

CEDAR NORTH/CEDAR SOUTH STAFF MEETING SUMMARY

Subject: CN/CS Staff Meeting

Date: April 3, 2024

Inservices:

- ❖ Safety/Health Review – Keep all walkways at least 36” clear of any obstacles. Both CN and CS have rearranged their homes and it looks very nice. Uneven concrete outside needs to be sprayed so it gives people a visual. Also, need to look at holes in sidewalks that need to be filled/repaired.
- ❖ Employee Assistance Program –“Learn to Live” informational posters will be posted at each home.
- ❖ Emergency Procedures – April – Smoke Detector/Fire Drill (Bedroom #4) - (CN- Carol & Kim, CS -Rachel & Patsy)
NEED March – Health Emergency (CN- Sara) *done CS*
- ❖ EE Policy Book: 4.0 Wage and Hour Policies (Kristal will be providing a way for all staff to have access to the handbook.)
- ❖ Program Policies: Data Privacy/HIPAA (Test on Star Services due by 4/30/24)
Safe Transportation Policy (Acknowledge on Star Services)
Swimming Guidelines Policy (Acknowledge on Star Services)
- Nursing Inservice (Henrietta): Summer and Seizure Alerts (see attached)
- ❖ Star Services – All staff need to be signing into Star Services frequently as that is where most trainings/tests, inservices, meeting minutes, individual reports will now be located.

Meeting Review:

- A. **April Calendar Reviewed:** Please let Cindy know if you have days you cannot work by the 15th of the month prior. Thank you for working together to fill shifts. (see attached April Schedules)
- B. **Information from Kristal:**
 - CPR dates are April 16th and 23rd, 5p-9p at the Argyle Community Center. Watch Therap for sign-up instructions. There will not be daytime classes this year.
 - April 16 and 17th will be the dates to meet with Kristal to review Health Insurance premiums. Please watch Therap and sign up for a time to meet with her. She asks that staff to not show up at the office without signing up for a time. If you have insurance through the group home, you must meet with her.
 - PTO balances are updated. A lot of time and configuration went into getting these balances updated. This caused a lot of staff to be at the max amount, keep in mind you can use it over 40 now when you a scheduled day off, so this should help in dropping below that max faster. *Kristal will contact those of you that she needs to meet with to explain further.* If she does not contact you, your balance is updated and complete. Should you have questions please set a time to meet with her about it during office hours. Please do not contact her after hours or on the weekend and want an explanation. She has done the best she can with all of the PTO and ESST balances. She asks that you

give some grace and be appreciative of what has been done so that we can move forward.

- There are updated Tax-exempt forms that have been given to the DCC's. Please use these when purchasing from somewhere that charges tax. Most places have them but if it's a new business they need this form. Make a copy of the one you have to give to the business.
- Sams Club – If you have a group home card you need to stop at customer service with your ID and get a new one. You also need to use the group home account and not your personal account. Your personal accounts are not tax exempt. We also have free shipping with the business membership. Please stop and get the new card and use it.
- Kristal will be around to look at vehicles in the next month to be sure you have the tote in the vehicle with the fire extinguisher inside it, a current registration card and insurance card is in the black folder that was provided, odometer tracking is being done and the inside of the vehicle is clean. REMINDER: if your home's vehicle needs repairs or service you need to get that scheduled.

C. House Concerns:

- Outdoor window washing – Patsy will get a bid from Luke Yutrzenka for both CS/CN.
- Any staff member that needs to leave early from their scheduled shift (weather, illness, emergency) needs to call the office to inform them you need to leave. Otherwise, you are expected to work your entire scheduled shift. If you find you have down time then check Star Services for trainings or work on cleaning/organizing.
- Monthly Staff Meetings – ALL staff are required to attend the monthly staff meetings. If you are unable to attend you need to notify Cindy and then you will be asked to listen via zoom.

CN Individual Reports:

- Dylan: DIET – REGULAR DIET- WEIGHT – 179.7 (-1.5)

He played piano at North Valley Hospital on the 7th and the 14th. He had Bible Study 1x this month on the 26th. He also does coupons at Argyle Grocers which was on the 7th, 14th, 21st, and the 28th, it is usually on Thursdays. He played piano at Senior Meals on the 28th. On the 18th he went out to lunch with his mom and shredded papers at MCSS and got a haircut. He went home on Good Friday and spent Easter with mom and dad.

