each resident/client and/or his/her designee are responsible for advocating for his/her own best interest.
9. Each resident/client and/or his/her designee is responsible for appealing any Agency decision which may deny, modify, or terminate services to him/her or restrict any of his or her rights.
10. Each resident/client will be responsible for participating in agency programming outlined in the Person Centered Plan and agreed to by the resident/client and/or his/her designee.
11. Each resident/client will be responsible for reporting any incident of abuse and neglect.

### **Education and Training**

In providing services to residents/clients, we of Agency are committed to guarantee the residents/clients:

- Human rights, including freedom of choice, and guarantees of human dignity, respect and privacy.
- The education of intellectually disabled citizens to the full extent of their ability.
- The development of sexual dignity and improved self-understanding through sex education.

Awareness of one's sexuality is an ongoing developmental process.

Issues are dealt with during the daily interaction between staff and residents/clients. Values, attitudes, and information are constantly communicated by the staff. Our goal is to support this ongoing informal training and give it a rational, planned basis by:

1. Providing staff training designated to increase staff awareness, general knowledge of and comfort with the areas of human behavior and human sexuality.
2. Providing specific yet flexible statements that will outline appropriate and acceptable behavior, guide the staff in dealing with residents/clients, and provide factual information.
3. Providing direct training programs for clients in the areas of health, social and emotional development, and human sexuality.

4. Providing support and education to parents in dealing with their children's sexual development.
5. Responding to community anxieties in this area.

In developing a humane approach to foster maximum sexual development in the person with intellectual and developmental disabilities, our concern must focus on acceptance of our sexuality, not reproductive education. We come to understand sex education as an integral part of one's human growth and process of making us aware of what it is to be men and women. Viewed in this manner, sexuality is regarded as a positive, powerful, creative, living force that is a key component to total healthfulness.

Education program must:

- Be conducted by qualified instructors.
- Be part of a total, developmental normalization program.
- Provide a time and setting for optimum exchange of ideas among direct staff personnel and qualified instructors regarding sexuality.
- Develop a structure for teaching responsibility of acceptable, responsible behavior of the resident/client.

Historically, we desexed, denied the existence of, or attempted to repress the sexual drives of persons with intellectual and developmental disabilities. Our perspective has changed with progress towards more humane consideration of the person with intellectual and developmental disabilities. The normalization movement enabled us to view factors that were less obvious than in the past. This includes sensitivity and understanding in assisting persons with intellectual and developmental disabilities with problems of sexuality that he/she encounters. Therefore, our attitude toward the person with intellectual and developmental disabilities and his/her sexuality is as follows:

- Development is growth and change. The person with intellectual and developmental disabilities can develop and grow at his/her own rate and must be allowed to achieve and experience life according to their rate of growth.
- Development follows a pattern, and there is correlation between types of development. A person with intellectual and developmental disabilities has his/her own sexual development integrated deep within his/her humanity. It is conceivable that for the person with intellectual and developmental disabilities, as well as for the normal person, sexual development begins at infancy and continues until death and that the person with intellectual and developmental disabilities needs the same type of nurturing life experiences as the normal person.
- Development proceeds from general to specific response and, normally, each individual passes through each stage. Every individual with intellectual and developmental disabilities has the right to achieve his/her maximum potential on the continuum of human sexual development.
- Success depends upon maturation. In the past, people with intellectual and developmental disabilities were over protected and rarely allowed to fail.
- Individuals have little opportunity to experience the job of success without experiencing failure. People with intellectual and developmental disabilities have the right to risk, based on their abilities. The person with intellectual and developmental disabilities also has the right to privacy.

Education for sexuality should begin in the home. The person with intellectual and developmental disabilities needs a “family-like” atmosphere. Essential to optimum sexual development are many trusting and personal relationships with adults and children from infancy through adolescence. It is unlikely that any human beings could achieve sexual maturation while living in unnatural settings like institutions, where inconsistencies in staff attitudes are constant.

If sexuality is regarded as a powerful living force that begins at birth and continues through life until death, then education for sexuality must be continuous throughout the life cycle. People with intellectual and developmental disabilities must be allowed their experiences with the opportunity to develop at their own pace and develop to the point of assuming a mature emotional partnership. Success or failure will depend upon the help, guidance, and support they have by skillful, sensitive persons during the formative years.

If helpers are to be effective, they need help in the form of ongoing educational programs. The programs should be organized so that in addition to factual information, staff would have the opportunity to analyze their own attitudes and be given support in resolving whatever problem arises from such analysis.

### **Guidelines for Co-Ed Activities**

Because of the wide range of activities and the wide range of developmental levels, ages and physical capabilities of the clients, it is impossible to present a single set of statements that will always apply to every client in all situations. These statements are offered as a basis upon which staff of each program can formulate rules that are appropriate and acceptable for the clients he/she knows. The one statement that is always applicable is consistency.

At any group social activity there will be at least one (1) staff person for each ten (10) clients present. Staff will facilitate participation and deal with each client’s needs and limitations as they may arise.

At Agency supervised social activities, the staff will accept behavior between mutually consenting clients, appropriate to the occasion including: Hand holding, sitting together, kissing, arm around the other, private conversation, and/or dancing.

Problems in social/sexual relations should be handled by a staff member familiar with the needs and capabilities of the clients involved.

### **Expectations of Clients**

Clients are expected to follow the rules of the place in which the activity is being held.

1. Whenever possible, the decision about which areas are off-limits or what behaviors are unacceptable should be made with the clients rather than for them. The idea is to foster independent, internal controls and behavior rather than to impose artificial external restraints. The why of the rule is as important as the what.
2. Clients should be encouraged and helped to mix with the group and participate in the activities, but no one should be forced to engage in any activities if he/she does not wish to do so.

3. Clients should not be permitted to exploit any other person sexually. Staff should be aware of problems if they occur and should tactfully intercede to break up explosive situations.
4. All clients should be encouraged to accept and respect his or her sexuality and that of others; and be discouraged from public display, seductivity or promiscuity.
5. Each client has the right to form intimate relationships. It should be recognized that the options he/she have for expressing intimacy are limited by the fact that we allow them very little privacy. Therefore, clients must be permitted opportunities to express affection.
6. When sexual problems arise, staff will use an education/discussion approach in helping clients to develop socially acceptable heterosexual or homosexual behavior.
7. Staff will accept and support, between mutually consenting clients, their right to sexual choice according to the clients' own value system. In each learning situation, the client should be allowed a choice between acceptable behavior and being limited by staff.

### **Residential Setting**

Regarding two, consenting adults, under their own guardianship or when guardian written approval is obtained for a resident and another person for homes operated by Agency and who wish to:

- Visit the other overnight in his/her (a) group residential setting or (b) apartment.
- May do so providing there are separate and private sleeping accommodations for the guest.
- Staff can trust the individual who will be visiting.
- Engage in casual, private visits in his/her bedroom.
  - \* Will leave the room door fully open.
  - \* Will behave in a manner that does not attract attention or disrupt the house routine.
- Hold hands, embrace around the shoulders, occasionally kissing in a friendly fashion in a common, public area, within a residence or on the grounds operated by Agency,
  - Will not sit on laps.
  - Will not kiss or embrace continuously.
  - Will not touch in a sexual manner.
  - Sexually stimulate oneself:
    - \* Will do so in an appropriate private environment.

### **Day Program Activities**

In addition to, and not interfering with expected work activity, clients: may spend their free time in activities within the guidelines of Expectations of Clients.

## Transportation

While in transit and in keeping with the safety and comfort of all in a Agency-operated vehicle, a client:

- Will not sit on laps.
- Will not kiss or embrace continuously.
- Will not touch in a sexual manner.

## Marriage

Prior to marriage the couple will strongly be encouraged to:

- Participate in counseling on the nature of the marriage relationship.
- Understand the implication of possible parenthood.
- Participate in counseling in order to be aware of birth control options.
- Be assisted in obtaining every available resource in order to determine economic stability and assistance they will need to meet their needs.
- Have demonstrated an observable ongoing commitment to each other through behavior and counseling.

Agency will provide follow up programming to married couples for one year after the marriage. Intermittent follow-up will be provided, following the initial year.

- **Contraception.** If the couple, after counseling, decide they do not want to become impregnated, they will be encouraged to select a method of birth control in conjunction with a family planning counselor.
- **No Discrimination.** Agency has no restrictions to clients and/or staff regarding race, color, religion, sex, sexual orientation, national origin, age, disability, or status as a Vietnam-era or special disabled veteran.

## Reporting Allegations of Abuse, Neglect, Mistreatment, Dangerous Situations, or Injury

### Purpose

Events that have or could have an adverse impact on the safety, welfare, rights or dignity of the individuals we serve must be reported immediately or no more than one business day later, depending on the severity of the event. This event is to be reported by the employee, volunteer or intern who witnessed it, to your supervisor, the Program Coordinator, and the Executive Director. **Failure to report events may lead to disciplinary action up to and including termination.** State law requires that agencies tell the Department of Health and Human Services about all reportable events, and the Department may require agencies to respond in certain ways to protect the individuals they serve. **Employees should also note that they may be “mandatory reporters” under state law and have a personal responsibility to report whenever they have reasonable cause to suspect any abuse, neglect or exploitation of adults.**

### Steps to Report Event

These events must be reported **immediately**:

- Allegations of abuse, exploitation, neglect or mistreatment of a person
- Death
- Serious illness or injury
- Rights violations
- Lost or Missing Person
- Assaults
- Suicide Attempts or Threats
- Dangerous situations which pose an imminent risk of harm

- A. Complete a **Reportable Events EIS** form, making sure **all sections** are filled in legibly by printing or typing in the information using black or dark blue ink.
- B. Call the program supervisor or his/her designee to report the event. Either fax the report to the main office (207-236-0690) or place in a sealed envelope and make arrangements for the report to be taken to the office immediately, or at the beginning of the next work day if event occurs after main office business hours or on a holiday or weekend.
- C. If the program supervisor is not immediately available, either the person completing the Reportable Event form or the supervisor must call DHHS at 596-4256 or Fax to 596-2304 or call 1-800-232-0944 to give the information during normal business hours. If an event occurs during non-business hours, call Crisis – Developmental Services at 1-888-568-1112.
- D. The program supervisor or their designees will:
  - Immediately or within 24 hours report the incident to appropriate licensing authority; and
  - Review and fax DHHS a report within two business days of the event.

These events that must be reported within **one business day**:

- Assaults that do not require medical attention
- Medication errors/refusals
- Failure to obtain consent to changes or new medical orders for persons under public guardianship when no emergency exists
- Non-emergency dangerous situations
- Restraints
- Mechanical devices and supports used without a doctor’s order or without supervision of a qualified professional
- Self-injurious behavior not addressed and tracked in the person’s plan

- A. Complete **Reportable Events** form, making sure **all sections** are filled in legibly by printing or typing in the information using black or dark blue ink.
- B. Give the completed **Reportable Events** form to your supervisor or QIDP in ICF/IDD, if supervisor is not available.
- C. Supervisor or QIDP will:
  - Finish completing “**Descriptions of Actions Taken**”, if necessary-including client safety issues, medical attention required and any supervisory responses taken.

- Immediately or within 24 hours report incident to appropriate licensing authority, if applicable.
- Review and fax report to DHHS (596-4256) within one business day of the event.
- Forward to Executive Director for review within two business days.

### **Steps to Investigate an Event**

There are two situations in which an investigation must occur: when the State's APS Unit or Office of Advocacy contacts the Agency and asks for an investigation AND when the Agency investigates on its own in all other reportable events cases.

- A. When an approved Agency investigator is contacted by the APS Unit or Disability Rights Maine, the following will occur:
- The APS Unit and the approved investigator will determine if there is any conflict of interest or other problem that would make it inappropriate to accept the referral of investigation. The APS investigator may delegate specific investigative tasks to approved staff of an agency after determining that the designated staff is capable of performing the tasks, has sufficient skill and experience to handle the tasks in the instant case, and can perform the tasks objectively without any conflicts of interest. The approved investigator will discuss any problems with the APS Unit or Office of Advocacy and resolve the issue satisfactorily to both parties. If the issues cannot be resolved satisfactorily the approved investigator should immediately contact the Executive Director.
  - If the referral is accepted, the approved investigator will consult with other agency investigators to determine who would be the most appropriate person to assist with the investigation, taking into consideration the person served, as well as program and employee(s) who are involved and any conflicts of interest.
  - The assigned investigator will be expected to:
    - \* Establish the purpose for the investigation
    - \* Use appropriate interviewing techniques
    - \* Gather sufficient evidence
    - \* Determine credibility of various witnesses
    - \* Report findings and conclusions in a logical, factual format using the State APS Unit's preferred format whenever possible, dated and signed by the approved investigator.
    - \* During the investigation, the investigator will complete the following:
      - Interview as many of the involved persons as possible, conducted face to face whenever possible
      - Review of pertinent written records including medical/dental, physical or mental health records
      - Interview collateral witnesses, Agency personnel, family and/or friends
      - All interviews will be conducted so that clear factual information is obtained
      - The results of the investigation will include:
        - A statement of the facts or allegations contained in the initial report
        - Who was interviewed and the results of those interviews
        - What records were reviewed

- Evaluation of the facts and statement of conclusions and recommendations
- The results of the investigation will be forwarded to the APS Unit or the Disability Rights Maine for final approval **as soon as possible but no later than thirty (30) days.**

B. When reportable events occur that require the Agency to investigate on its own initiative, the following will occur:

- The Agency investigators will consult to determine which investigator would be the most appropriate to conduct the review.
- The selected investigator will:
  - \* Identify the cause of the event
  - \* Recommend preventative or corrective action as necessary
  - \* Provide the written explanation with the initial report of the event if sufficient information is available within the time permitted to make the initial report to the APS Unit
  - \* Report to the APS Unit within thirty days of the event if unable to respond immediately
- The APS Unit will either accept the investigator's results of the review or will request further action by the investigator, which the investigator will then provide promptly.

#### **Steps to Follow Up After a Reportable Event**

A. After every reportable event, the Program Supervisor will follow up to ensure that the health and safety of the individual involved has been preserved, including the following if applicable:

- Immediate or ongoing medical attention is provided as needed.
- Employee involved is removed from direct care contact if allegation of abuse, neglect, mistreatment and/or exploitation is stated.
- Any other measure necessary to ensure the health and safety of the individual is taken.

B. If an APS or Office of Advocacy report is issued, all recommendations resulting from APS or Office of Advocacy investigations will be reviewed and each recommendation will be responded to within thirty days of receipt of this report.

#### **Steps to Inform Employees and Families About Reportable Events**

This policy/procedure will be provided to all persons receiving services currently and, in the future, as well as their families/guardians, correspondents, and/or advocates. Copies of these policies/procedures will be provided to interested individuals upon request.

All current employees, interns, and volunteers must read this policy and acknowledge in writing that they have become familiar with the policy. Written acknowledgement will be retained in each employee's personnel file.



Reportable event training will occur no later than sixty (60) days after the hire date for new employees. Current employees will receive refresher training no less often than every two (2) years. Staff training records will be maintained.

Agency investigators will continue to secure additional training in reportable events, mandatory reporting obligations, behavior regulations, and investigations within two-year cycles.

The Agency will keep printed copies of state laws and rules on reportable events, mandatory reporting of abuse, neglect and exploitation of adults, behavior regulations, and adult protective investigations so that employees may have access to these upon request.

The approval of an Agency investigator must be reviewed and renewed every two years by the State APS Manager.

## **MEDICATION POLICIES**

### **Drug Management**

All drugs are to be administered in compliance with the physician's orders and procedures set forth and without error. Agency (CO) will have an organized system for drug administration that identifies each drug up to the point of administration to include the following:

1. All drugs must be administered in compliance with the physician's orders. Oral orders may be accepted only by a Licensed Nurse, Pharmacist, licensed prescribing provider or Physician. The person taking an oral order shall write it in the resident's record, immediately, sign the order; and ensure that the physician countersigns according to accepted practice.
2. All drugs are to be administered by only medical personnel, a licensed nurse or a CRMA unless self-administration is determined to be appropriate. Residents may self-administer as long as they demonstrate the competency to do so and with physician approval.
3. Only authorized persons may have access to the keys to the drug storage area. "Authorized persons" is restricted to those who administer the drugs (as allowed by state law) and nursing supervisors (if any). No other personnel should have access to these keys. Residents who self-administer drugs must secure all drugs in such a manner as to protect access by other residents or visitors. Residents who have been educated to self-administer drugs in accordance with prescriber's orders may have access to keys to their individual drug supply.
4. All drugs and biologicals will be locked except when being prepared for administration. Drugs will be stored under proper conditions in accordance to manufacturer's recommendations for sanitation, temperature, light, humidity, and security.
5. All federal and state requirements will be followed for the receipt, reconciliation and disposition of all controlled drugs.
6. When residents go out of the facility for home visits, or to attend work or school, drugs they are taking must be packaged and labeled in accordance with state law by a person authorized by state law to package and label.

7. All errors and adverse drug reactions are recorded and reported to a physician immediately. Errors and adverse drug reactions are reviewed on a monthly basis.
8. Labeling of drugs and biologicals will include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable. The facility must remove from use:
  - a. Outdated drugs
  - b. Drug containers with worn, illegible, or missing labels.
  - c. Individual resident drugs that have been discontinued by the physician must be immediately removed from the resident's current drug supply if discontinued by the physician.
9. The IPP may determine that learning self-administration is an appropriate objective. This must be based upon accurate, current, valid assessment of the resident's skills and potential. The resident's physician is informed of the IPP's decision that self-administration of drugs is an objective for the resident. If the resident's physician objects on medical grounds, the team must not proceed with the objective until such time as a discussion is held with the physician and he/she agrees to proceed after receiving additional information.
10. For residents assessed to be inappropriate for a self-administration program, CO will provide opportunities for the resident to participate in the drug administration process under direct supervision. This participation can include but is not limited to, identifying the drug taken, reaching/grasping a cup of water during the process and placing oral drugs in the mouth, etc.

#### KEYS TO DRUG STORAGE & NARCOTIC AREAS:

Only persons authorized to set up and administer medications shall have access to the medication cupboard, cart or med closet.

Keys to the med. room and cart shall not be loaned to another person. Keys must remain with the Charge Nurse/Med. Tech at all times.

#### CONTROL OF MEDICATIONS:

Only approved drugs and biologicals are used in this facility. All such drugs are administered in accordance with the current Federal and State Regulations, laws, and guidelines.

Schedule II drugs must be counted upon delivery. The Charge Nurse receiving the order must count the Schedule II substances and properly record in a bound book for Schedule II drugs.

If the count is correct, a control sheet must be made in the bound book for Schedule II Substances. This record must contain:

1. Name of the resident
2. Name and strength of the drug / prescription(s)
3. Quantity
4. Number on hand
5. Date and Time
6. Prescription number

7. Name of issuing pharmacy
8. Date and time received
9. Time of administration
10. Method of administration
11. Signature of person receiving information
12. Signature of person administering medication

Schedule II drugs must be stored in a double-locked container either in med. room or cart locked container.

Should the schedule II drug count be incorrect at any time, procedures to determine where the error occurred should be followed by the DON and the pharmacist, and a report made of the findings. A reportable event form will be completed.

#### MEDICATION STORAGE

1. All medications will be kept in a locked area.
2. The CRMA on duty is solely responsible to ensure that the medication is locked at all times as specified below.
  - a. The medication area is to be locked at all times unless a CRMA is in the area. The CRMA must remain at the med area the entire time ensuring that the area is locked upon their departure.
3. Controlled medications are to be kept in a double-locked door and accounted for at the end of each CRMA shift when a CRMA is coming on duty to pass meds and when the Med tech is going off duty from giving meds
  - a. At the end of each CRMA shift, the CRMA ending their shift and the CRMA coming on their shift will count all controlled medications.
  - b. The person coming on shift is responsible for visually counting the controlled medications. The person coming off shift is to view the individual narcotic record and acknowledge if the count is correct.
  - c. Both oncoming and ending shift CRMAs will sign the change of shift narcotic count sheet, making sure to record the date and time of count and document whether the count is correct or incorrect.
  - d. Any problems with the count must be reported immediately to the Administrator, QIDP, and Supervisor of the Program or Residential Coordinator as appropriate
  - e. The Administrator or QIDP or Supervisor will review the controlled counts periodically to ensure that they are being completed.
  - f. All controlled medications that need refrigeration must be kept locked in the locked box in the med. room refrigerator.

#### **Handling of Adverse Reactions to Medication**

It is the policy of Agency that any suspected drug reaction must be recorded and reported immediately to the appropriate supervisor of the facility (ICF Administrator/Group Home Supervisor/Program Coordinator) and the prescribing physician. At day program sites, the Program Coordinator or designee will notify the appropriate residential personnel.