- Jean: DIET – DIABETIC DIET, 1/2C SERVING PORTIONS, SOFT FOODS, MEATS CUT INTO SMALL BITES -WEIGHT 150.3 (-4.4)

Jean participated in Bible Study on the 26th. She had Music Therapy on the 1st, 4th and the 6th. The Therapist was on vacation the remainder of the month. She had a doctor appt. Crookston on the 13th for a baclofen pump refill with Dr. Murphy. She went out to lunch at Irishman Shanty following the appt. On the 22nd she had a Urology appt. in Grand Forks with Nicole Straus and had lunch at the Roadside Café. On the 8th she had a fish supper from the Argyle American Legion. She went out on Easter with her sister, they went out to lunch and shopping in Thief River Falls.

OT/PT Exercise Program: PROM lower extremities BID; swallow/tongue exercises assigned by SLP; body massage EOW, propel own wheelchair daily.

- Hailey: DIET – REGULAR DIET - WEIGHT: 154.7 (-2.1)

Hailey continues to go on outings with her sister and In-Home Staff on Monday afternoons. She went on an outing to Grand Forks to Target on Monday the 4th. On Monday the 18th she had to be picked up at school as she was sick. She has gone to church on the following Sundays: the 3rd, 10th, 17th and the 24th. Hailey went home on the 27th thru the 1st for Easter vacation. Parents took her for a dentist appointment on the 28th.

- Sandra: DIET – TO HAVE 2-3 CARB CHOICES AT EACH MEAL; SNACKS ARE TO BE 1 CARB – WEIGHT: 174.4 (+3.9)

She continues to work Wed. and Fri. at Argyle Builders Supply in Argyle. She had her annual meeting on March 18th – she will be starting a new goal on 4/1/24 focusing on her going to the LISTEN Center dances on Friday evenings 2x/month. On 4/15, Sandra participated in a dance at the LISTEN Center and she said she enjoyed herself very much. She got a haircut on the 1st. Bible study on the 26th. She had fish from the Argyle American Legion on the 8th. She went on outings to see her son plus shopping on the 5th, 19th and 26th. She also went to a birthday party in Alvarado with staff.

CS Individual Reports:

- Gary: DIET - REGULAR DIET 1/2C SERVING PORTIONS WEIGHT: 164.8 (-1.2)

Gary had his Colonoscopy on March 7th. His sister-in-law Heidi met staff at the hospital. Dr Baig did take some biopsies but everything returned negative. He will not be having an Endoscopy, his family is against it. As a reward for doing so good he was treated to a Shrimp Supper from The Dell. He has been out for supper with his brother and another night with his sister, mom and brother-in-law. He has had visits from his brother and niece as well. He is excited that he has new slippers again. Staff has ordered him a new Twins blanket for his living room chair, which hasn't arrived yet. Gary tends to get a little anxious when our respite client comes for a weekend or when his housemate gets too close to his chair. He is doing better, no spasms. He has been given a haircut from staff, and he is always so proud when staff notices.

OT/PT Exercise Program: PROM to lower extremities x2/day; PROM upper extremities x1/day; walking three times/day w/ gait belt if able to walk more please do, he like to use his walker; upper extremities peddle bike 5-10 minutes daily.

- Diane: DIET – MECHANICAL SOFT, ALL MEATS PUREED, NO SERVING PORTION CONTROL; ASSIST OF 1 AT ALL TIMES WHEN WALKING WITH FRONT-WHEELED WALKER; ASSIST OF 1 FOR TRANSFERS WEIGHT: 120.2 (0)

Diane continues to have behaviors, not wanting to work on table activities, putting too much food in her mouth and at times pushing her chair back at the table. Dr Peterson stated that we should ignore the behavior as long as she isn't causing harm to herself, praise the positive behaviors and keep her as independent as possible. He saw no need for a med change, she a f/u in 3 months. She has been out to eat twice and gone for van rides. She enjoys Bible Study. Staff are noting that she is having more attention-seeking behaviors – can we try taking her on an outing at least weekly to see if this improves. Sit at the Argyle Mall, the Columbia Mall, walk through Sam's Club/Target/Walmart – somewhere she sees others and can say "hi" to them. Katie Benson came to visit with her. She is ordering a diffuser for Diane's room and explained the CVS card and Food voucher to DCC and DCA. She received a front-wheeled walker and is doing good, most days, using it. By evening she is sometimes tired so staff can use the wheelchair to transfer her from her chair to her bed.

OT/PT Exercise Program: ambulating at handrail for 25' with assist of 1; foot/ankle exercises in am; upper extremity peddle bike 5-10 minutes daily; ROM to lower extremities 3x/day; sit to stand exercises for 30 second durations

- Vinette: DIET – SOFT FOODS, MEAT CUT INTO SMALL PIECES, NECTAR-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 176.2 (+0.2)She has a scale that is kept in her room.

Vinette was seen by Rebecca Schultz, Dermatology for her rash and scratching. They treated her for scabies, even though she didn't think that was the problem. She was given Ivermectin, 6 tabs, repeated in 2 weeks. She is to have Triamcinolone and CeraVe applied BID. She has a f/u on Apr 4th. Following her appointment she went shopping with DCC and out for lunch. She was

so excited about picking out treats for her housemates. She has been concerned about staff who lost her father and then was out sick for a few days. She attends church, enjoys doing crafts and going to CN for a visit to check on staff. She has had a few visits with her friend Becky in Warren. She fell on the bus lift, she had several bruises and an abrasion on her shin, staff applied antibiotic cream. Her skin is looking very good with the creams. She is doing much better about picking at her fingers, only a few times staff has had to remind her not to do it. We need to clarify that Vinette is to have nectar-thick liquids – this means using two scoops of thick-it for every 8 ounces of liquid. Staff voiced concern regarding Vinette's loose stools – Henrietta is going to send a message in mychart to Jill Smith asking if we could try cutting her Miralax dose in half.

OT/PT Exercise Program: Neck massage daily, exercise program BID, ride exercise bike, oral exercises daily, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once daily; upper extremities peddle bike and pulley system.

- Corrie: DIET – MECHANICAL SOFT, ABLE TO EAT FINGER FOODS, NEEDS ASSISTANCE WITH ALL OTHER FOODS, NO PORTION CONTROL - WEIGHT: 96.3 (-5.2)
Corrie was to his PCP for a pre-op physical and an order for Lorazepam was given PRN for appointments and social outings. He was very agitated when he went to see Jeremy for he pre-op visit. If his anxiety persists Jeremy suggested having Corrie see a psychiatrist. He has been very “grabby” with staff and housemates lately. He went home the 12th -14th. When he returned he was again very thirsty and not wanting to eat. When he gets lonesome for his Aunt, Rachel will call her so he can hear her voice. He loves to sit and look out the window during the day. He did have new straps put on his braces. He had his Botox injections Mar 29th, the PRN worked really well for him, even his Aunt was surprised at how well he did. He was given Tylenol for pain when he returned home. He was very tired, slept all night and into mid-morning on Sat. He doesn't appear to have any pain following this procedure. A repair order has been established with NuMotion to have Corrie's wheelchair backrest replaced – we are waiting to hear a price of the replacement to determine if his Waiver will cover the cost; if it is too expensive we will need to look into having it sewn at an upholstery shop. Rachel DCC and Patsy DCA stated that Corrie needs to drink water before his meal and save his milk to drink after he eats because if he drinks his milk first he does not want to eat. He is now drinking whole milk.
- Samantha: DIET – REGULAR 1/2C PORTIONS WEIGHT –
Sam was at CS 2-8/3-10. On the 9th she had several behaviors, most pertaining to “Weird Barbie” after she saw the new Barbie movie. Staff administered her PRN. On Sunday her behavior was much better. Sam came again 3-22, she had behaviors after going to be Fri night, staff talked to her and she settled down. On Saturday she did really well. She wore her Barbie wig most of the day, it didn't cause any problems. When she would begin to obsess about Weird Barbie staff would remind her that we were not going to talk about her. She has a Volume Chart, provided by her parents, and when she would get loud staff would say “Sam, what color should we be”; she would reply blue, which is her talking in class voice. She would also apologize each time she had to be reminded of it. She had a med change in her Risperidone, 2 mg and Adderall, 2 mg, in the morning instead of Jorney at bedtime. It seemed to work really well for her. She was picked up Sat after supper due to weather warnings. Her mother said she is allowed to watch the show “Ghosts”

The next monthly staff meeting will be held Wednesday, May 1st at 8:45am.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
Kristal Walen		Administrator	Destiny Lopez	exc	DCS
Cindy Gratzek		RPS	Helen Gilster		DCS
Henrietta Linder		RN	Laura Kostrzewski		DCS
JoAnn Saunders		LPN	Selena McLean	abs	DCS
Carol Urbaniak		DCC	Lori Weber		DCS
Rachel Lopez		DCC	Marilyn Huderle		DCS
Kim Kostrzewski		DCA	Jennifer Yutrzenka	exc	DCS
Patsy Whitlow		DCA	Margaret Deschene		DCS
Joy Edgar	exc	ONP	Darla Groff	exc	DCS
Angela Wick		ONP	Karjmella Williams	exc	DCS
Liz Anderson		DCS	Sara Bring		DCS
Cheryl Lubarski	exc	DCS	Kathleen (Rose) Juenke		DCS
Josie Deschene	exc	DCS			

Authorized By: Cindy Gratzek, RPS

Learn to Live Employee Assistance Program

Learn to Live is available to all of your employees & family members ages 13+ even if they are not enrolled on a BCBS health plan.