In the case of suspected drug reaction, the following procedure will be followed:

1. Entries to the suspected drug reaction are made in the individual's clinical record and an incident report will be made out and filed properly. At day program sites,

a copy of the incident report will be sent to the home provider and DHHS caseworker (when applicable). These reports shall be kept for review by the Department of Health and Human Services.

2. Product information is to be obtained by referring to the Physician's Desk Reference or by calling the pharmacist consultant.
3. Day Program staff shall inform the ICF Administration/Group Home Supervisor/Home Provider of any adverse reactions to medications that occur at Day Program sites.
4. Immediate information in regard to adverse drug reactions and antidotes to such may be obtained by calling the Poison Control Center at Maine Medical (1-800-442-6305).

### **Use of Standing Orders**

1. Individual orders will be obtained from the physician whenever a symptom occurs for more than forty-eight hours.
2. For each category of medication, a specific medication, dose, time, frequency of administration and indication for use shall be stated. Sequential steps for the dosage are acceptable. The term "laxative of choice" is NOT acceptable. Other drug orders, such as antacid of choice or analgesic of choice are similarly NOT acceptable.
3. Standing orders are not "PRN" orders, and when they are utilized they may not be used for more than forty-eight hours. The physician shall be contacted and made aware of the individual's condition. Stop orders will be forty-eight hours unless otherwise indicated in the order.
4. For each time that the standing orders are invoked, they must be entered on the face side of the Medication Administration record, and on the PRN nurse's notes. The complete order shall appear on the face side of the Medication Administration record. Using the PRN nurse's notes are not sufficient.
5. Standing orders must be non-legend (non-prescription over the counter) medications. Legend drugs are not legally acceptable.
6. When standing orders for fever control are established, a specific temperature, above which the medication may be used, must be stated, i.e. 101 degrees Fahrenheit.

### **Storage and Maintenance of First Aid Equipment**

A metal storage box containing first aid equipment will be placed in a designated area in the Corcoran Center facility and another in the Redemption Center building. These boxes will include the following items:

Bandages

Sterile pads

Adhesive Tape	Bite-rite stix
Gauze	Cotton
Cotton balls	Antiseptic wipes
Alcohol	Alcohol prep pads
First aid cream	

First Aid boxes will be placed in an easily accessible area and labeled clearly. The “MEDICAL EMERGENCY PROCEDURE” will be posted nearby.

The Agency staff is trained and certified in CPR & First Aid. It is the responsibility of the designated Program Coordinator that the First Aid box be properly equipped at all times and diminished supplies replenished.

### **Utilization of Incident Report Form & Reportable Event Form**

The Reportable Event Form is used to document and report such events as:

1. Suicides and suicide attempts
2. Sudden and accidental deaths
3. Homicide and homicide attempts
4. Assault and fights
6. Adverse drug reaction and medication error
7. Abuse of client – suspected, reported or witnessed
8. Missing client
9. Dangerous Situations
10. EMS involvement
11. Restraint of a client
12. Rights violation

The Incident Report Form is utilized for minor injuries, minor outbursts.

All accidents, or other incidents of concern, shall be recorded on the incident report form by present staff, which will notify people deemed necessary by type of incident. The Executive Director will sign off on any incident report within 24 hours. The Executive Director (in collaboration with the ICF Administrator and QIDP (when indicated) shall take the responsibility for investigation of incidents. If deemed necessary by the Executive Director, a Special Review Committee will be appointed to review the incident. The committee will have no fewer than three members and no more than eight members.

The Special Review Committee shall determine the facts in the case and review those practices and procedures relative to the incident. The Review Committee should meet as often as necessary to determine the facts. Committee minutes should be kept and reports made to the Executive Director.

### **Medication Staff Protocol**

The following steps will be taken for medication errors that are not reported:

1. Verbal warning
2. Written warning

3. Suspended for 1 day, suspension without pay

If an employee has more than three unreported medication errors their employment may be terminated.

If there is a pattern of an employee making med errors, even if the errors have been reported, disciplinary action will be taken.

If an employee makes a medication error the following procedure should be followed:

1. The physician should be contacted and the physician's recommendations should be carried out and documented on the incident report, resources sheet, and the daily progress note.
2. Document correctly on the MAR sheet by circling the appropriate box (time and date).
3. Document on the back of the MAR sheet: the date, the time the medication was to be given, the medication, the dosage, the nature of the error, the time you are documenting this error, and your signature and title.
4. An incident report is to be filled out and left on the Administrator's desk.

### **Discontinued Drugs and Their Removal**

When the attending physician discontinues a medication with a written order, it must be charted on the MAR by a CRMA.

#### **DISPOSITION OF DRUGS AND BIOLOGICALS**

Resident's drugs supplied by prescription which have been discontinued and those which remain in the facility after discharge of the client shall be removed by the facility in the following manner:

All drugs to be removed from the facility will be taken to a local recognized Law Enforcement Agency to be destroyed.

All non-scheduled drugs for removal are placed in the appropriate locked container in the medication cabinet, cart or room. A destruction drug form is completed with the appropriate information. The drugs are removed and recorded by two CRMA's. All schedule II drugs will be kept double locked in the medication cabinet, cart or room until removed to the appropriate Local Law Enforcement Agency. (In the ICF-IDD, Katherine Brown Home Medications may only be removed by a Pharmacist, DHHS Surveyor or a Licensed Nurse.)

The signatures of two CRMA's are recorded on the appropriate form which lists the name of the resident, the name, the strength, and prescription number (if applicable), the amount of the drug destroyed and the date of destruction. The appropriate form must be retained for at least three years.

Drugs listed as Schedule II drugs shall be removed from the ICF-IDD Facility by a DHHS Surveyor, Pharmacist or a Licensed Nurse. In all other homes these drugs will be removed by the Program Supervisor, if they are CRMA Certified, or a CRMA designated by the supervisor. The name of the resident, the name and strength of the drug, the prescription number if applicable, and the amount removed, the date of removal, and the signatures of two of the persons named above shall be recorded in the resident's medical record on the appropriate form. This record is a permanent part of the resident's record. All medications will be removed to a local Law Enforcement Agency for destruction.

Scheduled Drugs destroyed must be recorded on the resident's individual narcotic control record.

### **Storing Medication**

Medication will be compounded, packaged and labeled by pharmacists for day programs in accordance with physician's orders. The ICF Administrator/Home Provider is responsible to deliver and stock the medications at the day program site as well as inform the Program Supervisor of all medication changes. The Program Supervisor is responsible for the safe storage, administration, and recording of medications. Locked storage of medication is required. The Program Supervisor is responsible to inform the ICF Administrator/Home Provider of any adverse reactions to medications that occur during day program hours.

### **Security of Medication**

One set of keys to access the med cabinet will be available in the house or program area. The Administrator, the Supervisor, the QMRP, or Lead Supervisor or a designee will hold a spare set of keys.

One person on each shift, **the Med Designee**, will be designated to administer medication for that shift.

All medications, with the exception of liquids and over the counter house stock, should be packaged in a bubble (or blister) pack. The medication package should be initialed and dated by the **Med Designee** as it is prepared.

Prior to accepting the med keys and the responsibility for medication administration, a medication count will be done by the person accepting the keys and the **Med Designee** for the ending shift. Medications will be counted and the total will be entered into a notebook. These entries will be dated and timed with both people initialing the count.

If there is a discrepancy in the medication count, everyone will remain in the house or program and the Supervisor/Administrator will be notified of the discrepancy. The supervisor will determine if the police need to be contacted. All staff will remain on site until the police arrive and investigate or until the supervisor dismisses them.

The **Med Designee** for a shift will have the keys for the med cabinet on their person at all times. The keys should not be set down or hung up. Spare sets of keys should be kept in the possession of the Supervisor or their designee at all times.

**Theft of medications could be considered a federal offense; they are purchased with Medicaid funds.**

## **Medication Administration**

At Agency Day and Residential Programs, medications shall be administered by staff who have attended a state approved course and have passed written and practical examination. Immediately on reporting for duty, the qualified staff person will check all the medication orders on the medicine sheets to determine appropriate times to administer. Medications shall be administered as soon as possible after doses are prepared. The same person who prepared the medication shall administer the medication.

The following procedure will be followed for the administration of medication:

2. Wash hands;
3. Unlock medication closet and obtain med book;
4. Identify medication container with the med sheet;
5. Remove medication from shelf;
6. Compare medication label with the med sheet;
7. Determine proper amount of medication to pour;
8. Pour without touching the medication;
9. Compare medication label with the med sheet;
10. Keep poured medication and med sheet together;
11. Return medication container to shelf;
12. Identify client/resident by first and last name and by comparison to photo in medication book;
13. Give medication to client/resident, followed by juice or water;
14. Remain with client/resident until medication is swallowed;
15. Document administration of medication on med sheet; and
16. Secure the medication closet.

For liquid medication:

1. Identify the resident by first and last name and check identification with the photo on the medication tray;
2. Direct client/resident to accompany to the medication closet;
3. Unlock the medication closet and obtain the medication book;
4. Compare the medication sheet with the order;
5. Wash hands;
6. Identify the medication container with the med sheet;
7. Hold the medication with the label turned toward palm while pouring into the measuring spoon or medicine cup;
8. Hold liquid in medicine cup at eye level to measure;
9. Pour a level spoonful when measuring with a spoon;
10. Discard excess medication;
11. Wipe bottle before returning to shelf;
12. Return medicine container to shelf;
13. Offer water when appropriate;
14. Remain with client/resident until medication is swallowed;
15. Document administration of medicine on med sheet; and
16. Secure medication closet



## **Recording Medication Administration**

After medication has been administered, the designated staff person assigned medication administration responsibilities will record his/her initials in the correct column on the medication sheet.

The same staff person will check to be sure that his/her name and initials are written in full on the back of the med sheet.

If a medication is omitted or refused, an "0" is written in the correct column. In the case of a refused or omitted medication, an explanation is required on the back of the medication record and an Incident Report must be filled out and filed with the Program Supervisor/Administrator/Home Provider.

ANY AND ALL OTHER MEDICATION ERRORS ARE TO BE DOCUMENTED IN THE SAME DUAL MANNER. The Program Supervisor/Administrator/Home Provider is responsible to notify the prescribing physician of medication errors or omissions.

Staff person will re-lock the medication closet.

To be noted:

If a client/resident is administered a medication which he/she is not currently prescribed and/or is known to be allergic to or demonstrates adverse reaction, the prescribing physician is to be notified IMMEDIATELY. (see Procedure for the Handling of Adverse Reactions to Medication).

In certain cases, at Day Program sites, it may be necessary to follow the MEDICAL EMERGENCY PROCEDURE.

## **Procedures for Medication Programs**

### **1. Program A: Self-Administration of Medication**

In residential settings, individuals on a self-administration medication program may have their medication stored in a locked bedside table, chest of drawers or closet. In Day Program sites a convenient designated area may be used. If it is the opinion of the IDT team that alternate arrangements for storage of medication would be in the best interest of an individual and/or are necessary for the safety of others, a medication storage container or closet shall be provided. In this case, the qualified staff person shall provide the individual with the medication after carefully checking the label on the container. The medication container/closet shall not be accessible to anyone other than the facility staff.

The facility staff shall supervise and observe the habits of individuals on the "self-administration program". If an individual must be frequently reminded to take his/her medication or if other problems present themselves on a continual basis, it shall be cause for facility staff to review the situation and recommend reclassification to a more supervised medication program.

2. **Program B: Individuals Able to Self-Administer Medication when Reminded and Closely Supervised**

Individuals who are able to self-administer medication under close supervision of a qualified staff person and after a reminder, shall have their medication kept in a medication closet. A staff person will bring the individual to the medication closet at the designated time the medication is to be taken, check carefully the name on the label and the dose prescribed and hand the medication container to the individual. The staff person will instruct the individual as to the appropriate dosage and closely supervise the self-administration to assure that the correct amount of medication has been taken. Staff will report any difficulties to the program Supervisor / Administrator and the prescribing physician. Periodic medication reviews with the prescribing physician will be scheduled to review the procedure for administration and the effects of medication.

3. **Program C: Individuals Unable to Administer Medication to Themselves**

When it has been determined that an individual is unable to self-administer medication safely, facility staff shall provide the prescribed dosage of medication to the individual at the designated time and watch carefully while the individual takes the medication.

If the individual refuses to take the prescribed medication, the staff person must bring this to attention of the program Supervisor/Administrator and prescribing physician immediately.

**RESIDENTIAL FACILITY STAFF AND/OR HOME PROVIDERS ARE RESPONSIBLE TO ENSURE THAT THE RENEWAL OF MEDICATION PRESCRIPTIONS ARE IN ACCORDANCE WITH THE NEEDS OF THE CLIENTS AND PRESCRIPTION LIMITATIONS OF THE PRESCRIBING PHYSICIANS.**

**RESIDENT CARE SERVICES**

Personal care provided to residents includes the following:

1. Ensuring the residents' health and safety and the health and safety of others.
2. Protecting the residents from accidents.
3. Ensuring adequate personal hygiene and personal care.
4. Ensuring that medication is administered or taken properly.
5. Providing activities to include physical exercise, community access, community safety skills, living skills and social interaction.
6. Providing nutritious meals to meet each residents' minimum daily food requirements.

**Dietary Supervisor Policy**

It is the policy of Agency that Home Supervisors will assume the responsibilities of the dietary supervisor. The dietary supervisor shall demonstrate knowledge of minimum daily food

requirements, how to use dietary reference materials, how to meet daily nutritional needs and how to measure portions for therapeutic diets. The dietary supervisor shall provide orientation and training as needed to employees.

### **Menus Policy**

It is the policy of Agency that menus will be planned at least one week in advance, with consideration given to the individual preferences of the residents. If cycle menus are used they will be for a minimum of three weeks and adjusted for fresh vegetables and fruits in season. Menus will be posted in the kitchen and kept on file for three months.

Substitutions to the menu will be recorded and will be in compliance with the recommended dietary allowance.

A file of tested recipes for meals on the menu will be maintained, adjusted to yield the appropriate number of servings.

Therapeutic diets will be ordered in writing by the physician. Menus for therapeutic diets shall be planned in writing and approved by a qualified consultant dietician. The facility shall have a current (not more than five years old) diet manual that is recommended or approved by a qualified consultant dietician.

## **PROCEDURES**

### **Staff Orientation**

Before starting employment, the new employee will:

Report to the Program Coordinator and be advised of the day's schedule. The employee will be given the Personnel Policy and Procedure Manual and Van Driver's Handbook to read.

The following forms/copies will be needed for the employee's file:

- Employment Application
- W-4 form
- I-9 form
- Personnel policies
- Harassment prevention policy
- Authorization to deduct
- Van driver's signature form
- Copy of driver's license
- Proof of auto insurance
- Job description
- Hire letter
- TB form
- Hep B fact sheet
- VBGH deduct time for sleep hours

The Program Coordinator/Home Supervisor will give the employee a tour of the work site. The employee will be given a copy of their job description and an explanation of the position.

The employee will be given a packet containing the following:

- Emergency Evacuation Procedures
- Emergency Medical Procedures
- Policy on handling a seizure
- Personal Protective Equipment Policy
- Harassment Prevention Policy
- Client/Resident Rights Reporting of Abuse
- Hepatitis B Facts
- Information Sheet for Employees – Hepatitis B
- Vaccine Safety Policy
- Family Medical Leave

The employee will watch/sign the following videos/forms prior to working:

- Preventing Hepatitis B: The Vaccination Decision
- Hepatitis B Vaccine – Consent form for administering or
- Hepatitis B Vaccine – Declination
- Tape #1 – Orientation to Intellectual and Developmental Disabilities
- Tape #5 – Assuring Individual Rights
- Smart Moves for a Healthy Back

The employee will meet with the Office Manager within a week who will explain the following:

- Health Insurance
- Pay Schedule
- Dental Insurance
- ETO
- TDA
- Holidays
- Waiver of Benefits
- YMCA Membership
- Unemployment & Workers Compensation

The Office Manager will retain appropriate forms for the personnel records and offer a copy of any forms to the employee.

A date will be set for the Program Coordinator to review case management responsibilities, case records, and program plans.

Within six (6) months the employee will:

- obtain certification in Standard First Aid & Adult CPR and CPI
- obtain DSP Certification

If needed for his/her position, the employee will take the CRMA course applicable to the position. Upon certification, staff will sign a copy of Medication Protocol to be put in personnel file.

### **Confidentiality**

The personnel records are kept in a locked file cabinet in the administrative office at 35 Limerock Street. The cabinet is both fire and water proof.

The personnel records are kept confidential by limiting their accessibility. Only the Executive Director and the office manager have keys to the file cabinet where the personnel records are kept. Program supervisors may request access to portions of records relating to the performance of employees whom they supervise. The personnel records are never allowed to leave the office.

The office manager is responsible for assuring that all personnel records are maintained and filed properly. The office manager is also responsible for filing pertinent material in the personnel records.

### **Case Record**

#### Staff Responsibility

Program Supervisors are responsible for ensuring that all client case records are maintained and filed properly. Program Supervisors and Direct Support Professionals will be responsible for filing pertinent material. All staff members of Agency have access to client files. Substitutes may be allowed access to client files with which they are concerned upon authorization of the Program Coordinator.

#### Case Record Check In/Out Procedure

Staff members must fill in the sign out sheet before removing client files from the office. Noted on the sign out sheet will be the name of the client, the initials of the staff member, and the date. A check mark will be placed in the box stating that the file is "out". Upon return, the staff member will place a check mark in the "returned" box. All files must be returned no later than 4:00 p.m. on the day of removal in order to ensure that all files are in place and locked at the end of the day. The office manager will assume responsibility of making sure all files are locked.

#### Procedure for Organizing Records

Program Supervisors are responsible for ensuring that all information contained in their client files is filed according to the Case Record Format and is properly affixed to the record jacket. Program Supervisors and Direct Support Professionals (DSPs) are responsible for doing the filing and maintaining of files.

### **Redemption Center Cash**

1. RC Personnel will be issued a check for the pre-determined amount for that day by Office Personnel at the start of the day on weekdays. Saturday's check will be issued on Friday, but

not cashed until Saturday startup. Amounts may be increased or decreased seasonally with approval of the Executive Director. Current startup amounts are listed below:

Startup	As of end of last fiscal year
Monday	\$ 0.00
Tuesday	\$1,000.00
Wednesday	\$ 800.00
Thursday	\$ 800.00
Friday	\$ 900.00
Saturday	\$1,000.00

2. The cash bag will be counted with bank personnel before leaving the property.
3. Any remaining cash at the close of business will be deposited at a night deposit at TD Banknorth or appropriate depository by RC Personnel or Work Supervisor
4. Work Supervisor will reconcile cash paid out to tapes and receipts for donations or voids done by RC Personnel each morning
5. Office Personnel will replenish cash to be paid out up to \$100 during busy season.
6. Replenished cash must be returned to Office from next deposit over \$100.
7. RC personnel will track donations of bottles and cans on a tally sheet, to be submitted weekly as part of a daily reconciliation.
8. Office Personnel will track daily deposits and other reconciliation information on a spreadsheet, to be turned in to Financial Coordinator monthly. Spreadsheet will have columns showing deposits as recorded by the bank and show any discrepancies. Large discrepancies should be reported to the Financial Coordinator immediately.

### **Driver Training**

Arrangements will be made by the Program Coordinator for any new driver or substitute driver to meet with the driver he/she will replace and accompany him/her on the established route for up to three days to become familiar with the route, the passengers and loading and unloading procedures. He/she will be provided information concerning the location of the fire extinguisher, the first aid kit and driver's manual.

Prior to driving independently, each driver will be required to read the manual and sign a statement stating that he/she understands and will comply with all written procedures. The driver is responsible to meet with the Program Coordinator to ask questions he/she may have regarding the position or procedure involved. He/she will be required to fill out necessary paperwork requested by the administrative office. The Program Coordinator will inform the driver of any behavioral or medical issues concerning his/her passengers and procedures regarding the specific issues.

Drivers are required to participate in CPR and first aid training and become certified.

## Medical Emergency

In case of an accident or medical emergency, notify the supervisor on duty immediately. **REMEMBER TO REMAIN CALM AT ALL TIMES.**

The supervisor on duty will making notifications in the following order, depending on who is off the premises at the time of the emergency: Executive Director, Program Coordinator(s), and Case Manager.

### Procedures:

1. The supervisor on duty should assess the nature of the client's medical condition.
2. Check to make sure client is breathing and has a pulse. If not, begin rescue breathing or CPR.
3. If the client is bleeding, apply direct pressure with a clean compress to the affected area.
4. If a broken bone is suspected, do not move the client.
5. Seizures – prevent clients from hurting themselves and keep airway open.
6. If deemed necessary, call the Camden Volunteer Ambulance at **236-6000 or 911**. State the following:
  - Our name (Agency);
  - Nature of emergency;
  - Our address and location;
  - Our telephone number (236-6008); and
  - Request EMT services.

Should the ambulance personnel decide that the client should be transported to the Pen Bay emergency room, the supervisor on duty should also proceed to the hospital in the ambulance or in his/her personal vehicle. The supervisor will bring the client's file to the hospital.

The client's home provider and/or guardian and the Office of Adults with Cognitive and Physical Disability Services should be notified as soon as possible and be informed of the client status and the fact that he/she has been transported to the hospital.

An incident report must be completed by the staff person initially involved with the incident.

### Purchasing

1. All purchases charged to the Agency must be accompanied by a purchase order approved prior to the purchase by the Manager/Coordinator of the program area. The Manager/Coordinator must indicate on the purchase order the purpose of the item(s) being purchased; i.e. training supplies, equipment, building repair, and/or maintenance etc.
2. The charge slip from the store must be completed by the store personnel, have the purchase order number on it, and be signed by the employee making the purchase. The Manager/Coordinator must sign the charge slip verifying the receipt of the order. For items purchased via mail/telephone/internet, the Manager/Coordinator must sign the delivery slip to verify receipt of the order. The Manager/Coordinator must also indicate on the delivery slip the purpose of the purchase.

3. One copy of the purchase order must be sent to the administrative office, with a copy of the charge slip from the store. For mail/telephone/internet orders, the delivery slip must be sent to the administrative office.
4. Purchase orders in excess of \$100 must have prior approval from the Executive Director or his/her designee.



**APPENDIX A**  
**VAN DRIVER HANDBOOK**

AGENCY  
35 LIMEROCK STREET  
CAMDEN, ME 04843

**VAN DRIVER HANDBOOK**

I.	Van Drivers	1-5
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A. Requirements

The following requirements are recommended for drivers:

1. Have knowledge of area served by Agency.
2. Must have valid State of Maine driver's license and current vehicle insurance.
3. Must be courteous, neat of appearance and exhibit good manners.
4. Should have a safe driving record and at least one year's experience as a licensed driver in this, or some other state.
5. Should complete Red Cross Standard First Aid and CPR course within six months of employment.
6. Must be in good physical condition.
7. Must participate in any training provided by the Agency including emergency procedures in handling of accidents, road emergencies and techniques for movement of people.

B. Responsibilities

1. Drivers should be thoroughly familiar with the operations of the Agency.
2. Before driving a vehicle, a new driver should accompany an experienced driver as part of a driver training program.
3. Drivers should assist clients when entering and exiting from vehicle if necessary and also assist them with bags or parcels.
4. Clients should not be left unattended in a vehicle at any time.
5. Drivers should not become directly involved in the personal problems of clients and should refer problems to the client's Program staff.
6. Drivers should transport Agency clients only.
7. No smoking and/or drinking of alcoholic beverages by either driver or passengers will be tolerated in the vehicle.
8. All Agency van drivers and clients are required to wear seat belts while riding in agency or personal vehicles. Drivers are responsible for checking to see that all seatbelts are buckled before moving vans.
9. Drivers are required to pick up and drop off clients at their homes only, unless instructed to do otherwise by Agency staff.

C. Vehicle

1. **Equipment.** Every Agency vehicle used to carry passengers should be equipped with good and sufficient brakes, tires, the usual essential mechanical parts and in addition:
  - a. Interior lights;
  - b. Spare tire, in good condition;
  - c. Adequate heating and ventilating;
  - d. A red reflective triangle;
  - e. Rear view mirror;
  - f. Fire extinguisher;
  - g. Standard first aid kit;
  - h. Horn;
  - i. Adequate windshield wipers and defroster;
  - j. Head lights and rear stop lights or brake lights; and

k. Accurate speedometer and odometer.

2. **Maintenance and repair.** The driver is the person responsible for vehicle inspection, the notation of equipment defects and recommending maintenance, which should have:
- a. The completion of a vehicle condition or repair order when equipment defect is discovered that would affect the safe operation of the vehicle. Reports should be submitted to the office; and
  - b. The driver will be responsible for maintenance and repair, and prior approval for expenditures must be obtained from the Executive Director.

The following procedures are suggested for maintenance and repair:

- a. Observe the normal maintenance requirements of the vehicle manual such as oil changes every 3,000 miles, ignition system, cooling system, etc.;
- b. Ensure that vehicle registration and inspection sticker is valid;
- c. Keep both the interior and exterior of the vehicle clean. Frequent exterior washing is advised during winter months; and
- d. Have list of service stations at which Agency purchases fuel and repairs:

Gasoline: Village Variety (Stop 'n Go), Camden  
Camden Irving, Camden

Repairs: Discount Tire, Elm Street, Camden  
Telephone: 230-0011

Herrick's Garage, Rockville St, Rockport  
Telephone: 236-8006

D. Safety and Driving Procedures

The following safety and driving procedures are recommended for drivers of Agency vehicles:

1. **Vehicle operation:**
- a. All passengers should be seated and seat belts fastened.
  - b. No material should be allowed in the aisles or step well at any time.
  - c. Keep the vehicle properly heated when necessary and well ventilated at all times, thus aiding the defrosting procedure to give clear and unobstructed vision in all directions.
  - d. No vehicle should be loaded beyond its capacity. No passenger should get on or off the vehicle while in motion.
  - e. Do not back the vehicle without proper guidance and signals from another responsible adult outside the vehicle when vision is obstructed.
  - f. The driver should not permit any other person to occupy his seat, operate the vehicle, or tamper with controls.
  - g. All doors must be closed at all times when the vehicle is in motion.
  - h. Always drive defensively.
  - i. When a driver leaves the vehicle, it is expected that the van will be turned off and the key removed.

- j. Drivers must be in command of the vehicle and passengers at all times, and any passengers causing a disturbance should be reported to the office.
- k. Headlights shall be turned on one half hour before sunset, one half hour after sunrise, when windshield wipers need to be used and during other times when there is not sufficient light to clearly see for a distance of at least 500 feet.
- l. No disabled van with passengers aboard shall be towed, pushed or used to do the same.

2. **Parking:**

- a. Van should be parked in Agency parking lot at the end of run each day.
- b. When picking up clients, pull over to the curb as near as possible and use flasher light system.
- c. Always set emergency brake when parked.
- d. When parking on a grade, turn front wheels into curb.
- e. Never leave engine running when driver is out of vehicle, never leave keys in unattended vehicle.
- f. If vehicle is parked because of mechanical troubles and adjacent to the traveled way, use the reflective triangle.

3. **Procedure for breakdown and flat tire.** If vehicle breaks down driver should call or have another responsible person call the office 236-6008 for instructions. The driver should not leave the van when there are passengers on the van.

**Suggested flat tire procedure:** Park vehicle well off traveled way and ask passengers to disembark while changing tire.

- i. Attempt to get other drivers to assist in starting; or
- ii. Use spare van.

**Suggested procedure for emergency stops on public roadway**

- iii. Activate flasher unit.
- iv. Set emergency brake and put automatic transmission in park position.
- v. If stop will exceed 10 minutes, proceed to set out red reflector in daylight and flares at night.

4. **Accidents.**

a. **Accidents:**

- i. Stay with clients and remain calm.
- ii. Provide immediate emergency care.
- iii. Call or Send bystander to make calls to 911.

Report: Give the following information:

- 1. Location (with cross streets if possible)
- 2. Telephone number calling from
- 3. What happened – (nature of accident – type of injury)
- 4. If anyone is injured.
- 5. What is being done for victim
- iv. Also call Joe Curll at 236-6008 (Agency weekdays). Weekend number is 785-3141.

The contact person will give any necessary directions to the person reporting the accident and these should be written down and given to the van driver. The contact person will also make calls to parents or home providers and will make alternate transportation arrangements when necessary. If an accident is local, a staff person will be sent to the scene of the accident to provide assistance and give further instructions.

#### 5. Maine Accident Laws and Reports

Under Maine Statutes, the driver of any vehicle involved in an accident resulting in property damage to the apparent amount of \$200 or more, shall within 48 hours after the accident make a written report of it to the Secretary of State.

If necessary, the Secretary of State may require drivers involved in such an accident to file supplemental reports. Drivers should obtain instructions from the Agency in this regard. In addition, the police will also fill out similar report for their records. The Secretary of State accident report form can usually be obtained from the local police headquarters and a copy should be kept in the vehicle.



# **EMPLOYEE POLICY HANDBOOK**

Last Revised Effective June 26, 2018

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## **About This Handbook**

This Handbook has been developed to provide all employees with information about the Agency's policies, procedures and employee benefits. Additional information about specific policies and procedures are provided in the Policy Manual, which each employee is also required to review and sign an acknowledgement of understanding. We hope that this Employee Handbook will assist new employees in their orientation and provide a guide for all employees. If you have any questions, please contact your supervisor or the Business Office.

This Employee Handbook applies to all Agency employees. It should not be construed as a contract or a guarantee of employment.

This Employee Handbook has been prepared to help answer your questions about benefits including how we will pay you, evaluations, benefits and other relevant issues. We will make a good faith effort to follow these policies. Coastal Opportunities retains the right to change, delete, add to, or interpret all statements made in this Employee Handbook and all other policies and guidelines that we may issue.

## **Philosophy of Coastal Opportunities**

Founded in 1971 by the Camden Association for Retarded Citizens, Coastal Opportunities ("Coastal Opportunities," the "Agency") is a private, non-profit corporation which provides day, residential, and employment services to adults with intellectual and developmental disabilities who reside in Knox County.

The purpose of Coastal Opportunities is to provide services to adults with intellectual and developmental disabilities that will offer them the opportunity to contribute to their own welfare, to the welfare of others, and to produce in a way which is meaningful to them.

**OUR MISSION IS TO ENABLE ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO BECOME PARTICIPATING MEMBERS IN THEIR SOCIAL AND ECONOMIC COMMUNITIES.**

## **Guiding Principles**

We believe that adults with intellectual and developmental disabilities have the same rights, privileges, and responsibilities accorded to all citizens.

We respect the integrity of the individual.

We believe in providing services that will encourage participation in the larger community.

We solicit and respond to the opinion of those to whom we provide services.

## **Employee Code of Ethics**

Coastal Opportunities Code of Ethics Policy includes an expansive array of ethical responsibilities that are standards for Agency employees, including the following areas, which generally apply to all staff, as appropriate:

- Business
- Marketing
- Contractual Relationships
- Service Delivery
- Professional Responsibilities
- Written Procedures to Deal with Allegations of Violations of Ethical Codes
- Education on Ethical Codes for Personnel and Other Stakeholders
- Potential Conflict of Interest
- Protocol Regarding Media Relations & Social Media

### **Business Practices**

- Employees must have knowledge of the legal status of persons served, and provide information and resources related to legal status as appropriate; employees will consult with their supervisors when responding to subpoenas or other legal requests; employees shall not act as a witness to documents such as Power of Attorney, guardianship, advance directives, or Agency contracts without the expressed written approval of the Executive Director.
- Employees shall behave and use language in a manner that demonstrates professionalism, dignity and respect to persons served, staff members, visitors, volunteers, contractors and other stakeholders.
- Employees must be honest and forthright in their communication, and communication about, any relationship, including dating, with any persons served, Agency personnel, or other business associate that could create a conflict of interest.
- Employees shall adhere to the Agency's accessibility policy in the areas of, but not limited to, architecture, environment, attitudes, finances, employment, communication, and transportation.
- Employees shall not engage in contracts or agreements with outside organizations/agencies on behalf of the Agency.
- Employees shall not engage in activities that fall into the category of fraud, waste, abuse, fiscal mismanagement, and/or misrepresentation of organizational funds or the funds of persons served.
- Employees shall not mismanage the resources of the Agency or other stakeholders or persons served.

### **Marketing Practices**

- Employees shall give preference to the mission of the Agency over any personal,

business, or marketing interest; employees should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, business interest, or sexuality; any misrepresentation is prohibited.

- Employees shall not use any printed, audio, or visual aid materials belonging to the Agency for their personal or professional gain or benefit.
- Employees may not represent or act as a spokesperson for the Agency unless previously authorized by the Executive Director or Board of Directors.

### **Contractual Relationships**

The Agency may contract with an individual or firm to perform specific tasks at an hourly rate or project cost. Individuals under contract are not considered employees, and proper credentials and proof of insurance, as appropriate, are required. Contractual agreements must be approved and signed by the Executive Director. Employees who may work with an independent contractor are encouraged to report any suspected abuse, neglect, waste, or wrongdoing by the independent contractor to the Executive Director.

### **Service Delivery**

- Employees shall ensure that the Agency's person-centered planning philosophy and the "people first" concept is evident in the service delivery process, employees shall challenge social injustice; employees shall respect and promote the rights of persons served to self determination, and assist persons served in their efforts to identify and clarify their goals.
- Employees must ensure that all barriers to accessibility are assessed, addressed, and removed.
- Employees are prohibited from accepting money, exchanging gifts, gratuities, or other consideration from anyone other than the Agency for the performance of any act which s/he would be required or expected to render in the regular course of his/her duties as an employee.
- Employees shall not engage in fundraising activities that are not sanctioned and approved by the Executive Director as permissible fundraising activities.
- Employees, as may be appropriate in their role, shall respect and safeguard the personal property of persons served, visitors, and all property of the Agency.
- Employees are prohibited from providing services to individuals, client's family or friends with whom they have a personal, including dating, intimate, prior or current intimate relationship.
- Employees shall recognize the cultural, racial and ethnic importance of human relationships.
- Employees shall practice within their areas of competencies and develop and enhance their professional expertise.
- Employees shall maintain and update their professional licenses, credentials, certifications and clinical privileges.
- Employees shall write legibly and use clear, specific and understandable language 1) in the clinical documentation of persons' served case activities, 2) to inform persons served of the purpose of services, and risks related to services, and 3) to inform persons of limits to services, because of the requirements of a third-party payer; employees shall provide persons served with reasonable access to their records.
- Employees should make reasonable efforts to ensure continuity of services in the event

that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

- Employees are prohibited from having clients sign blank forms.
- Employees shall not discuss client's case information without provisions for relative confidentiality and shall not leave persons' served case record information on desks, or in any other unsecured manner, thus violating persons' served confidentiality.

### **Professional Responsibilities**

- Employees are prohibited from engaging in verbal/sexual harassment, physical abuse or neglect of persons served or persons within the person's served care system, including person's served family or friends.
- Employees shall not falsify agency records, persons' served records, and/or other documents associated with their employment.
- Employees shall provide services to persons served only in the context of a professional relationship based upon valid and informed consent.
- Employees shall not post any information regarding persons served on any social media outlet, e.g. Facebook, Twitter, blogs, etc.
- Employees shall accept the responsibility to advocate for persons served and protect the community in which our persons serve live against unethical and hypocritical practices by individuals or organizations engaged in social welfare activities.

### **Written Procedures to Deal with Allegations of Violations of Ethical Codes**

The Executive Director will receive all Incident Reports containing violations of the Code of Ethics. The Executive Director will receive the report, conduct the investigation, record the investigation, and provide feedback and follow up, as may be appropriate. The Agency shall uphold a "no reprisal" approach for employees and volunteers in reporting suspected incidents of questionable activities and practices within the Agency. A "no reprisal" approach simply means that employees shall not be subject to any retaliation, penalties, discrimination, confrontation, or any other type of consequences for making a report.

#### **A. Reporting**

Any staff member may report a violation of the Code of Ethics verbally to the Executive Director. However, an Incident Report must be completed and submitted to staff's supervisor and the Executive Director. Staff are encouraged to report the incident within 10 working days. The Executive Director will issue a bi-annual report to the Board of Directors on the number and types of Code of Ethics violations.

#### **B. Investigation/Acting on Violation**

The Executive Director will investigate and complete a final report. The Executive Director will facilitate any follow up actions to be taken, which may include training, supervision, and/or disciplinary action.

#### **C. Documenting the Investigation**

The Executive Director will maintain a log of all Code of Ethics investigations, create a file for the investigation, which shall include the complaint and the final report.

## **Monitoring**

The Executive Director shall ensure that the Code of Ethics is clearly communicated to staff on an ongoing basis. The methods of communication will be as follows:

- Each new hire, whether full-time, part-time, or contractual, will receive a copy of the Code of Ethics on their first day of employment.
- Each new hire will sign off acknowledging receipt and understanding of the Agency's Code of Ethics.
- The Code of Ethics will be shared with staff at the agency new staff orientation training.
- The Executive Director will monitor trends, patterns, and code violations and facilitate additional training or supervision strategies to reinforce compliance with the Code of Ethics.

## **Education on Ethical Codes of Conduct for Personnel and Other Stakeholders**

The Agency continues to support training and education for staff to remain in compliance and current in their respective field in order to demonstrate strategies and interventions that are based on accepted practices and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus. The Agency supports and sponsors online access to learning opportunities and reference materials through webinars for staff and others, subscribes to magazine and subscriptions related to relevant fields; agency collaborates with other organizations/schools for in-service workshops and community meetings; and agency supports time off and financial assistance for staff to attend conferences. The Executive Director remains current on policies and practices in the field via online training documents and printed publications/books.

## **Potential Conflict of Interest**

This policy is not meant to restrict or infringe upon the activities of the employee or his/her family but is intended to protect the agency from instances where the achievement of its goals is impeded by the intentional or unintentional acts of its employees.

- Employees shall be alert to, and avoid, conflicts of interest that interfere with the exercise of professional discretion and impartial judgment.
- Employees shall not engage in fundraising activities that are not sanctioned and approved by the Executive Director as permissible fundraising activities, such as the selling of cookies, candy, tickets, or other items that are personal initiatives of an employee and/or his or her family member.
- Employees should inform persons served when a real, or potential, conflict of interest arises, and take reasonable steps to resolve the issue in a manner that makes the persons' served interest primary and protects the persons' served interest to the greatest extent possible.
- Employees should not directly or indirectly engage in any employment activity or enterprise which is inconsistent, incompatible, or in conflict with his/her duties as an employee, or with the duties, functions and responsibilities of the program in which he/she is employed.

## **Protocol Regarding Media Relations & Social Media**

The Executive Director is the individual authorized to communicate with the media, unless otherwise authorized by the Executive Director in writing. All press releases and other

communications with the media must be approved by the Executive Director prior to dissemination.

The posting of information regarding the Agency on the Agency's website, Facebook, Twitter, blogs, etc. must be approved by the Executive Director or designee. Employees shall not post information regarding clients on the Agency's website or any social media outlet, e.g. Facebook, Twitter, blogs, etc. Social media is not a confidential form of communication. The Agency is committed by policy, practice, and legal requirements to maintain and guard the confidentiality of all clients. Therefore, it is Agency policy that no employee may communicate or befriend a current or former client utilizing social media. Any violation of the established protocol will prompt an investigation. If you discover that you were unknowingly or unintentionally communicating with a client, either present or past, please submit an Incident Report to the Executive Director.

## **Cultural Competency & Diversity Policy and Plan**

### **Cultural Competency & Diversity Policy**

Cultural Competency is the process by which individuals and systems respond respectfully and effectively to people of all cultures, ages, languages, classes, races, ethnic backgrounds, spiritual beliefs, abilities, religions, genders (including gender identity and gender expression), sexual orientations, socioeconomic statuses and other diverse background in a manner that recognizes, affirms and values the worth of individuals, families, and communities, while protecting and preserving the dignity of each. Operationally defined, it is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes that create cultural settings in which quality of services produce better outcomes.

The Agency values and respects the diversity of our communities and recognizes that this diversity enriches our lives and the lives of our clients. It is our intention to recognize, respect and address the needs, worth, customs, beliefs and values of all clients, employees, partners, vendors, employers, and the community at large. Our agency has a non-discrimination policy towards all clients, employees and others in regards to age, gender (including gender identity and gender expression), color, disability, national origin, sexual orientation, socio-economic status, veteran status, political affiliation, race, religion, marital status, or personal characteristics. It is our goal to provide a workplace environment that fosters equal opportunity and equal access and is free from harassment.

Our human capital is the most valuable asset we have. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and Agency's achievement as well. We embrace and encourage our employees' differences that make our employees unique.

With respect to our employees, our diversity initiatives are applicable—but not limited—to our practices and policies on recruitment and selection; compensation and benefits; professional development and training; promotions; transfers; social and recreational programs; layoffs; terminations; and the ongoing development of a work environment built on the premise of gender and diversity equity that encourages and enforces:

- Respectful communication and cooperation between all employees.
- Teamwork and employee participation, permitting the representation of all groups and employee perspectives.
- Work/life balance through flexible work schedules to accommodate employees' varying needs.
- Employer and employee contributions to the communities we serve to promote a greater understanding and respect for the diversity.

Any employee found to have exhibited any inappropriate conduct or behavior against others may be subject to disciplinary action.

Employees who believe they have been subjected to any kind of discrimination that conflicts with the company's diversity policy and initiatives should refer to and follow the procedure outlined in the Harassment & Retaliation Prevention Policy.

### **Cultural Competency & Diversity Plan**

Our Agency has created a Cultural Competency and Diversity Plan that addresses our goal to increase awareness of cultural diversity within our Agency and promote policies and practices that lead our Agency in the direction of equality and accessibility. The Cultural Competency & Diversity Plan addresses cultural competency with the agency and staff by utilizing the following guiding elements:

- Knowledge/Skill: acquiring cultural knowledge and skills
- Attributes: developing characteristics of culturally competent people, including flexibility, adaptability, emotional resilience, curiosity and respect for differences, patience, tolerance, and a non-judgmental attitude.
- Value Diversity: accepting individual preference and respecting individual difference.
- Cultural Self-Assessment: being able to look at one's own cultural behaviors in order to learn to modify them when appropriate.
- Adapting to Diversity: making changes to accept and adapt to diversity with respect to clients, other employees, and community partners by communicating in an inclusive and respectful manner.

The Agency provides training in areas related to cultural diversity with respect to clients, employees and community partners.

Our goals include the following:

- The Agency will strive to create and sustain welcoming environments that are inclusive and respectful.
- The Agency will institute education on cultural diversity for all new employees, and annually for all employees, to enhance cultural diversity in our Agency.
- Annually, through employee/client surveys and interactions, the Agency will identify any special needs or barriers that may affect services to clients to include in the strategic plan.
- In collaboration with the development of an accessibility plan, determine that all program and operational facilities appropriately represent best practices in meeting the diversity expectations of our clients and employees.

- Display posters and related information to raise awareness of Cultural Competency and Diversity in our facilities.
- The Agency will review the Cultural Competency and Diversity Policy and Plan for relevance on an annual basis and update them as needed.

### **Education on Ethical Codes of Conduct for Personnel and Other Stakeholders**

The Agency continues to support training and education for staff to remain in compliance and current in their respective field in order to demonstrate strategies and interventions that are based on accepted practices and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus. CO supports and sponsors online access to learning opportunities and reference materials through webinars for staff and others, subscribes to magazine and subscriptions related to relevant fields; agency collaborates with other organizations/schools for in-service workshops and community meetings; and agency supports time off and financial assistance for staff to attend conferences. The ED remains current on policies and practices in the field via online training documents and printed publications/books.

### **Potential Conflict of Interest**

This policy is not meant to restrict or infringe upon the activities of the employee or his/her family but is intended to protect the agency from instances where the achievement of its goals is impeded by the intentional or unintentional acts of its employees.

- Employees shall be alert to, and avoid, conflicts of interest that interfere with the exercise of professional discretion and impartial judgment.
- Employees shall not engage in fundraising activities that are not sanctioned and approved by the ED as permissible fundraising activities, such as the selling of cookies, candy, tickets, or other items that are personal initiatives of an employee and/or his or her family member.
- Employees should inform persons served when a real, or potential, conflict of interest arises, and take reasonable steps to resolve the issue in a manner that makes the persons' served interest primary and protects the persons' served interest to the greatest extent possible.
- Employees should not directly or indirectly engage in any employment activity or enterprise which is inconsistent, incompatible, or in conflict with his/her duties as a CO employee, or with the duties, functions and responsibilities of the program in which he/she is employed.

## **EMPLOYMENT POLICIES AND PRACTICES**

### **Employment at Will**

We hope that you will have a successful work experience here at Coastal Opportunities. Your continued employment is based on mutual consent. Employment with Coastal Opportunities is "at will," which means that either the employer or the employee may terminate the employment relationship at any time; any written or oral statements made to the employee before or during employment are not to be interpreted in any way that alters the at-will relationship. Disciplinary procedures and standards of conduct outlined in this Employee Handbook are not all-inclusive, and management reserves the right to dismiss employees for any reason at any time.



## **Policy Against Unlawful Employment Discrimination**

Coastal Opportunities is an equal opportunity employer, and will not discriminate in hiring, promotion, compensation, discharge or any other term or condition of employment due to gender (including pregnancy or related medical condition, gender identity and gender expression), age, race, color, ancestry, disability, genetic history or information, sexual orientation, religion, national origin, marital , covered veteran status, or any other category protected under applicable federal, state or local law. Coastal Opportunities will not discriminate against anyone who has filed a Workers' Compensation claim, nor an employee who has reported to Management in good faith attention any irregularity or violation of the law as defined under the Whistleblowers' Protection Act (see separate section on Whistleblowers'). All employees, supervisors and managers are obligated to support the concept of equal employment opportunity at Coastal Opportunities.

In conformance with the Genetic Information Nondiscrimination Act of 2008 ("GINA"), Coastal Opportunities will not discriminate on the basis of genetic information. The Agency will also comply with Maine's genetic information law that prohibits discrimination on the basis of genetic information and/or the refusal to submit to a genetic test. GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that employees not provide any genetic information when responding to any request for medical information, such as when an accommodation for a disability is being requested or family medical leave is being sought. 'Genetic information' as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

An employee who believes s/he has been subject to unlawful discrimination of any kind should bring the matter to the attention of either his/her direct supervisor, any other supervisor or Department Head, or the Executive Director. Any complaints will be investigated promptly and corrective action taken as deemed appropriate, while restricting information to those who have a need to know. Further, Management will ensure that there is no coercion, harassment, retaliation, or intimidation directed toward any employee who has registered a complaint of unlawful discrimination or who has been involved in the investigation or hearing of a complaint.

## **Americans with Disabilities Act (ADA) Policy**

Coastal Opportunities is firmly committed to comply with all applicable provisions of the Americans with Disabilities Act. It is our Policy not to discriminate against any qualified applicant or employee with regard to any terms or conditions of employment because of such individual's disability or perceived disability so long as the individual can perform the essential functions of the job, with or without reasonable accommodation. Consistent with nondiscrimination, the Agency will provide reasonable accommodation to a qualified individual

with a disability, as defined by ADA, who has made us aware of his or her disability, provided that such accommodation does not constitute an undue hardship to the Agency.

### **Retaliation and Whistleblowers' Protection Act Policy**

No employee will be retaliated against for speaking out against or opposing illegal discrimination or harassment or making a charge of illegal discrimination or harassment or otherwise participating in a related investigation or proceeding.

More generally, Management and staff will not retaliate against any employee who reports illegal or unsafe activities in the workplace and will protect employees from retaliation for making any such report in good faith. In addition, employees who in good faith refuse to participate in an activity that would result in a violation of state or federal statutes, or a violation or noncompliance with a state or federal rule or regulation, or one that would risk the health and safety of the employee or others, is protected from discrimination on that basis. If any employee believes that Management or another employee, acting on behalf of the Agency, has violated any state or federal law, rule or regulation, or created an unsafe condition, or violated any fiduciary responsibility, s/he should report it in writing to the Executive Director without delay.

### **Harassment and Retaliation Prevention Policy**

**ZERO TOLERANCE: NO HARASSMENT OR RETALIATION TOLERATED.** Coastal Opportunities will not tolerate bullying, workplace violence or harassment based on sex (with or without sexual conduct), gender identity, sexual orientation, transgender status, genetic information, marital status, amnesty or status as a covered veteran, race, color, religion, national origin, age or disability.

The Agency also will not tolerate retaliation for speaking out against discrimination, participating in the complaint investigation process, or for good faith reporting to the Agency or a public body a violation of law, rule, condition, or a practice that would put at risk the health or safety of any employee or other individual.

This Policy applies to supervisors, co-workers, vendors and other non-employees.

The Agency fully supports this Policy and senior management is committed to the prevention of any form of harassment or retaliation.

**PROMPT REPORTING IS REQUIRED.** All employees must promptly report any harassing behavior or retaliation before it becomes severe or interferes with their work or the work of others. This requirement includes reporting by bystanders who witness or become aware of harassment even if they are not the target. The Agency will make every effort to stop any harassment or retaliation before it may amount to a violation of law. It can only do so if it is promptly reported.

**ZERO TOLERANCE: NO PUNISHMENT FOR REPORTING.** The Agency will not tolerate adverse treatment of an employee because he or she reported harassment or provided information

relating to such a complaint or in good faith reported to the Agency or a public body a violation of a law, rule, condition, or a practice that would put at risk the health or safety of any employee or other individual.

**DEFINITION OF HARASSMENT/RETALIATION.** Unwelcome comments, jokes, acts, social media postings (including maliciously false statements), and other verbal or physical conduct related to sex, sexual orientation, race, color, religion, national origin, age, disability, or protected activity (speaking out against discrimination, participating in the complaint investigation process, or good faith reporting to the Agency or a public body a violation of law, rule, condition, or a practice that would put at risk the health or safety of any employee or other individual) is harassment or retaliation when:

- a. Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment;
- b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual;
- c. Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment; or
- d. The challenged action would discourage a reasonable employee from making or supporting a charge of discrimination or engaging in protected activity.

Employment decisions (tangible employment action) linked with harassment or retaliation could include:

- hiring and firing;
- promotion and failure to promote;
- demotion;
- reassignment;
- a decision causing a significant change in benefits;
- compensation decisions; and
- an unappealing work assignment.

None of these actions, linked with harassment or retaliation, will be tolerated.

**DESCRIPTION OF SEXUAL HARASSMENT.** Sexual harassment is a form of predatory sexual behavior in which a person targets a fellow employee. The target, as well as the harasser, may be of any gender. Maine law requires that illustrations of sexual harassment be provided. The following are some examples of sexual harassment. Such behavior is not permitted.

- A. *Physical assaults of a sexual nature such as:*
  1. rape, sexual battery, molestation, or attempts to commit these assaults; and

2. intentional physical contact, such as touching, pinching, patting, grabbing, brushing against another employee's body, or poking another employee's body.

B. *Unwanted sexual advances, propositions, or other sexual comments, such as:*

1. sexually-oriented gestures, noises, remarks, jokes, or comments about a person's appearance, sexuality, sexual experience, or sexual orientation directed at or made in the presence of any employee who indicates or has indicated that such conduct in his or her presence is unwelcome;
2. preferential treatment or promise of preferential treatment to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for gain or reward; and
3. subjecting, or threatening to subject, an employee to unwelcome sexual attention or conduct or intentionally making performance of the employee's job more difficult because of that employee's sex, sexual experience, or sexual orientation.

C. *Sexual or discriminatory displays or publications anywhere in the Agency by employees, such as:*

1. displaying pictures, posters, calendars, graffiti, objects, promotional materials, reading materials, or other materials that are sexually suggestive, sexually demeaning, or pornographic or bringing into the work environment or possessing any such material to read, display, or view at work; and
2. displaying signs or other materials purporting to segregate an employee by sex in any area of the workplace (other than restrooms and similar semi-private locker/changing rooms).

**DESCRIPTION OF BULLYING:** Workplace bullying refers to unreasonable actions of individuals or a group directed toward an employee, or a group of employees, intended to intimidate, or having the effect of intimidating or creating a risk to the health and safety of others.

**DESCRIPTION OF WORKPLACE VIOLENCE:** Workplace violence refers to any verbal or physical conduct that threatens personal safety or property or that reasonably could be interpreted as intending to cause harm.

**COMPLAINT PROCESS.** Any individual who believes he or she has been the subject of any form of harassment should **immediately** report the incident or act to one or more of the following individuals:

Joe Curll, Executive Director, (207) 236-6008, [jcurll@coastalopportunities.org](mailto:jcurll@coastalopportunities.org)  
Gail Varga, Program Coordinator, (207) 236-6008, [gvarga@coastalopportunities.org](mailto:gvarga@coastalopportunities.org)

Reports can be verbal or written. You are not required to report to anyone harassing or retaliating against you. The Agency will promptly investigate all complaints. All supervisors have been trained and are required to immediately report complaints of harassment to one of the individual listed above.

**CONFIDENTIALITY.** The Agency will protect the confidentiality of harassment and retaliation allegations. All information provided will be kept confidential and maintained in a separate confidential file. It will be discussed only with those who have a need to know to investigate or resolve the complaint.

**INVESTIGATION PROCESS – CORRECTIVE ACTION.** The Agency will promptly investigate any alleged harassment or retaliation. Steps which the Agency may take will be designed to stop the harassment or retaliation, correct its effects, and ensure that it does not happen again. Any remedial measures will not punish anyone who has come forward with a legitimate complaint of harassment or retaliation. Corrective action may include warning, training and monitoring, transfer or reassignment, suspension, or discharge. The focus is upon prevention, not punishment. Any employee who reports harassment or retaliation will be informed of the general results of the investigation and corrective action taken.

**THE MAINE HUMAN RIGHTS COMMISSION IS ALSO AVAILABLE TO INVESTIGATE A COMPLAINT.** The Maine Human Rights Commission (“MHRC”) can be contacted at 51 State House Station, Augusta, ME 04333, (207) 624-6290. Any employee having a complaint of harassment or retaliation has a right to bring it directly to the attention of the MHRC. You may call or write. The MHRC will assist you and will prepare a charge which you will have to sign under oath. Once the MHRC has received the signed charge, an investigation will be conducted. You will be advised of the results of this investigation. Any complaint **must** be filed within 300 days of the act of harassment or retaliation.

**YOU MUST REPORT HARASSMENT.** The purpose of this Policy is to encourage you to report any harassment or retaliation. You should not assume that the Agency is aware of any harassment or retaliation which you may encounter. It is your responsibility to bring your complaints and concerns to the Agency's attention.

*This Notice is annually given by Coastal Opportunities to all employees in compliance with 26 M.R.S. §807(2) and EEOC Enforcement Guidance (06/18/99).*

**Confidentiality and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)**

Confidentiality is of critical importance to our Agency and those we serve. All employees must refrain from discussing confidential information, such as client information, employee information, financial information, etc., with persons other than Agency personnel who have a need to know. An absolute condition of employment is that every employee respects and maintains the confidentiality of the Agency, its clients, its employees, and others, both during and after the course of employment. Failure to respect and maintain the Agency's confidentiality may result in termination of employment and, after employment, could result in a lawsuit to enforce the employee's confidentiality obligations.

Further, the Agency intends to comply with federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations, and any applicable State law that is more stringent than the HIPAA requirements. These policies are designed to reasonably ensure the confidentiality, integrity, and availability of all electronic protected health information that the Agency creates, receives, maintains, or transmits; protect against any reasonably anticipated threats or hazards to the security or integrity of such information; and protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under the HIPAA Privacy Rule and the Agency's Privacy and Security Policies. More detailed information about the Agency's HIPAA policies and procedures, along with employee responsibilities, should be referenced in the Policy and Procedure Manual.

### **Safety and Work Related Injury or Illness**

The Agency maintains a separate Employee Safety and Security Manual that all employees are required to read and acknowledge within the first week of employment, and periodically thereafter as changes and updates are made.

### **Injuries and Workers' Compensation**

If you are injured during the course of Agency business, no matter how minor you think the injury might be, you should contact your supervisor as soon as possible, and in all cases within twelve hours of the incident specifying the nature, date and time of the occurrence. If your supervisor is not available, notify the Business Office or Executive Director.

Medical care, lost work time compensation, and rehabilitation for work related illnesses and injuries are paid through our Workers' Compensation insurance plan. Failure to report work-related injuries in a timely manner may jeopardize these benefits.

Your supervisor and/or the Business Office will direct you to the appropriate medical provider. You should understand that you may not be reimbursed for any expenses incurred with a medical provider selected by you without the permission of the Executive Director and/or the Agency's workers' compensation carrier.

The Agency and its insurance carrier shall not be responsible for the payment of Workers' Compensation benefits for any injury which arises out of an employee's participation in any off duty, recreational, social or athletic activity which is not a direct part of the employees' work-related duties.

## **WORK RULES AND REGULATIONS**

### ***Drug-Free Workplace Policy***

Coastal Opportunities is dedicated to providing a workplace free from the influences of alcohol and drugs. Management believes that by eliminating drug and alcohol use in the workplace, the safety, health, and productivity of staff and clients can be enhanced. The purpose of this policy is to provide a safe and healthy workplace for employees and clients alike, and to comply with federal and state health and safety regulations.

The Agency has a workplace in which responsibilities and freedoms are governed by policies and codes of behavior, including penalties for violations of these standards as stated in Employee Handbook. One such standard of conduct prohibits the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance. This includes prescription medications, alcohol or illicit drugs, including marijuana and cannabinoids, whether medicinal or recreational, by employees on Agency premises or at any time while conducting business on behalf of the Agency. The legal use of prescription medication drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and does not endanger other individuals in the workplace. Marijuana and cannabis are not prescriptions medications because they are not legal under federal law.

Management will address violations of this policy, ranging from drug counseling and rehabilitation programs, to disciplinary action up to and including termination of employment and referral for prosecution. Each situation will be evaluated on a case-by-case basis.

It is Agency policy to maintain a drug-free workplace, and employees must comply with this policy as a condition of employment. To that end, and in the spirit of the Drug-Free Workplace Act of 1988, the Agency has adopted the following policies:

1. The unlawful manufacture, possession, distribution, or use of controlled substances is prohibited in the workplace, including marijuana whether it is medicinal or recreational.
2. Employees who violate this prohibition are subject to corrective or disciplinary action as deemed appropriate, up to and possibly including termination of employment.
3. As an on-going condition of employment, employees are required to abide by this prohibition and to notify his/her supervisor, in writing and within five (5) days of the violation, of any criminal drug statute convictions they receive.

It is the Agency's desire to provide a drug-free, healthful, and safe workplace for employees, clients and visitors. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. All employees must come to work and remain fit for duty during the working day.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisors or the Executive Director.

As a condition of employment, employees must notify the Agency of any criminal drug conviction no later than five days after such conviction. A conviction is defined as a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence. Appropriate personnel action by the Agency, or the satisfactory completion of a suitable rehabilitation program by the employee, is required within 30 days after the Agency received notice of such conviction.

Employees will not be terminated for voluntarily seeking assistance for a substance abuse problem but may be subject to other disciplinary action if appropriate.

Employees on physician-prescribed medication, which may affect job performance, are to provide written documentation from the treating physician that the employee is fit for duty while using the medication.

### **Computers, E-mail, Telephones and the Internet**

#### **Acceptable Use of Business Computer Systems and Phone Systems**

As a business, we have limited resources for staffing, computer bandwidth, data storage and phone system capacity. As such, it is important that resources be preserved and focused on business use. In addition, network security is of critical importance. Any actions that could compromise network security are prohibited.

The following guidelines apply:

- E-mails or voice mails stored on the system should be business related.
- Instant messaging should be business related.
- Use of “streaming video & audio” sites should be business related and limited as this requires considerable bandwidth.
- Use of the Internet browsing should be limited to business related purposes.
- Data and programs installed on server and workstation hard drives should be business related only.
- Passwords will never be shared with co-workers

#### **Use of Agency Email and other Communication Systems**

Email messages sent using Agency equipment are the property of the Agency. We reserve the right to access, monitor, read, and/or copy email messages at any time, for any reason. You should not expect that any email message you send using Agency equipment, including messages you consider to be, or label as, personal will be private.

Because the Agency reserves the right to access any personal communication without prior notice, employees should not use Agency systems to transmit any messages or to access any information that they would not want a third party to hear or see. Although incidental and occasional personal use of the Agency's systems is permitted, any such personal use will be treated the same as all other communications under this policy. However, employees are at all



times prohibited from accessing or downloading information from the Internet for personal use.

Employees will never respond to emails containing client health records or requests for such records and will notify management upon receipt of such requests.

### **Telephone System**

The telephone system (including voicemail) at the Agency is the property of the Agency and is provided for business purposes. The Agency may periodically monitor the usage of the telephone systems to ensure compliance with this policy. Calls made on Agency phones are not private, and the Agency may monitor these calls at any time.

### **Prohibited Uses of the Internet**

Employees may not, at any time, access the Internet using Agency equipment or links for any of the following purposes:

- To visit websites that feature pornography, gambling, or violent images, or are otherwise inappropriate in the workplace.
- To operate an outside business, solicit money for personal purposes, or to otherwise act for personal financial gain; this includes running online auctions.
- To download or copy software, games, text, photos, or any other works in violation of copyright, trademark, or other laws.
- To download any software program without the express consent of management.

### **Internet Use Is Not Private**

The Agency uses monitoring software, which keeps track of the sites an employee visits and how much time is spent at a particular site, among other things. You should not expect that your use of the Internet (including but not limited to) the sites you visit, the amount of time you spend online, and the communications you have will be private.

### **Personal Blogs and Online Posts**

Our Agency recognizes that some of our employees may choose to express themselves by posting personal information on the Internet through personal websites, blogs, or chat rooms, by uploading content, or by making comments at other websites or blogs. We value our employees' creativity and honor their interest in engaging in these forms of personal expression on their own time, should they choose to do so.

However, problems can arise when a personal posting identifies or appears to be associated with the Agency, or when a personal posting is used in ways that violate the Agency's rights or the rights of other employees. Please bear the following in mind:

- Agency resources may not be used to create or maintain a personal blog or a personal website, or to upload content or make personal postings online, nor may this be done on Agency time.
- You are legally responsible for content you post to the Internet, in a blog or otherwise. You can be held personally liable for defaming others, revealing trade secrets or proprietary information, and copyright infringement, among other things.

- All of our Agency policies apply to anything an employee writes in a personal blog, posts to the Internet, or uploads to the Internet. This means, for example, that an employee may not use personal postings to harass or threaten other employees or to reveal confidential information.
- Embarrassing or unkind comments about other Agency employees, clients, or partners are also inappropriate.
- If, in the process of making a personal post or upload on the Internet, an employee identifies him/herself as an employee of the Agency, whether by explicit statement or by implication, the employee must clearly state that the views expressed in the post, or at the blog or website, are his/her own, and do not reflect the views of the Agency.
- An employee may not use Agency trademarks, logos, or other images, nor may s/he make false or misleading statements about the Agency's philosophy, services, opinions, or affiliations.
- The Agency may have a legal duty not to disclose certain facts. Revealing this information on the Internet could cause very serious problems. If an employee has any concerns about the confidentiality or propriety of something they would like to post, s/he must check with a supervisor or the Executive Director first.
- Please keep in mind that personal postings will be read not only by friends and family, but possibly by coworkers and supervisors, as well as the Agency's clients and the general public. Even if you post anonymously or under a pseudonym, your identity can be discovered relatively easily. Common sense should be used when deciding what to include in a post or comment.
- This policy is not intended to interfere in any way with employees' legal rights, including employee rights under the National Labor Relations Act to discuss the terms and conditions of employment.

#### **Agency-Assigned Mobile Device Security Policy**

1. All mobile devices must be password protected. Choose and implement a password at least four (4) characters in length.
1. The physical security of these devices is the responsibility of the employee to whom the device has been assigned.
2. Devices shall be kept in the employee's physical presence whenever possible. Whenever a device is being stored, it shall be stored in a secure place, preferably out of sight.
3. If a mobile device is lost or stolen, IMMEDIATELY report the incident to a supervisor or the Executive Director. Also, be sure to document the serial number of your device now, for reporting purposes, in the event that it is lost or stolen.
4. Sensitive or confidential documents should not be stored on the device.
5. Mobile device options and applications that are not in use should be disabled.
6. Sensitive and confidential personal information should be removed from the mobile device before it is returned, exchanged or disposed.
7. All mobile devices must enable screen locking and screen timeout functions.
8. Non-Agency issued mobile devices are subject to the above requirements if Agency email or data is accessed using the device.
9. All Agency data security and acceptable use policies apply to Agency-issued devices, and to personally-owned devices that are used to access Agency systems.

Failure to comply with the above policy could result in disciplinary procedures up to and including termination of employment for severe or multiple offenses.

### **Employee Use of Privately Owned Vehicles for Community-Based Services**

#### **Policy**

The Agency recognizes the need for employees to use their own vehicles on the Agency's behalf when providing services in community-based settings.

Employees shall not use private vehicles in the performance of their duties except as authorized and in accordance with the following Policy.

In accordance with industry standards for automobile insurance coverage, any time an employee uses his/her own vehicle for commuting or business purposes and is in an accident, the employee's personal automobile insurance will typically be the exclusive source for insurance coverage for any bodily injury to others (including program participants who are passengers in the employee's vehicle). Note: If the employee sustains bodily injuries as a result of an accident that occurs in the course of employment (but not while commuting), medical coverage will be provided by the Agency's Workers' Compensation program.

The employee's own insurance will provide the primary source of coverage for any property damage. The Agency will not have any liability to the employee for the costs of any required repairs or the costs of alternative transportation necessitated by property damage to the employee's vehicle. Employees must hold sufficient automobile liability coverage, and provide evidence of such coverage, to protect them in the event that they are at fault for causing an accident that causes injury or property damage to another.

#### **Procedure**

Employees, prior to being authorized to use their private vehicle on the Agency's behalf, shall provide:

1. Evidence of insurance with the minimum coverage levels (a certificate of insurance)
2. A copy of the current registration of the vehicle

This material will be maintained in the employee file and updated whenever necessary, but not less than annually.

An employee must be authorized to use his/her private vehicle. The authorization will state the purpose of the employee's regular use.

The Agency is not responsible for any financial loss (including property damage and any deductible) that an employee may incur in connection with using his/her own vehicle in the performance of any Agency activity or while traveling to any employment-related function. The employee understands that the minimum level of insurance that is required to operate a

vehicle in Maine is a base; it is the employee's responsibility to obtain appropriate coverage on his/her own vehicle.

### **Use of Electronic Devices While Driving**

In order to ensure the safety of staff, clients / residents, and the general public, it is Agency policy that all employees are prohibited from using electronic devices while driving a personal or Agency vehicle during working hours, regardless of his or her position or whether or not clients are being transported.

In a situation that requires the use of an electronic device, a driver must bring the vehicle to a complete stop in a safe place before answering or placing a call, sending or receiving a response to the message, or manipulating an electronic device in any way.

The prohibitions listed above prohibit not only use of hand-held telephones, but also use of mobile or cellular telephones through "hands-free" devices, including headsets, microphones, Bluetooth or any other similar devices or technologies.

Violation of this policy may lead to disciplinary action, up to and possibly including immediate termination of employment.

### **Firearms and Weapons Policy**

Any employee found with firearms or other weapons on Agency premises will be asked to remove the weapon from the premises immediately and also may be subject to disciplinary action up to and including termination of employment.

Anyone who threatens another, even in jest, or uses a knife, firearm or any other object in a threatening or bullying manner will be subject to disciplinary action up to and including termination of employment.

Pursuant to State law, an employee who holds a valid and current concealed weapons permit may keep firearms in his or her vehicle on the premises as long as the vehicle is locked and the firearms are not visible.

### **Policy Regarding Children on Property Owned/Rented by Coastal Opportunities**

Children (all minors under the age of 18) will not be permitted on Agency premises unless they are visiting for a particular purpose and in the company of a responsible adult who is NOT scheduled to be working for the Agency at the time of the visit.

### **Smoking and the Use of Tobacco Products in the Workplace**

In order to protect the health, safety and comfort of program participants, employees, and visitors, it is Agency policy to restrict smoking and the use of tobacco in any form, including pipes, cigars, chewing tobacco, cigarettes or "vaping" with e-cigarettes in Agency facilities and

on grounds owned, leased or rented by the Agency. Smoking and the use of tobacco products may not occur within 30 feet of a designated entrance and may only occur in a designated smoking area. If this area is not available, smoking will occur within a person's vehicle.

Smoke- and tobacco-free areas include any vehicles owned or operated by the Agency, any vehicle with multiple occupants on Agency business, and any indoor or outdoor activity sites when employees are with program participants. Employees may smoke with a participant in a designated area if the participant smokes and smoking is included in their plan.

### **Solicitation and Distribution**

Because distraction of employees on the job interferes with and can lead to inefficiency, the following rules have been established:

- During working time, employees may not engage in the solicitation of other employees or consumers or the distribution of literature for any purpose in any working areas. "Passive" solicitation in a non-work area, such as leaving a Girl Scout Cookie sign-up sheet in the lunchroom, is permitted.
- Persons not employed by the Agency are not permitted to solicit employees or clients or distribute literature on Agency premises. Such persons should be directed to the Executive Director.
- The phrase "working time" means all time an employee is required to perform actual job duties but does not include break time. The prohibition described above does not extend to break areas.
- Solicitation or distribution of literature otherwise permitted under this Policy must not create a litter problem, create traffic hazards or congestion, obstruct deliveries, or obstruct ingress to or egress from the Agency's premises.
- Certain bulletin boards are limited to official Agency business. These bulletin boards are designated official by the Executive Director. All postings on these official bulletin boards must be cleared through the Executive Director.
- From time to time, the Agency may permit charitable solicitation for the purpose of acquiring or maintaining goodwill in the community consistent with its business interests and mission as a social services agency.

Violations of this Policy may result in discipline up to and including termination of employment.

### ***Dress Code and Appearance***

While the Agency does not have a formal dress code policy, you are expected to wear clothing and maintain an appearance that is appropriate for your job duties. Your clothes should be clean, in good repair, and in good taste. You are a representative of Coastal Opportunities and you may often be seen in the community with clients. You should dress with consideration of this.

While working with clients you may be assisting and participating in the client's physical therapeutic activities such as swimming and walking. This would require you to enter public

swimming pools, to participate in physical activity (basketball, exercising, hiking, etc.). Please keep this in mind in reference to dress code requirements.

### **Scented Products**

Employees are discouraged from wearing or using scented products in the workplace and are asked to avoid the use of perfume or cologne. Individual situations will be addressed as needed.

### **Animals at Work**

Employees are not permitted to bring pets to work, due to concerns with security, liability, and health and safety issues for its employees, clients and the public, as well as the potential for disruption of work. The only exceptions are those animals certified as "service animals."

All employees are to leave their pets at home while they are working or transacting business at or for Coastal Opportunities. If an employee is transporting clients in their private vehicles, the employee's pets must not be in the vehicle. Under no circumstances are staff pets to be transported in Agency vehicles.

### **Cellular Phone Usage in the Workplace**

It shall be Agency policy to limit the use of employee cell phones in the workplace. While management realizes an employee's need to balance and coordinate activities and responsibilities outside the Agency, we also realize the cost and potential liabilities associated with excessive use of cellular phones. Agency cell phones are provided on a limited basis and should only be used for business related activities. Personal use of Agency cell phones is strictly prohibited.

In order to maintain the professionalism of the Agency, employees who carry personal cell phones are asked to silence the phone's ringer while working and to not send personal text messages while at work. Additionally, employees who place or receive a cell phone call are asked to respect their co-workers by speaking in a normal conversational tone, not sharing intimate or excessive personal information, and by keeping the phone call to less than three minutes. Employees spending large amounts of time communicating via their cell phones about personal matters create an unprofessional image for the Agency, when clients, guardians, or other visitors view this behavior.

Since cellular phones are not a secure means for communicating, employees should avoid talking about client business. If the need arises, employees should make efforts to protect the client's identity by simply using initials or only the client's first name.

Due to the Agency's need to protect confidential information, employees are prohibited from taking photographs or videos in the workplace, including photographs or videos taken with a cellular phone.

Violations of this policy may result in disciplinary action according to Agency policies and procedures.

### **Absenteeism and Tardiness**

An employee is required to notify his or her supervisor if s/he will be tardy or absent from work for any period of time. As much notice as possible should be provided, and in all cases, employees should provide at least a one-hour notification prior to the scheduled start time.

Absenteeism and tardiness are considered to be excessive if an employee is absent or tardy for three or more days within a three-month period without good cause. It is the responsibility of the employee's direct supervisor to discuss excessive absenteeism with the employee and to consider whether or not the employee can be reliable. Excessive tardiness and/or absenteeism are subject to disciplinary procedure up to and possibly including termination of employment.

Missing work without contacting an immediate supervisor prior to one's shift may result in immediate termination of employment.

## **WAGE AND HOUR POLICIES AND PRACTICES**

### ***New Staff Responsibility***

Within two weeks of receiving confirmation of employment new staff must furnish documentation of licenses, degree and/or certificate required of the position for which he/she has been hired. This documentation will be kept in the employee's personnel record.

### ***Introductory Period***

The introductory period is intended to give a new employee the opportunity to demonstrate his or her ability to achieve a satisfactory level of performance and to determine if the new position meets his or her expectations. The Agency uses this period to evaluate employee's capabilities, work habits, and overall performance, and the introductory period may be extended if deemed appropriate by the immediate supervisor and Executive Director. However, either the employee or the Agency may end the employment relationship at will at any time during or after the introductory period, with or without cause or advance notice.

All new or rehired employees work on an introductory basis for the first year. Rights and privileges associated with regular employment status will not be provided during the introductory period. Upon satisfactory completion of the introductory period, employees become "regular" or "temporary" employees depending on their employment classifications. However, employment continues "at will" and may be terminated by either party at any time.

## **Holding a Second Job**

Although the Agency expects you to devote your primary efforts towards your duties and responsibilities with us, you may engage in outside employment with the prior approval of your immediate supervisor and the Executive Director.

Generally, outside employment will be approved if it:

- Does not conflict with your responsibilities, including your ability to work overtime as required in your position;
- Does not interfere with your job performance;
- Does not prove detrimental to the Agency's interests;
- Does not involve a conflict of interest or the appearance of a conflict of interest (such as working for a competitor or vendor); and
- Does not involve the use of confidential or proprietary Agency information.

Any issues regarding any outside employment you may be contemplating should be resolved prior to your accepting such employment.

## **Hours of Work**

Schedules shall be determined by the Executive Director.

1. Full-time employees work at least thirty-two (32) hours per week, the exact number of hours to be in accordance with the requirements of their positions.
2. Part-time employees work less than thirty-two (32) hours per week but may be either regular or temporary employees.
3. Additional time is occasionally required of employees, due to Individual Program Plans and progress reports, as well as client and workshop - related meetings.

## **Fair Labor Standards Act (“FLSA”) Classifications**

**Non-Exempt:** Employees who are “not exempt” from the Fair Labor Standards Act are expected to confine their work to the normal work day and work week unless overtime is authorized in advance by their immediate Supervisor. Non-exempt employees will be paid overtime for all authorized hours actually worked in excess of forty (40) hours per week (paid time off is not counted in the calculation of hours for overtime purposes).

**Exempt:** Employees who meet the definition of “exempt” from the Fair Labor Standards Act are paid a salary. Exempt employees, in consultation with the immediate supervisor, are expected to work the hours necessary to fulfill the responsibilities of their positions and do not receive overtime pay.

## ***Sessions of Coastal Opportunities***



The Agency will be open according to a calendar year prepared each January by the Executive Director and approved by the Human Resources Committee.

### **Inclement Weather Policy**

When it is necessary to close the Day Programs due to inclement weather, the Executive Director will notify the staff as to procedure. Non-exempt (hourly) employees may use available ETO or take the time as unpaid.

Employees are expected to be at their place of work for their regularly scheduled hours. If an employee feels that it is unsafe to drive to work, s/he should consult with the supervisor and may be given permission to use ETO for the time missed from work.

Employees doing shift work in the Residential Programs are expected to remain with residents until they have been relieved.

### **Performance Evaluation**

Each employee shall be evaluated annually by the employee's immediate supervisor in relation to the employee's specific job description. Based upon the evaluation, the employee and the Executive Director will identify and write objectives to be addressed within specific time frames. Both the employee and the Executive Director may include narrative comments.

### **Salary Scales**

At the end of the annual performance evaluation, an increase may be awarded to an employee. The increase will be based on both employee performance during the past year and the limits of the Agency's budget and financial resources. The Human Resources Committee with the Finance Committee may authorize other salary adjustments as appropriate.

### **Computation of Salaries**

Except for exempt employees, wages shall be computed on an hourly rate basis. All compensation is in compliance with the Fair Labor Standards Act and Maine state law.

### **Pay Period**

The following lists important information about payroll:

- Wages shall be paid on a bi-weekly basis.
- The payroll week is Sunday through Saturday.
- Payday is every other Friday, for the two weeks ending the prior Saturday, and checks or pay advices may be picked up between 8:00 AM and 4:00 PM during office hours.
- Electronic verification of hours worked, with supervisor approval, must be submitted on the Monday preceding payday.

- If a check is lost and is not found, a new one will be issued. The employee will be responsible for stop-payment charges on lost payroll checks.

### **Deductions**

- Federal income tax withholding;
- State income tax withholding;
- Social Security (FICA);
- Optional (medical, dental, and tax-deferred annuity); and
- Any other deductions required by law, including but not limited to, child support obligations.

An annual statement of earnings and income tax withheld for the previous year will be issued each January. The Agency will make deductions required under federal and/or state law.

### **Expenses**

Funds may be drawn by the Executive Director for meetings, visitations, or conferences to be attended by the Executive Director and/or staff.

Mileage for business use of a staff member's personal automobile will be granted only with the approval of the Executive Director. The Executive Director's mileage will be approved by the President of the Board of Directors.

### **Procurement Policy & Procedure**

With the exception of food and gas charged at authorized stores, a purchase order must be used for all purchases.

All orders for goods will be made by the office personnel. This insures accurate delivery and that a check will be ready if the purchase arrives as COD.

Any purchase for goods or services over \$100 must be approved by the Executive Director. Other purchases may be approved by the program supervisor. As noted above, once purchases are approved all orders for goods will be made by the office personnel.

Items whose cost is greater than \$10,000 or more will involve a competitive bid process where practical. If it is not practical, documentation explaining why it is not practical should be noted. All competitive bids require board approval.

### **Personnel Records**

The Executive Director will maintain a personnel file for each employee in a locked file cabinet in the administrative office. Those with access to such files will include the employee or the employee's designee, the Executive Director, office manager, and members of the Human Resources Committee.

An employee's personnel file is confidential and contains all of the employee's personal data, employment evaluations, and payroll change forms, as well as any employment related information. Employees wishing to review their personnel file may do so by making a request for review to the office manager. The review will be done in the presence of the office manager and will be done at a time that is mutually convenient to both parties. Upon request, an employee may obtain a copy of his or her personnel file at no cost, limited to one copy per year.

The Agency will not release information to an outside third party without a release from the employee, unless required by law. This policy governs former employees as well as current employees.

### ***Disciplinary Policy***

When disciplinary action becomes necessary, the specific violation, the situation and the work background of the individual(s) involved will be thoroughly investigated. Disciplinary action may include:

- Verbal counseling
- Written warning
- Extended introductory period or creation of a trial period
- Suspension, with or without pay
- Termination of employment

All disciplinary actions are documented including verbal counseling. Employees will be asked to sign any written documentation. The employee's signature indicates the employee has been informed of, but does not indicate agreement with, the specific disciplinary action. This documentation is for the mutual protection of the employee and the Agency.

Any single or combination of these actions may be taken depending upon the offense. Whenever disciplinary action is taken, the employee will be clearly informed of what the infraction or area of poor performance is, the actions needed to correct the situation, and the consequences if the problem reoccurs or persists.

Although the disciplinary steps are outlined above, management reserves the right to determine the appropriate level of discipline for any inappropriate conduct, and may combine or skip steps in this process, including immediate termination of employment, depending on the seriousness of the situation.

## ***Employment Termination***

### ***Resignation***

All resignations other than those of the Executive Director must be submitted to the Executive Director and will be reviewed by the Human Resources Committee. To resign in good standing, it is respectfully requested that an employee provide advance notice as follows:

1. The Executive Director - three months notice in writing to the Board of Directors.
2. All supervisory and office employees - four (4) weeks' notice in writing.
3. All other employees, unless stated otherwise in the terms of employment - two (2) weeks' notice in writing.

If an employee does not return to work at the end of an approved leave or extended absence, his/her employment will be terminated.

### ***Reduction of Staff***

If the Agency finds it necessary to reduce the number of hours of one or more staff positions, or eliminate positions altogether, due to program changes or funding issues, every effort will be made to achieve the reductions through attrition. When attrition is insufficient, the following factors will be used to determine which positions will be affected:

- First - the position or positions within the Program that are affected by changes or a reduction in funding;
- Second - job performance, in the event that some like positions will be retained and others reduced; only performance information documented in employees' personnel files will be taken into consideration; and
- Third - length of employment, in the event that some like positions will be retained and others reduced and there are no appreciable differences in job performance.

Other factors that will govern this process include:

- The position of an employee on any type of leave of absence (including disability leave) is subject to reduction or elimination, according to the above guidelines.
- Employees who are laid off may apply for future openings for which they may be qualified.
- If an employee is rehired within six (6) months of a layoff, the original date of hire will be used for benefits entitlement.

In the event that an employee is affected by a reduction in hours or a position elimination, notice shall be given to the employees as follows:

- a. Three months for the Executive Director, by the Human Resources Committee.
- b. Four (4) weeks for Program Supervisors and office personnel, by the Executive Director.

- c. Two (2) weeks for all other employees, by the Executive Director, unless otherwise stated in the terms of employment.

Employees will be expected to work during the notice period. Employees may take Earned Time Off (ETO) during the notice period only with the approval of the Executive Director.

Decisions regarding reductions in hours or position eliminations will be governed by a desire to best serve the Agency and its clients. The Executive Director may consult program supervisors, but all final decisions rest with the Executive Director, or in the case of the Executive Director position, with the Board of Directors.

### ***Termination of Employment***

It will generally be Agency policy to give any regular staff member (not on an introductory or trial period) whose work is evaluated as unsatisfactory thirty (30) days to bring his/her work up to the Agency standards and requirements (this provision does not supersede Employment at Will). Specific areas requiring corrective action will be presented in writing to the employee by the Executive Director and the employee's immediate supervisor. A copy will be kept in the employee's personnel record.

A staff member's employment may be terminated when his/her performance has been rated as unsatisfactory, and/or when he/she has failed to bring his/her performance up to standard after being duly notified of such.

In circumstances of willful misconduct or during introductory employment, there will be no notice of unsatisfactory performance and no opportunity for corrective action. Instead, these employees will be subject to immediate termination of employment. All employees are subject to immediate termination for serious infractions which include, but are not limited to, the following:

1. Conviction of a serious crime under any criminal code of law.
2. Material falsifications of information given for the personnel record.
3. Insubordination, including, but not restricted to, refusal to do assigned work which the employee is capable of performing.
4. Willful neglect in the performance of assigned duty, in the care and use of Agency property, or in the use of Agency property for personal purposes without the express consent of the Executive Director.
5. Working under the influence of alcohol or illegal drugs, or possession of alcohol or illegal drugs on property owned or rented by the Agency.
6. Immoral or indecent conduct.
7. Violations of client's confidentiality.
8. Physical or psychological abuse of clients.
9. Abridgement, without authorization, of client's rights.
10. Speaking on behalf of the Agency, written or otherwise, in a way that jeopardizes the Agency's ability to provide services to clients, and which have not been authorized by the Executive Director or the Board of Directors.

## **Unemployment**

Contributions to the State Unemployment Tax (SUTA) Program shall be made by the Agency, and benefits may be payable to an employee or former employee depending on the circumstances. The Unemployment Commission makes the determination regarding eligibility for benefits

## **BENEFITS**

*Important Note: The following sections outline the benefit programs offered by the Agency as of this last revision date. However, the Agency has the right to change, add or delete benefit programs at any time. In addition, if there are any discrepancies between the Policy Manual and the Plan Documents, the Plan Documents will prevail.*

## **Holidays**

Employees who are regularly scheduled to work at least 32 hours per week are eligible for paid holidays once they have been employed for 30 days. Holiday hours are midnight to midnight on the designated day.

The following Holidays will be paid Holidays:

New Year's Day	Labor Day
Presidents' Day	Columbus Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

For the purposes of computing overtime pay, only holiday hours that an employee actually works will be regarded as hours worked. Any employee who works on one of the holidays designated above will be paid time and a half for hours worked.

### **Day Program**

Employees who are scheduled to work Monday through Friday will observe holidays that fall on Saturday or Sunday on Friday or Monday.

### **Residential Facilities**

Residential employees will observe the day that they are celebrated.

In order to be eligible to receive holiday pay, you are required to work or otherwise be eligible for pay (e.g. Earned Time Off, Bereavement Leave, etc.) on your regularly scheduled hours the workday preceding and the workday following the holiday.

Employees working in those parts of the agency that are closed on holidays will be paid for the number of hours, up to eight hours, they are normally scheduled to work on that day at their

regular rate of pay. Other employees who are not regularly scheduled to work on a holiday will receive no holiday benefit.

### **Earned Time Off (ETO)**

Each full-time employee will earn an amount of time per month to be used for vacation, sick or persona leave (Earned Time Off or ETO). For the purpose of this section, a day is equal to the number of hours an employee has been hired to work per week, (hours per week for this purpose will be capped at 40 hours per week), specified in their letter of hire, divided by five. For example, if an employee has been hired for 32 hours per week, their ETO will be based on  $32 \text{ hours} / 5 = 6.4 \text{ hours per day}$ .

### **Earned Time Off Accrual Rate**

Full-time employees accrue ETO on the following schedule:

Introductory employees in the first 6 months	0.5 Days per Month
6 months – 3 Years	1.5 Days per Month
3 – 5 Years	1.75 Days per Month
5-7 Years	2.0 Days per Month

Continuing the example from above, a 32-hour employee who has completed one year of employment would earn  $6.4 \text{ hours} \times 1.5 = 9.6 \text{ ETO hours}$  accrued each month.

In addition, the following provisions apply:

- ETO will not accrue during uncompensated absences.
- Employees are encouraged to use ETO in the year that it is earned.
- Employees may accumulate up to a maximum of 320 hours of ETO.
- All time off will be charged to the employee's accumulated ETO. If an employee does not have available leave time, time off will not be permitted.
- On June 30<sup>th</sup> an employee may not have more than 320 hours of ETO. Hours in excess of 320 will be distributed in cash at 75% of the employee's current rate of pay and the remainder will be carried over to the next year.
- At the discretion of the Executive Director, employees may cash in up to 40 hours of ETO at 75% of the employee's current rate of pay in January of each year. However, employees will not be permitted to reduce their combined leave below 120 hours by this method.
- During the prime vacation time (Memorial Day to Labor Day), employees may only use 10 days of leave. Supervisors will determine how many employees may be scheduled for vacation at one time.
- Accrued, unused ETO shall be paid to an employee at termination of employment, except in the case of an employee who is terminated for misconduct.
- Except in the case of illness or emergencies, requests for ETO must be given to the Executive Director in writing no less than thirty (30) working days in advance of the time requested. When it is not possible for an employee to take ETO at the times of their

choice, consideration will be given on the basis of the earliest request. Approval of an ETO request will depend on the ability of the program supervisor to accommodate the request at that particular time.

### **Bereavement Leave**

Personal leave shall be granted should a death in the immediate family or that of an employee's in-laws create a need for time away from work. Full-time employees will be allowed up to three (3) days without pay to discharge their obligations. "Immediate family" shall be interpreted to mean spouse, children, parents, and siblings. "In-laws" shall be interpreted to mean the parents or siblings of the employee's spouse. Available ETO may be applied toward this absence, or time may be taken without pay.

### **Jury Duty**

It is Agency practice to grant employees the time necessary to perform jury duty. Available ETO time may be applied toward this absence or the time may be taken without pay.

### **Health, Dental, Life and Liability Insurance**

Group Insurance (individual employee health and dental coverage under the current plans) will be offered to employees regularly scheduled to work at least thirty (30) hours per week, and if elected will become effective the first day of the month following sixty (60) days of employment.

Employees will pay five percent (5%) of the cost of the plan for Individual health insurance coverage. Dental coverage will be provided by the Agency. The cost of dependent coverage under both health and dental coverage is the employee's responsibility and will be paid through payroll deduction. Open enrollment is in June, at which time the Agency may change plan design and costs, and the employee may make changes to the level of coverage, etc. Such changes will take effect July 1st. Any other changes that an employee wishes to make during the year must be considered qualified changes; questions should be directed to the Business Office.

The ability of the Agency to continue providing this benefit will be dependent on budget and financial resources.

Life insurance after one (1) year of continued employment.

The Agency carries liability insurance covering staff as well as clients.

### **Workers' Compensation**

Workers' compensation shall be provided through a workers' compensation and employers' liability policy purchased by the Agency. This policy shall comply with the Workers' Compensation Act of the State of Maine, which requires employees to report all injuries and



illnesses that occur on the job, no matter how slight; failure to do so may jeopardize the employee's rights under the Act. Employees injured while at work or on Agency business shall immediately report such injury to the Executive Director. If required, a report of the injury will then be prepared and forwarded to the insurance company. Only reports required by law will be filed with the State.

## Retirement

### Social Security

All employees shall be covered by the Federal Insurance Contributions Act (Social Security), in order to provide Old Age and Survivors Insurance Benefits. Payment for insurance shall be shared by the Agency and its employees, using specific percentages to be determined by federal statutes.

### 401(k) Retirement Plan

Employees may participate in the 401(k) Retirement Plan when they have met the eligibility requirements. To participate in the Plan, employees must be scheduled to work at least 1000 hours a year and will become eligible for the employer match after one year of employment. Employees may contribute up to 100% of eligible compensation, subject to IRS limits, through employee authorized payroll deduction. Employees will direct the investment of all funds in their accounts.

- Coastal Opportunities will match the employee's contribution up to the following percentages of the employee's gross wage, based on years in the Plan, as follows:

Years in the Plan	Match
1 to 5 Years	29% (29 cents on the dollar) up to 7 % of pay
5 to 7 Years	43% (43 cents on the dollar) up to 7 % of pay
7 to 9 Years	71% (71 cents on the dollar) up to 7 % of pay
9 or more Years	100% (dollar for dollar) up to 7 % of pay

- Employees must indicate within thirty days of their eligibility date if they choose to participate in the 401(k) Retirement Plan. If employees indicate they are not interested in participating, by signing a statement, or if they have been participating but decide to stop participating during the course of the year, then they may become eligible for participation at the beginning of the Plan Year.
- When an employee leaves employment:
  - If s/he has less than \$1,000 in the Plan, s/he will receive a payout that may be rolled over into an IRA or other retirement plan or taken as cash subject to IRS penalties and taxes.
  - If s/he has between \$1,000-\$5,000, s/he will either receive a payout that can be rolled over into an IRA or other retirement plan, have the amount automatically transferred to another plan, or taken as cash subject to IRS penalties and taxes.
  - If s/he has \$5,000 or more, s/he may elect to leave the amount in the Plan, roll it over into an IRA or other retirement plan, or take it as a cash subject to IRS penalties and taxes.

## **Staff Development**

All staff are encouraged to keep themselves continually informed about developments in their field of work.

### **A. In-Service Training**

There shall be a minimum of twenty-five (25) hours annually of in-service training for all program personnel, topics to be at the discretion of the Executive Director. Attendance by all program staff is mandatory unless excused by the Executive Director.

### **B. College of Direct Support (CDS)**

Unless already certified as a Direct Support Professional at the time of hire, all staff are required to successfully complete approximately 50 hours of CDS training within six months of employment. Staff who are certified as a Direct Support Professional (DSP) are not required to take the CDS training.

### **C. Special Sessions**

The Executive Director is responsible for keeping informed of any conferences or meetings designed to communicate and educate those working in the field of programming for adults with intellectual and developmental disabilities. Whenever possible, an Agency representative will attend such sessions, time-off and expenses to be arranged with the Executive Director and approved by the Finance Committee when outside of the proposed budget.

All program personnel will be required to be certified in both CPR and first-aid and will be instructed in the prevention and control of infection and infectious diseases at the earliest possible time following employment. Costs of materials or instructions will be paid by the Agency.

The Agency encourages, but does not require, staff to establish membership in professional organizations. The Agency cannot, however, assist in defraying the costs of such memberships.

### **D. Speaking Engagements**

All professional personnel are encouraged to represent the Agency and the services it offers to interested community groups at no charge. This does not preclude the acceptance of a stipend; if offered such stipend shall accrue to the Agency.

Speaking engagements accepted by staff on their own time in areas of their professional competence acquired by education, clinical training, or experience will be considered a private contract between the staff member and the group seeking the staff member's services. Stipends received in these instances shall accrue to the staff member.

Except for the Executive Director, no employee is authorized to participate in the soliciting of funds for the benefit of the Agency.

## **LEAVES OF ABSENCE**

## **Military Leave**

Under the Uniformed Services Employment and Reemployment Rights Act (“USERRA”), members of the armed services and its reserve components who perform duties on a voluntary or involuntary basis will be reinstated to employment at the Agency without loss of status or benefits and without any break in service, as long as the employee meets all of the requirements under the Act. These requirements include, but are not limited, to the following:

- The employee provides the Agency with notice as far in advance as is reasonable under the circumstances, including information about the approximate beginning and concluding dates of his/her service;
- The employee may take up to a total of five (5) years’ cumulative leave for military service during the time of employment at the Agency, unless an allowed exception applies; and
- The employee meets the guidelines under the Act for reapplying for work and returning to work after the leave.

There are some circumstances where the Agency is not required to reemploy a person after military service, including the following:

- If the Agency's circumstances have so changed as to make such reemployment impossible or unreasonable (if, for example, a reduction in the work force occurred during the person’s absence that would have terminated that person’s employment);
- In the case of a person with a service-connected disability, if reemployment would impose an undue hardship on the Agency;
- The employment from which the person leaves is for a brief, non-recurrent period and there is no reasonable expectation that such employment will continue indefinitely or for a significant period;
- Reasonable notice of the desire to return was not given, and the Agency's established policies are violated by failure to give reasonable notice; or
- The person’s separation from service was dishonorable, based on bad conduct, or “other than honorable” conduct.

Reemployment: USERRA and Maine State Law both include guidelines for the employee and the employer regarding reemployment, return to work, compensation, benefits and work requirements, based on the period of service. The Benefits Coordinator will work with the employee regarding the specific requirements based on his/her unique situation.

## **Family and Medical Leave Act (“FMLA”) Policy**

Employees may be entitled to a leave of absence under federal and/or state Family and Medical Leave Act (FMLA) regulations. This policy provides guidance on FMLA rights and responsibilities. However, these policies change frequently, and any request will be evaluated under the regulations in effect at the time of the request. Specific questions should be addressed to the Executive Director. Additional details on employee and employee requirements are included in the Policy Manual.

**Federal Eligibility Provisions:** FMLA leave is available to “eligible employees”. To be an “eligible employee,” an employee must: (1) have been employed by the Agency for at least 12 months (which need not be consecutive); (2) have been employed by the Agency for at least 1250 hours of service during the 12-month period immediately preceding the commencement of the leave; and (3) be employed at a worksite where 50 or more employees are located within 75 miles of the worksite

The FMLA provides eligible employees up to 12 workweeks of unpaid leave for certain family and medical reasons during a 12-month period. Employees will be required to use any accrued ETO during an FMLA leave, and the time shall run concurrently.

Leave may be taken for any one, or for a combination, of the following reasons:

- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son, daughter or parent (but not in-law) who has a **serious health condition**;
- For the employee’s own **serious health condition** (including any period of incapacity due to pregnancy, prenatal medical care or childbirth) that makes the employee unable to perform one or more of the essential functions of the employee’s job; and/or
- Because of any **qualifying exigency** arising out of the fact that an employee’s spouse, son, daughter or parent is a covered military member on active duty or has been notified of an impending call or order to active duty status in the National Guard or Reserves in support of a contingency operation.

A **serious health condition** is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits within 30 days to a health care provider or one visit and a course of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

**Qualifying exigencies** may include attending certain military events, arranging for alternative childcare, addressing financial and legal arrangements, attending counseling sessions, and attending post-deployment reintegration briefings.

**Additional Military Family Leave Entitlement (Injured Servicemember Leave):** In addition to the above basic FMLA leave entitlement, an eligible employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember is entitled to take up 26 weeks of leave during a single 12-month period to care for the servicemember with a serious injury or illness. Leave to care for a servicemember shall only be available during a single-12 month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured servicemember.

**Maine Eligibility Provisions:** Maine employees have additional rights under the Maine Family Medical Leave Act which provides for up to ten (10) weeks leave in any two (2) year period. An employee must have been employed for twelve (12) consecutive months to be eligible for such leave that allows employees to continue group health insurance at their expense.

1. Maine employees may be entitled to leave to care for his/her **domestic partner**, domestic partner's child or sibling.  
A **domestic partner** as used above means the partner of an employee who:
  - Is a mentally competent adult as is the employee;
  - Has been legally domiciled with the employee for at least 12 months;
  - Is not legally married to or legally separated from another individual;
  - Is the sole partner of the employee and expects to remain so;
  - Is not a sibling of the employee; and
  - Is jointly responsible with the employee for each other's common welfare as evidenced by joint living arrangements, joint financial arrangements or joint ownership of real or personal property.
2. Maine employees may be entitled to leave for the donation of an organ of that employee for a human organ transplant;
3. Maine employees may be entitled to leave if he/she has a **qualified sibling** or domestic partner who is a covered service member. A **qualified sibling** means a sibling of an employee who is jointly responsible with the employee for each other's common welfare as evidenced by joint living arrangements and joint financial arrangements.
4. Maine employees may be entitled to leave if he/she is a victim of violence, or employee's daughter, son, parent, spouse, domestic partner or sibling is a victim of violence, assault, sexual assaults, stalking or any act that would support an order for protection under Title 19-A, Chapter 101 for an employee to:
  - Prepare for and attend court proceedings;
  - Receive medical treatment or attend medical treatment for a victim who is the employee's daughter, son, parent, spouse, domestic partner or sibling; or
  - Obtain necessary services to remedy a crisis caused by domestic violence, sexual assault or stalking.
5. Maine employees may be entitled to leave for response to an emergency. An employee who is a volunteer firefighter cannot be disciplined for being late or missing work due to responding to an emergency as a volunteer firefighter. Employees, or someone on their behalf or the fire department, must provide the Agency with prior notice of absence if time permits.
6. Maine employees may be entitled to leave for a public health emergency. Employees impacted by a public health emergency including an individual public health investigation, supervision or treatment, public health emergency orders, quarantine, isolation, or a concern that the employee may expose other individuals in the workplace to an extreme public health emergency threat, will be granted reasonable and necessary unpaid leave.

#### **Family Military Leave**

Maine State Law requires employers with 15 or more employees to grant up to 15 days of unpaid family military leave per deployment to eligible employees, if requested by the employee. To be eligible, employees must have been employed by the Agency for at least 12 months and have worked at least 1250 hours in the 12-month period just prior to the requested leave. "Family Military Leave" means leave requested by an employee who is the spouse, domestic partner, or parent of a person who is a resident of the State of Maine and is deployed for military service for a period lasting longer than 180 days with the State or United States, pursuant to the orders of the Governor or the President of the United States.

Family military leave may be taken only during the 15 days immediately before deployment, during the period of deployment if the service member is granted leave, the 15 days immediately following the period of deployment, or a combination of days within these time frames. If the request for leave is for five (5) consecutive work days or longer, fourteen (14) days notice must be provided by the employee; if the request is for less than five (5) consecutive work days, the employee must provide as much advance notice as possible. Family military leave is without pay, except to the extent that an employee elects to use unused vacation time. An employee who takes a family military leave will be restored to the position held by the employee when the leave commenced, or to a position with equivalent status based on years of service, employee benefits, pay, and other terms and conditions of employment. Benefits in effect at the beginning of the leave will continue during and after the leave at the same employee contribution or accrual rates.

#### **Sabbatical Leave**

After seven (7) years of continuous employment, each employee will be eligible for a sabbatical leave of absence without pay for up to one (1) year for personal or professional enhancement. The Executive Director shall evaluate any request for a sabbatical leave of absence and make a recommendation to the Board of Directors. The Board of Directors will either approve or deny such a request within ninety (90) days. Request for a leave of absence should be received six (6) months prior to the proposed starting date of the leave.

Employees granted a sabbatical leave of absence will be expected to make a commitment to return to employment for two (2) years following their leave.

#### **Grievance Procedure**

Any employee shall first confer with his/her immediate supervisor regarding specific grievances with respect to Agency personnel policies.

If the employee is unable to reach a solution with his/her supervisor, the employee shall present his/her grievance to the Executive Director.

If the employee and the Executive Director are unable to reach a solution, the matter shall be referred in writing by the employee and the Executive Director to the Human Resources Committee.

The Human Resources Committee shall make known its findings to the Board of Directors and the employee. If the matter is still unresolved, the Board of Directors shall make a final decision within thirty (30) days of hearing said grievance.

### **QUESTIONS**

For questions about any of the policies and procedures outlined in this Handbook, the employee should refer to the Policy Manual or address the question with the employee's supervisor; if the matter is not satisfactorily addressed or resolved at that level, the Executive Director is available to assist.

**COASTAL OPPORTUNITIES EMPLOYEE HANDBOOK**

**Revised Effective June 26, 2018**

**\* \* \* Employee Handbook Acknowledgement and Agreement \* \* \***

I acknowledge that I have read and understand the provisions of the Employee Handbook. I understand that it describes Coastal Opportunities' policies and procedures, and that it is a guide to assist employees in following these policies and procedures. By accepting this Handbook and acknowledging its receipt, I agree to follow these policies and procedures.

I also understand the following:

I am an employee at will.

The employment relationship between me and Coastal Opportunities can be terminated at any time and for any reason.

There is no verbal agreement regarding the terms, conditions, or length of my employment.

The policies set forth in this Handbook do not constitute a contract of employment.

The policies contained in this Handbook may be changed without notice at the sole discretion of the Agency, which retains the right to interpret and apply the stated policies as it deems appropriate.

I, the undersigned, acknowledge that I have received and have read this Handbook. I have met with my supervisor and have had an opportunity to clarify any questions which I may have concerning one or more portions of this Handbook. I further agree that I will return this Handbook upon leaving employment and that a copy of this Acknowledgment will be kept in my personnel file.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please sign and date one copy of this notice and give it to the Business Office;  
you may wish to retain a copy for your reference.*





**EMPLOYEE  
SAFETY AND SECURITY  
MANUAL**

# Last Revision June 26, 2018

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## **Statement on Safety**

It is the policy of Agency to provide all employees and participants with a safe and healthy workplace and home. An effective health and safety program is an integral part of doing or being in business; it must be part of everything that takes place within our programs and it must be part of everyone's responsibility.

Agency recognizes its responsibility to provide safe and healthful conditions for its employees and participants, in return, Agency expects that each employee recognize his/her obligation to conduct himself/herself with due regard for their own safety, the safety of the program participants and of their fellow employees.

To ensure that a safe working environment is maintained, all employees shall actively promote safety and accident prevention as an integral part of their normal job functions.

Every employee is responsible for implementing this policy by continually observing all safety practices, rules, and standards throughout the workday.

There is a loss of earnings and physical injuries suffered by employees as a result of accidents. These factors alone justify a constant and intensive accident prevention program.

## **Safety Committee**

Agency is committed to preserving the health and safety of all employees and persons served. In order to accomplish this goal, a Health and Safety Committee is organized to carry out the functions necessary to ensure the welfare of clients and staff.

The Program Coordinator will organize and serve on this committee that will meet quarterly and record minutes. The Committee is charged with the responsibility to ensure the provision of the following activities:

1. Health and Safety Inspections (internal and external representatives);
2. Corrective action in response to inspections;
3. Development of emergency plans, accident reporting and investigation mechanisms;
4. Test and record emergency procedures; and
5. Staff training that includes at a minimum the following:
  - First Aid;
  - CPR;
  - Fire Suppression;
  - Emergency Evacuation;
  - Vehicle Operation, maintenance, road emergency procedures; and
  - Proper Body Mechanics when providing assistance.

## **General Safety Rules**

Each employee shall use care in the performance of his/her duties and act in a manner that will assure maximum safety to themselves, program participants, fellow employees and the public.

All unsafe conditions, accidents, and injuries shall be reported immediately to the supervisor.

The supervisor must respond to all reports of unsafe conditions. Employees failing to receive timely response from their supervisor should follow-up with the next higher level of supervision.

Employees shall not work under the influence of alcohol or illegal drugs. Prescription and “over the counter” drugs are allowed provided the employees can safely perform their duties without impairment of skill, function, and judgment. Working under the influence of alcohol or illegal drugs is ground for immediate dismissal.

On-the-job illness, fatigue, and any other impairment shall be reported to the supervisor so that potential accidents can be avoided.

Work areas, vehicles, and inside and outside access ways of buildings shall be kept clean.

Horseplay or practical jokes shall not be permitted before, during, or after work hours. Fighting on the job may result in immediate dismissal.

Tampering with any machinery or equipment is not allowed.

Carrying firearms, explosives, or weapons on the premises is prohibited.

Sabotage, theft, and willful destruction of property may result in immediate dismissal and prosecution.

All tools/equipment shall be kept in good working condition. Defective tools/equipment shall not be used. Report all defective tools/equipment to the supervisor.

Employees shall not operate any machine unless they are trained and authorized to use the equipment and all guards and safety devices are in place and in operating condition.

All ladders shall be inspected by the employee prior to use. No defective ladders shall be used. Straight ladders shall be placed on secure footing at a four to one (4:1) pitch (75 degree angle), with at least three (3) feet extending above the work surface. The ladder shall also be tied off at the top. Folding ladders shall be used only in the open and locked position and the last step prior to the top shall never be used.

Unless double insulated, all electrical power tools and equipment shall be grounded and connected to grounded power cords and receptacles. Power extension cords shall be protected from crushing, cuts, and other damage. Ground fault circuit interrupter protection should be used in all wet or damp areas.

Employees shall wear approved safety goggles, respirators, gloves, and other personal protective equipment required for particular jobs or operations as required by the operators' instructions, safe work procedures, or material safety information.

Employees who work directly with program participants, transport, do maintenance, or who work in the redemption center are not permitted to wear open-toed shoes.

Employees shall smoke in designated areas only, as per Agency' Smoking Policy.

### **Safety Procedures**

All employees are expected to comply with applicable safety procedures. The Agency will not place qualified individuals with disabilities in positions in which they will pose a direct threat to the health or safety of others or themselves. A direct threat means a significant risk to the health or safety of one's self or others that cannot be eliminated by reasonable accommodation. The determination that an individual with a disability poses a direct threat will be made by management and will be based on factual, objective evidence. A written copy of the determination will be given to the employee so that he or she may submit additional information and/or challenge the determination that he or she poses a direct threat.

### **Personal Protective Equipment**

It is the policy of Agency that appropriate personal protective equipment be worn when handling blood, body fluids containing blood, mucous membranes, or non-intact skin.

#### Procedure:

- Gloves shall be used for touching excretions, secretions, blood and/or body fluids and in the following situations:
- If it is likely that the employee's hands will come in contact with blood or body fluids containing blood while performing the procedure.
- If the employee has any cuts, wounds, or scrapes on his or her hands.
- If the employee's hands are chapped, or have a skin rash, skin condition or a similar affliction.
- If handling bagged materials and/or soiled laundry/linen.
- When examining abraded or non-intact skin or residents with active bleeding.

#### During invasive procedures:

During all cleaning of blood, body fluids, and decontamination procedures.

During the cleaning of residents' teeth.

When gloves are indicated, they shall be used only once and discarded into the appropriate receptacle. Gloves will be of appropriate material, usually intact latex or intact vinyl, of

appropriate quality to the procedures performed, and of appropriate size for each employee. (General purpose utility/rubber gloves worn by maintenance, housekeeping, laundry or other employees may be decontaminated and reused.)

No gloves shall be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

### **Seat Belt Policy**

As per Maine State law, all Agency clients and staff are required to wear seat belts while using transportation provided by the Agency. It is the responsibility of staff who are driving clients to Ensure that all clients have seat belts buckled before moving the vehicle. Seat belts should remain buckled until the vehicle comes to a complete stop.

### **Snow Removal**

It is the policy of all Agency facilities that the parking lots/driveways/walkways be maintained to be safely accessible for clients, staff, and visitors throughout the year. The parking lots/driveways/walkways will be cleared of snow and sanded/salted as needed and as soon as possible.

### **Utilities Failure Procedure**

In the event of a disruption in a utility (e.g. power outage, water main break, etc.), the proper utility company should be contacted to report the incident and to get an estimate for the length of time the service will be disrupted.

In the event of a water pipe leak, the appropriate valve must be turned off, and a plumber contacted.

In the event of a gas leak, the main valve must be turned off, and the building evacuated immediately.

### **Emergency Contact Information:**

<b>Electric:</b>	<b>Central Maine Power</b>	<b>1-800-696-1000</b>
<b>Gas:</b>	<b>Maritime Energy</b>	<b>207-594-4489</b>
<b>Water/Sewage:</b>	<b>Aqua Maine</b>	<b>207-236-8428</b>
<b>Plumbing</b>	<b>Darren Robbins</b>	<b>207-975-1399</b>

### **Power Failure Procedure**

The following should be used as a guide only. Your procedure should be specific to your site.

Managers should review and update their plans annually, since the site may have had changes in the past year that would affect preparations.

Once the procedure is finalized, all staff need to be trained in what to do under power failure conditions.

1. Call Central Maine Power Company to report the power outage at 1-800-696-1000. Inform them that the site serves persons with developmental disabilities and/or mental illness. Inquire as to the estimate time for restoration of power.
2. Call the site manager.
3. Seal all possible cold air drafts for cold weather conditions. If the power is not restored for 2 hours, or the temperature drops below 64°, or reaches above 89°, suspend programming for the day. Advise family members/care providers of the situation.
4. Remain calm and use the emergency numbers as needed for further instruction. Use flashlights to assist individuals evacuating the building or to move throughout the building.
5. Unplug all equipment as necessary.

### **Violence in the Workplace Policy & Procedure**

The Agency is committed to preventing violence and maintaining a safe working environment. Accordingly, the Agency has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur while working, or on Agency property.

#### **Prohibited Conduct**

The Agency will not tolerate any type of workplace violence committed by or against any employees, clients, family members or visitors. Employees are prohibited from making threats or engaging in violent activities. The following list of behaviors, while not inclusive, provides examples of conduct that is prohibited:

- Causing physical injury to another person;
- Making threatening remarks;
- Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional stress;
- Intentionally damaging employer property or property of another employee;
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

#### **Reporting Procedures**

Any potentially dangerous situations must be reported immediately to a supervisor, manager or the Executive Director. All incidents will be investigated. Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed to others only on a need-to-know basis. All parties involved in a situation will be counseled and the results of investigations will be discussed with them.

#### **Risk Reduction Measures**

While the Agency does not expect employees to be skilled at identifying potentially dangerous persons, employees are expected to exercise good judgment and to inform immediate supervisors

if any employee or other person in the workplace exhibits behavior which could be a sign of a potentially dangerous situation.

Such behaviors may include, but not be limited to:

- Discussing weapons or bringing them to the workplace;
- Displaying overt signs of extreme stress, resentment, hostility or anger;
- Making threatening remarks;
- Sudden or significant deterioration of performance; or
- Displaying irrational or inappropriate behavior.

### **Dangerous Emergency Situations**

Employees who confront or encounter an armed or dangerous person should not attempt to challenge or disarm the individual, unless specifically trained and authorized to do so. Employees should remain calm, make constant eye contact and talk to the individual. If law enforcement can be safely notified of the need for assistance without endangering the safety of the employee or others, such notice should be given. Otherwise, the best course of action may be to cooperate and follow instructions until help arrives.

### **Enforcement**

Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. Any employee determined to have committed such acts will be subject to disciplinary action, leading up to and including termination of employment, and could also be subject to criminal prosecution. Non-employees engaged in violent acts on the employer's premise will be reported to the proper authorities and fully prosecuted.

### **Domestic Violence in the Workplace Policy**

Coastal Opportunities will support, to the fullest extent possible, victims of domestic violence and will not tolerate those who perpetrate domestic violence on work time or in Agency facilities. Ensuring adherence to this policy requires that all individuals on Agency premises or while representing the Agency conduct themselves in a manner consistent with the spirit of this policy. A violation of this policy could result in disciplinary action, up to and including termination of employment.

An employee involved in a domestic violence incident must immediately report to his or her department manager or the Executive Director, any order for protection from abuse or harassment, or any criminal charge or condition of bail or probation applicable to the employee as a defendant or plaintiff.

### **Terrorism Policy & Procedure**

#### **Policy**

While the Agency endeavors to provide employees with a safe and secure workplace, crime and violence sometimes can spill over into the workplace. These guidelines are provided to help employees be better prepared to handle violent and threatening situations, including actions you



should and should not take to deal with threatening or violent situations.

It is the responsibility of all employees to report threats, acts of aggression, or racial slurs, physical gestures or acts of violence in the workplace.

Threats, acts of aggression, racial slurs, physical gestures and violence in the workplace will not be tolerated. Such actions may result in disciplinary actions up to and including dismissal.

Prosecution may result if Federal, State or Local laws are violated.

### **General Security Procedures**

- Never hesitate to call the police if confronted with a potentially violent situation. It is better to have called the police unnecessarily than not to have the police available when a threatening situation turns violent.
- Never attempt to physically restrain or physically remove a threatening or violent individual by yourself. Doing so puts you in danger and leaves you and the Agency vulnerable to possible lawsuits.
- Always report violent, threatening, or harassing behavior to your supervisor and the Executive Director. Alert your supervisor or a member of management to the presence of strangers in your work area or the presence of any suspicious packages.
- In the event of armed robbery, comply with the robber's demands, including demands for money or property.

### **Prevention Procedures**

All employees will assist with the following activities to help prevent or deter acts of workplace violence that could originate from an internal or external threat:

- Check and maintain lighting in work areas, hallways, stairwells, parking lots and garages
- Identify and remove obstructions or hiding places
- Where appropriate, lock entryways and install a doorbell for visitors
- Position desks so that employees face doors from which members of the public can enter
- Report any suspicious activities or unauthorized persons on the premises as well as all threatening or violent incidents
- Provide employees leaving work late with escorts to their cars
- Open packages and other large envelopes only if sender is positively identified; report suspicious packages or unattended bags or boxes.
- Keep offices orderly so that suspicious packages are noticed more readily
- Empty trash cans often
- Keep closets, service entries, and telephone and electrical closets locked
- Discourage employees from working solitary late nights on a regular basis
- Keep master keys and key cards in a secure, locked place
- Provide suggestions for security precautions and other suggestions for improving the safety of the workplace.

## **Coping with Threatening or Violent Individuals**

Effective handling of threatening or violent individuals requires employees to use good judgment and common sense and rely on their own assessment of the particular situation. Here are some general guidelines that might be helpful, depending on the situation:

*When confronted with an angry or hostile individual:*

1. Stay calm
2. Listen attentively
3. Maintain eye contact
4. Be courteous and patient but try to keep the situation under control by expressing a willingness to sit and calmly discuss the matter with the individual

*When confronted with a person shouting, swearing, threatening violence, or engaging in bizarre or dangerous behavior:*

1. Stay calm
2. Be courteous and patient but maintain your distance from the individual
3. Signal a co-worker, supervisor or bystander that you need help. Do not call for help yourself if the individual is directly confronting you
4. Have a co-worker, supervisor or bystander call a member of management or the local police.

*When confronted by someone with a gun, knife, or other weapon:*

1. Stay calm
2. Never try to grab the weapon
3. Quietly signal a co-worker or a member of management that you need help. Do not call for help yourself if the individual is directly confronting you
4. Have a co-worker, supervisor or bystander call the member of management or local police.
5. Be courteous and patient. Keep talking but follow the instructions from the person who has the weapon. Stall for time, but do not risk harm to yourself or others
6. Watch for a safe chance to escape to a safe area.
7. If safe to do so, make every attempt to get others out of the workplace.
8. Take direction from the police once they arrive on the scene

## **Handling Suspicious Packages**

All employees should be alert for suspicious mail or packages. Be cautious when opening the mail or deliveries and look for packages in unusual places. Signs of unusual packages might include:

- Ticking sound
- No return address
- Strange odor
- Lopsided, uneven, irregular, or rigid package
- Protruding wires
- Oily stains
- Badly typed or written address
- Distorted handwriting, block-printed or poorly typed addresses

- Wrong title with name
- Misspelled company name
- Excessive or no postage
- Excessive tape or string

### **Handling a Bomb Threat**

Any employee could be the recipient of a bomb threat, by written notification of some kind, or more likely, via a phone call. If an employee receives a bomb threat by phone, s/he should collect as much detailed information as possible, including:

- Male or female
- Exact words
- Accent
- Young or old
- Slurred or clear speech
- Calm, excited, angry, irrational, laughing, incoherent speech
- Type of explosive, its location, and its detonation time
- Time of call
- Phone line call came in on
- Stutter, lisp
- Intoxicated
- High pitch, raspy, nasal, soft, low voice
- Background noises such as traffic, airplanes, party, quiet, office machines, or factory sounds

The employee should immediately contact the local authorities and notify his/her supervisor and the Executive Director. The facility should then be evacuated using standard evaluation procedures.

### **Post Crisis Procedure**

The site manager or designee will oversee the following:

1. Provide medical treatment or first aid to those needing it.
2. Assist in calming down all staff, persons served and visitors.
3. Contact the Executive Director or the Program Coordinator and inform them of the incident.
4. Fill out an incident report.
5. If the police are involved, provide all facts, details and the names of witnesses to police.
6. Secure the building to prevent further outside disruption.
7. Follow the Agency's media procedures.
8. If an employee is suspended or dismissed, retrieve keys to any buildings, and notify those monitoring entrances that the employee is not authorized to return until further notice.

**Police:**

**Call 9-1-1**

**Executive Director:**

**Work: 236-6008**

**Home 785-3141**

**Cell 975-3340**

**Program Coordinator:**

**Work: 236-6008**

**Cell 542-8991**

## **Liability and Injury to Employees**

Coastal Opportunities liability to its employees includes compensation for job-related accidents or occupational illnesses. Three types of loss exposure are workers' compensation claims, employer liability claims, and non-compliance with applicable occupational safety and health regulations.

## **Policy for Employees with Life-Threatening and Terminal Illnesses**

### **Policy Statement**

The Board of Directors seeks to ensure a safe, healthy work environment for its employees, its clients, and the public and to prohibit all forms of discrimination in employment. Consistent with those objectives, the Board of Directors has adopted a policy statement and guidelines regarding employees with life-threatening illnesses, including but not limited to, cancer, heart disease, hepatitis, and AIDS.

The policy statement and guidelines are based on the most current medical information available and are subject to revision should any significant medical development occur.

It is the position of the Board of Directors that, unless medical evidence indicates otherwise, employees afflicted with life-threatening illness do not present a health risk to other employees in the work place under normal working conditions. Employees afflicted with life-threatening illnesses are subject to the same working conditions and performance requirements as any other employee. Many employees with life-threatening or terminal illnesses may wish to continue to pursue a full range or normal activities, including work. As long as employees are able to meet acceptable performance standards and medical evidence indicates that their medical conditions are of no threat to themselves or others, the Agency shall ensure that these employees are treated fairly and consistently with other employees. Provided that they are otherwise eligible, employees with life-threatening illnesses are entitled to coverage under the leave policy, leave of absence policy, health insurance, and equal employment opportunity practices and policies.

### **Guidelines for Employees with Life-Threatening and Terminal Illnesses**

When dealing with situations involving employees with life-threatening or terminal illnesses, it should be remembered that:

1. An employee's medical condition is confidential and all reasonable precautions should be taken to protect information regarding an employee's health and medical condition. Further, state law expressly provides for the confidentiality of HIV antibody test (see 5 M.R.S.A. §§19201-19208, (Pt. 22, subsection) 19203).
2. An employee with a terminal or life-threatening illness should be treated in the same manner as any other employee. However, if an employee's medical or physical condition affects the ability to perform assigned duties, the employee should be treated as any other employee whose disability prevents him/her from performing the duties of his/her job.

The Maine Human Rights Act states that the employer must make reasonable accommodations to the needs of disabled employees when possible and without imposing an undue hardship on the employer.

3. Supervisors/administrators in consult with the Executive Director should make reasonable accommodations for employees with life-threatening illnesses consistent with operational needs and current practices affecting all employees and without imposing an undue hardship on the employer.
4. Supervisors/administrators should make a reasonable attempt to accommodate employees with life-threatening illnesses when those employees are experiencing undue emotional or physical stress and they request a transfer.
5. If employees who share the work environment with employees afflicted with a life-threatening or terminal illness express concerns regarding their personal safety and health, supervisors/administrators must explain that, based on guidelines established by the Centers for Disease Control (CDC) and the Bureau of Health and expert medical opinions, casual contact with co-workers poses no health risk.
6. Supervisors/administrators and co-workers should recognize that continued employment for an employee with a terminal or life-threatening illness might have therapeutic value for the employee.
7. Federal legislation (COBRA) requires that employers who employ more than twenty (20) individuals must continue to offer health insurance coverage at one hundred two percent (102%) of the group rate for eighteen (18) to thirty-six (36) months after the individual has left work, unless the employee was fired due to misconduct.

### **Information on Tuberculosis**

All employees are expected to understand the risks associated with tuberculosis and follow Agency policies and procedures accordingly.

#### 1. What is Tuberculosis?

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lung coughs, sneezes, laughs, or sings. TB can also affect other parts of the body, such as the brain, the kidneys, or the spine.

#### 2. What are the symptoms of TB?

General symptoms may include feeling weak or sick, weight loss, fever, and/or night sweats. Symptoms of TB of the lungs may include cough, chest pain, and/or coughing up blood. Other symptoms depend on the particular part of the body that is affected.

3. No one gets TB anymore, do they?

Yes! About 8 million new cases occur each year in the world; over 22,000 cases are reported each year in the United States. There are also an estimated 10 to 15 million people in the U.S. who are infected with the TB disease in the future.

4. Who gets TB?

Anyone can get TB, but some people are at higher risk. Those at higher risk include:

- people who share the same breathing space (such as family members, friends, coworkers) with someone who has TB disease
- poor people
- homeless people
- foreign-born people from countries where a lot of people have TB
- nursing home residents
- prisoners
- alcoholics and intravenous drug users (IVDUs)
- people with medical conditions such as diabetes, certain types of cancers, and being underweight; and especially
- people with HIV infection (the virus that causes AIDS)

5. How can I tell if I have TB?

First, get a TB skin test. If it is positive, you will probably be given other tests to see if you have TB infection or TB disease.

6. What is the difference between TB infection and TB disease?

People with TB disease are sick from germs that are active in their body. They usually have one or more of the symptoms of TB. These people are often capable of giving the infection to others. Permanent body damage and death can result from this disease. Medicines which can cure TB are prescribed for these people.

People with TB infection (without disease) have the germ that causes TB in their body. They are not sick because the germ lies inactive in their body. They cannot spread the germ to others. However, these people may develop TB disease in the future, especially if they are in one of the high-risk groups listed. Medicine is often prescribed for these people to prevent them from developing TB disease.

7. Where can I get a TB skin test?

You can get a TB skin test from your doctor or local health department.

8. How is the skin test given?

A small needle is used to put some testing material, called tuberculin, just under the skin. This is usually done on the inside of the arm. The person getting the test must return in 48 to 72 hours to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured.

9. What if the test is negative?

A negative test usually means the person is not infected. However, the test may be falsely negative in a person who has been recently infected. It usually takes 2 to 10 weeks after exposure to a person with TB disease for the skin test to react positive. The test may also be falsely negative if the person's immune system is not working properly.

10. What if the test is positive?

A positive reaction usually means that the person has been infected with the TB germ. It does not necessarily mean that the person has TB disease. Other tests, such as an x-ray or sputum sample, are needed to see if the person has TB disease.

11. What should I do if I have TB infection or disease?

Get required follow up tests. Follow your doctor's advice and take the medicine as prescribed. Today, TB is easily prevented and cured with medication.

### **Tuberculosis Screening Program**

Policy: Pursuant to the recommendation of the Centers for Disease Control and the Tuberculosis Project for the State of Maine, it is the policy of Agency to require participation in the Tuberculosis Screening Program for all employees.

Procedures:

#### Employee Testing

1. Within the first 60 days of employment, a new employee is expected to test negative for tuberculosis. The costs for the medical testing for this virus will be borne by Costal Opportunities. Any offer of employment prior to a negative tuberculosis test shall be deemed to be conditional in nature.

All employees, including those with a history of BCG vaccination, will be screened using the Purified Protein Derivative (PPD) (Mantoux) test following the two-step method within the first week of employment. A record of the test and results will be placed in each employee's medical file. Arrangements for testing should be made through the Program Coordinator.

2. Employees who have had a previous positive PPD will be exempt from PPD testing. They will be referred to their physician for a chest x-ray initially and will have additional follow up based on development of symptoms.

3. With the individual's consent, an intradermal injection of 0.1 ml of tuberculin PPD containing 5 tuberculin units (TU) will be administered into the flexor surface of the forearm. The injections should produce a wheel of 6 to 10 mm in diameter. The test will be performed by an RN or LPN with training in intradermal injection and reading PPD results.
4. The test will be read 48 to 72 hours after administration. The result is determined by the measurement of induration, not erythema, at the injection site. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters.
5. Positive results will be designated as follows:
  - a. 5 mm or more if:
    - close contact with person who has infectious TB,
    - person with past chest x-ray(s) showing lesions likely to represent old healed TB,
    - person with known or suspected HIV infection.
  - b. 10 mm or more if:
    - IV drug users,
    - Persons with risk factors or meeting currently recognized risk factor profiles,
    - Residents of long-term care facilities.
  - c. 15 mm or more in all other persons.
  - d. Negative findings will result if a, b, or c doesn't occur.
6. A two-step testing procedure will be used in initial testing in order to reduce the likelihood of interpreting a boosted reaction as representing recent infection. If the first test is negative, a second test will be given a week later. If this test is also negative, the person is classified as being uninfected. If the second test is positive, it probably represents a boosted reaction and the person should be classified as being infected and managed accordingly.
7. Employees with positive finding will be referred to a TB control Program Consultant Clinician or their personal physician, and the Public Health Department for clinical evaluation of active TB, chest x-ray, and sputum for TB as ordered.
8. Any positive PPD, chest x-ray and/or diagnosis of active TB must be reported to the Program Supervisor and the Executive Director. The Executive Director will notify:

Director  
TB Control Program  
Dept. of Health and Human Services



State House Station #11  
Augusta, Maine 04333-0011  
Telephone: (207) 287-3748

State Epidemiologist  
Bureau of Health  
Disease Control  
157 Capitol Street  
Augusta, Maine 04333-0011  
Telephone: (207) 287-3748

9. Employees with current pulmonary or laryngeal tuberculosis should be excluded from work until adequate treatment is instituted and a physician's statement is received stating that the employee is no longer contagious.
10. Employees with current tuberculosis at sites other than the lung or larynx usually do not need to be excluded from work if concurrent pulmonary tuberculosis has been ruled out subject to a physician's statement stating that the employee is no longer contagious.
11. Employees who discontinue treatment before the recommended course of therapy has been completed should not be allowed to return to work until adequate treatment is resumed and a physician's statement is received stating that the employee is no longer contagious.

C. Client/Resident Testing

1. All clients, including those with a history of BCG vaccination, will be screened using the Purified Protein Derivative (PPD) (Mantoux) test following the two-step method prior to admission to a program. A record of the test and results will be placed in each client's confidential file.

Paragraphs 2 through 11 of the employee testing procedure will also apply to clients.

**Information on Hepatitis B**

The primary risk of exposure to the Hepatitis B Virus is through personal practices, such as high risk sexual behavior and/or I.V. drug use. However, some health care workers may be at risk through contact with blood and body fluids of Hepatitis B Virus positive patients. Workers in long term care are considered to be low risk. The best means of protection in the workplace is following the policies/procedures for Universal Precautions.

After completing the series of three immunizations, the hepatitis B vaccine provides protection by building up a sufficient level of antibodies. The vaccine is specific to Hepatitis B and is not effective against other types of hepatitis.

If you feel that your work duties place you at risk for Hepatitis B, please consider the following before taking the vaccine.

**YOU SHOULD NOT TAKE THE VACCINE:** (unless under the advice of your physician)

1. If you have an allergy to yeast.
2. If you are pregnant or nursing.
3. If you are planning to become pregnant within the next six months.
4. If you have had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

You may want to consult your own physician before taking the vaccine.

The vaccine used is derived from recombinant yeast cultures, which means it is free of association with human blood or blood product. The vaccine has a low incidence of side effect. However, as with any pharmaceutical product, there may be a reaction.

Common side effects include:

- Local reaction: Pain, itching, bruising at the injection site. You may use a cold pack for 5-7 minutes to relieve symptoms.
- General Body: Sweating, weakness, chills, flushing, and/or tingling. This may be described as mild flu like symptoms. You may wish to take your preferred over the counter analgesic, such as aspirin, Tylenol, or ibuprofen.
- Occasionally more severe reactions may be experienced. If you think you have a reaction, you should seek medical attention.

To be effective, it is critical that you complete the series of three injections at 1 month and 6 months after the first dose. Each injection is given intramuscularly via the deltoid muscle. The exact duration of protective effect from the vaccine is unknown at present. The need for an additional booster dose is not yet defined.

If you terminate your employment before the completion of the vaccination series, it is the employee's responsibility to contact his/her own medical provider to complete the series.

What is hepatitis B? A viral infection which causes inflammation of the liver.

How soon after exposure will symptoms appear? 45-160 days

When and for how long is a person contagious? As long as virus is present in body fluids. A person may be contagious for lifetime in a carrier state.

How is it spread? Primarily by blood but may be transmitted by other body fluids such as saliva, semen, and urine. Transmission occurs primarily by blood to blood contact through needles, open wounds or by sexual contact.

What are the symptoms? Most infected persons have no symptoms. Others may have loss of appetite, nausea, vomiting, abdominal pain, “yellow” jaundice, joint pain, fatigue.

How can it be diagnosed? Physician will diagnose by a blood test.

What is the course of Hepatitis B? Most people have no symptoms. When they occur, symptoms begin gradually and generally last for less than six weeks. About ten percent develop chronic disease and a small percent of these develop recurrent symptoms.

What is the treatment? There is no specific treatment other than attempting to relieve symptoms. Bed rest may be recommended. Good nutrition is important.

Are there any complications? Cirrhosis, liver cancer, chronic infection or development of a carrier state.

Is there anything a person should know if she is pregnant and gets Hepatitis B? It may result in severe disease for mother and chronic infection for the baby.

How common is Hepatitis B? It varies by risk group. For the general population five percent will be exposed in their lifetime.

Are there any groups who are at a higher risk of acquiring Hepatitis B?

1. Persons in institutions.
2. Users of illicit intravenous drugs.
3. Homosexual men.
4. Household contacts of those infected or carriers.
5. Patients of hemodialysis units.
6. Immigrants from areas such as Southeast Asia, Tropical Africa or Australia

How can it be prevented? Hepatitis B vaccine given in three shots over six months. Post exposure prevention includes immunoglobulin injection. Those who have had the disease are immune.

What should be done if a person is close to someone with Hepatitis B? Good hand washing is important to reduce risk of transmission. Wear gloves when handling body excretions of a person who is infected or a known carrier. Disinfecting contaminated articles with household bleach is effective. Machine wash, dry clean, or discard contaminated articles. Do not share personal articles such as toothbrushes, razors or utensils.

## Disaster Plan - Community Supports

### **DAY HAB**

#### **For Hurricane, Tornado, Flood, Nuclear Accident, Chemical Spill, or other Natural Disaster**

In the case of a natural or other disaster, the Executive Director or designee will contact EMS to determine the best course of action to take: 1) Remain at the Limerock Street sites, 2) Send people home, or 3) Evacuate to a shelter.

#### **PROCEDURE: In the event of evacuation:**

The Executive Director or designee will verify with the American Red Cross or Knox County EMS, the closest available evacuation site to go to.

The Program Supervisors will then be notified and they will inform their staff that they will be evacuating and to where:

One staff from each program room will gather and double check the list for supplies to be taken to the evacuation site. The remaining staff will assist all clients to load onto the available vans. Van drivers will be designated. Drivers will transport clients and staff to the evacuation site and return to Agency for additional passengers if necessary. If space is limited and a second trip seems necessary, staff will use their own vehicles in an attempt to convoy and keep everyone together. If a second trip is absolutely unavoidable a staff will be designated to remain with any clients waiting for transport.

Attendance will be taken before leaving and each person will be checked off (client and staff) as they leave the building.

Once on the vans and in route to the evacuation site a staff will be designated to start notifying home providers and/or guardians that the programs are evacuating and to what location.

Attendance will be taken when people arrive at the evacuation center.

#### To Take:

Client Identification sheets

Client contacts and phone numbers

First aid kit

Snacks (if available)

Extra toiletries & clothing

Client medical information

Medications and administration supplies

Disposable gloves

Water (if available)

Activity materials (if time allows)

#### **PROCEDURE: If sheltering in place:**

#### **During a hurricane or tornado watch:**

1. The Executive Director or designee will listen to radio or television newscasts for the latest information and contact EMS when necessary. The Executive Director or designee will provide continuous updates to agency staff via the email system, PA system and/or by phone.
2. All agency and staff vehicles should be parked as far away from power lines and trees as possible.
3. Staff should gather emergency supplies such as flashlights, extra batteries, personal hygiene supplies, medications and personal contact information into one designated and secure location for easy access.
4. All staff will watch for tornado danger signs including but not limited to: dark, often greenish sky; large hail; a large, dark, low-lying cloud (particularly if rotating) and/or a loud roar, similar to a freight train
5. Staff and persons served will avoid places with wide-span roofs such as cafeterias, large hallways, supermarkets or shopping malls (if out in the community). At the TCC building, staff and persons served will evacuate from cafeteria and disperse into interior rooms such as the large and small conference rooms the bathrooms at the front of the building and the hallway if needed. At the OCC building, clients and staff should utilize the P/S and hallway bathroom, med room, small conference room (and the hallway. -skylight danger) Staff and clients at the RC should evacuate to the TCC building.

**During a tornado warning and actual tornado:**

1. When a tornado has been sighted or reported in the immediate area, staff and persons served will go into the building immediately or remain in the building.
2. There are limited “interior” rooms, therefore, staff and persons served should minimally get under a sturdy table and use arms to protect head and neck and stay there until the danger has passed. Staff at OCC should try to utilize the floor mats to cover clients who are wheelchair bound.
3. Staff and persons served should not open windows. Stay away from windows, doors and outside walls. Go to the center of the room. Stay away from corners because they attract debris.
4. If staff and persons served are in the community, staff will assist persons served to get out of the vehicle immediately and go to the lowest floor of a sturdy nearby building or a storm shelter.
5. Staff should not seek shelter under an overpass or bridge.
6. Being on the coast, staff should be aware of and plan for flood potential.

**After the tornado or hurricane:**

1. Staff will evaluate the immediate area and look out for broken glass and downed power lines.
2. Staff will check themselves and persons served for injuries. Staff will not attempt to move a seriously injured person unless they are in immediate danger of death or further injury. If the staff member must move an unconscious person, he/she must first stabilize the neck

and back, then call for help immediately. CPR/1<sup>st</sup> aid will be given as needed following all proper procedures.

3. If outside, staff will not re-enter the building/house until such time that the Executive Director or designee determines that the facility/home is free from structural damage. If necessary, the Executive Director or designee will consult with local authorities and structural engineers.
4. The staff will immediately begin to contact family members and home providers to inform them of the emergency and provide a status report.
5. The Executive Director or designee will immediately determine if the agency needs to enact a “state of an emergency” and implement emergency closure/evacuation policies.

### **Common Evacuation Centers:**

Area schools are usually set up as local evacuation centers. Possibilities:

- Rockland District Middle School (the site used most recently by Red Cross),
- Camden Hills Regional H.S.

### **PROCEDURE: For a Utilities Failure**

In the event of a utility failure (power outage, water main break, and sewer pipe break) the proper utility company will be notified to report the problem and receive an estimate of the length of time service will be disrupted. When a utilities failure occurs the staff who discovers the issue should notify their supervisor immediately. IF the supervisor is not available they should follow the chain of command as best as they can. IF the occurrence happens when the buildings are not officially open and no one is around the staff that discovers the issue should make the necessary calls as follows:

#### **Water Leak in the Building:**

- 1) Turn off the valve from the main water line. At TCC this is under the floor at the bottom of the stairs. At OCC this is under the utility sink in the furnace room.
- 2) Contact Darren Robbins @ 207-975-1399.

#### **Water Main Break Outside the Building:**

- 1) Call Aqua Maine @ 236-8428

#### **Sewage Pipe Break:**

- 3) Contact Darren Robbins @ 207-975-1399.

#### **Furnace Failure:**

- 1) Hit the reset button on the furnace.
- 2) IF the furnace does not stay on, call Maritime Energy @ 596-0986
- 3) If the weather is extremely cold and the temperature in the building drops significantly, clients will be evacuated to other sites (OCC to go to TCC and vice versa) or clients will be taken/sent home.

#### **Electrical Problem:** (other than power outage)

- 1) Call electrician: Mike Margolis @763-3963

- 2) If the situation presents any danger, program supervisors are to notify the Day Service Coordinator or the Executive Director and the clients will be evacuated to other sites or taken/sent home (see above).

**Power Failure:**

- 1) In the event that a minor or major power failure occurs, staff should assure they have ready access to flashlights and emergency supplies.
- 2) Call CMP to report outage @ 1-800-696-1000.
- 3) IF appropriate the generator will be started (where applicable) to keep minimal equipment operational (furnaces and lighting).
- 4) If the weather is extremely cold and the temperature in the building drops significantly, clients will be evacuated to other sites (OCC to go to TCC and vice versa) or clients will be taken/sent home.
- 5) Turn off all light switches. The voltage may fluctuate and damage any lights that are on.
- 6) Set all equipment and appliance switches to the OFF position or unplug equipment when possible. This is to protect against kicking out the circuit breakers, blowing fuses, or damaging equipment when the full surge or current hits as the power comes back on.

During localized power outage Agency will remain open as long as it remains safe to do so.

**Common Evacuation Centers:**

Area schools are usually set up as local evacuation centers.

Possibilities:

- Rockland District Middle School (the site used most recently by Red Cross),
- Camden Hills Regional H.S.

**PROCEDURE: For Fire Evacuation**

The following procedures should be followed in the event of a fire at one of the Agency' day hab or redemption center sites.

The staff person who notices or is made aware of a fire or potential fire will:

- 1) Pull the fire alarm to notify others.
- 2) Staff will call or ask office staff to call 911 to report fire.
- 3) All staff will assist clients to exit the building using the closest and safest exit. Once the entire room is evacuated, the door should be closed. This helps to contain the fire and indicates the room has been checked so no one is left behind.
- 4) Staff will also take the emergency face sheet book and the keys to the vans – IF THERE IS TIME TO GET THEM SAFELY.
- 5) Program Coordinator and/or office staff will check bathrooms, meeting rooms and common areas to assure clients have left the building. Once a room is checked and staff are sure no one is there, the door will be closed.
- 6) IF IT IS SAFE TO DO SO, staff may try to put the fire out as explained in fire safety trainings provided by the fire department.
- 7) All individuals will meet in a designated spot. For TCC and the redemption center, that is by the dumpster. For OCC that is the first parking spot next to the utility pole.

- 8) If full evacuation from the site is necessary, clients will be taken to the other day program site whenever possible (TCC goes to OCC and vice versa). If necessary clients may also be evacuated to the Congregational Church on Elm St. or another approved site as designated by the Executive Director or his designee. Home providers will be called and clients will be taken/sent home as soon as possible.
- 9) No one will reenter the building until it has been cleared and approval given by the fire department.

**Evacuation Centers:**

Area schools are usually set up as local evacuation centers.

Possibilities:

- Rockland District Middle School (the site used most recently by Red Cross),
- Camden Hills Regional H.S.

**Liability and Injury to Employees**

Coastal Opportunities liability to its employees includes compensation for job-related accidents or occupational illnesses. Three types of loss exposure are workers' compensation claims, employer liability claims, and non-compliance with applicable occupational safety and health regulations.

**Work-Related Injuries and Illnesses**

Health Connections is the designated provider for Agency for work related injuries.

All employees are required when they sustain a work related injury to follow these steps:

1. Immediately report the injury to your immediate supervisor.
2. Make a decision about the urgency of the injury. In some cases, it will be obvious that you need to be seen by the Emergency Room immediately. If it is not clear that you need to report to the emergency room immediately then Health Connections will provide a triage function to help make that decision. The decision will be made by a licensed health care professional and a prompt appointment will be given.
3. Call Health Connections for possible triage and an appointment to be seen.
4. An incident/accident report must be filled out within the first 24 hours of the reported injury by the employee on an incident/accident form. Copies of this form must be given to your immediate Supervisor, the Office Manager and the Executive Director.
5. The Office Manager will file any workers' compensation First Report of Injury with the appropriate parties as necessary.



6. You will be treated at Health Connections and will be given care instructions that will include guidance on your ability to perform the requirements of your position. Agency will provide accommodations and modified duty when the Agency determines it is able to do so.
7. All Workers' Compensation medical guidance will be provided to you by Health Connections with their tracking package.

### **Return to Work**

It is the policy of Agency to facilitate the earliest possible return of workers injured during the course of their employment to their place of work. The different responsibilities of employees at different sites and the number of other staff on duty at the same time are two factors which may make it difficult to have an employee return to work who is not at full capacity.

Each case will be looked at individually. The program staff and supervisor will be consulted on their ability to have the essential job functions performed given the limitations of the injured employee.

In a case where an employee cannot return to his/her regular work site we will consider other positions in which their injury may not impede their ability to perform essential job functions.

The purpose of any light or alternate duty is for the employee to continue to perform meaningful productive work within the realm of their physical capabilities as part of an effort to return that employee to regular employment.

Any alternate or light duty is intended to be time limited and temporary.

### **Questions**

For questions about any of the policies and procedures outlined in this Employee Safety and Security Manual, the employee should address the question with the employee's supervisor; if the matter is not satisfactorily addressed or resolved at that level, the Executive Director is available to assist.