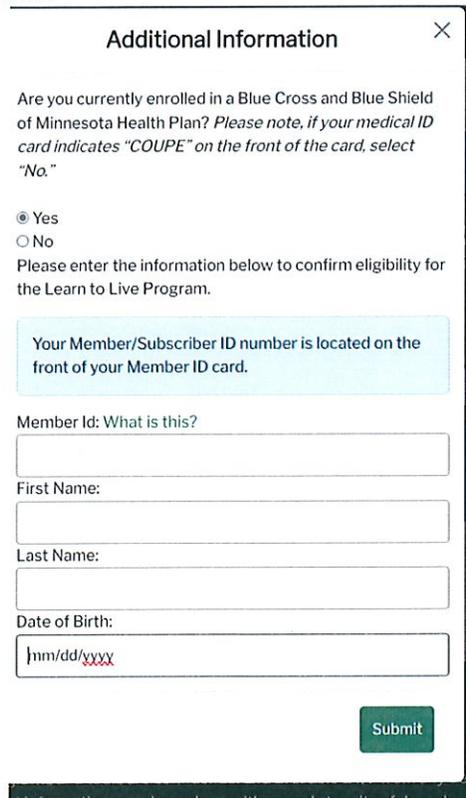
1. Navigate to www.learntolive.com/welcome/bcbsmn
2. Enter access code **BCBSMN**
3. Answer pop-up question, "Are you enrolled in a Blue Cross and Blue Shield of Minnesota Health Plan:

Enrolled employees

- a. If employee selects "yes," they will be prompted to enter their eligibility details. After submitting their eligibility details, they will be passed through to our comprehensive assessment & will have access to all Learn to Live programs and resources at no cost
enter the number off your card without the letters

Non-enrolled employees

- b. If employee selects "no," they will be passed immediately through to our comprehensive assessment & will have access to all Learn to Live programs and resources at no cost



The screenshot shows a web form titled "Additional Information" with a close button (X) in the top right corner. The form contains the following text and fields:

Are you currently enrolled in a Blue Cross and Blue Shield of Minnesota Health Plan? *Please note, if your medical ID card indicates "COUPE" on the front of the card, select "No."*

Yes
 No

Please enter the information below to confirm eligibility for the Learn to Live Program.

Your Member/Subscriber ID number is located on the front of your Member ID card.

Member Id: What is this?

First Name:

Last Name:

Date of Birth:

Submit

4. Click submit and you will then be brought to the assessment.
5. After the assessment you will create an account that you will use to log in after the first initial log in.

Marshall County Group Homes, Inc.

Emergency Response, Reporting & Review Policy Cedar South

I. Response Procedures

A. Safety procedures

1. Fires. Additional information on safety in fires is available online at: <http://www.ready.gov/fires>.
In the event of a fire emergency, staff will take the following actions:

Emergency Procedures FIRE:

- 1) Remain calm and Keep everyone together. All recipients and staff will leave the building immediately to a place of safety away from the home. When evacuating outside, the designated meeting place is [Yvonne Kroll residence which is 1/2 block southeast of the facility]. Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat as you leave the location. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily. In the case of fire drills all will meet at Yvonne Kroll's residence a ½ block southeast of the facility.
- 2) If it is safe to do so, call the fire department - 911 and clearly state the address of the home - 601 Cedar Ave., Argyle, MN. If it is not safe to call the fire department from the home telephone, the nearest accessible telephone should be utilized to make contact. Provide emergency first aid as required until emergency personnel arrive. Once all recipients have been evacuated from the home to a place of safety, a supervising staff person must remain with the recipients at all times to ensure their safety and prevent them from attempting to return to the home or wander off and become lost. Once the place of safety has been reached, staff persons must identify all recipients in the group to ensure that each consumer has been evacuated. The recipients must not be left unsupervised under any circumstances.
- 3) Again, if it is feasible and safe to do so, supervising staff members should fight the fire using the fire extinguishers located in the (Kitchen under the sink and in the hallway linen closet east side of the wall). The fire extinguishers location is documented on the home floor plan. Fire extinguisher works by pulling the pin out and squeezing the trigger. Sweep the fire at its base. Remember PASS.
- 4) If the fire causes the relocation of recipients from this program for more than 24 hours the supervising staff will report the incident to the consumer's legal guardian, caregiver, county licenser, case manager and other licensed caregiver (ODC) within 24 hours of occurrence or knowledge.
- 5) Do not reenter until the fire department determines it is safe to do so.
- 6) When safe and feasible to do so report incident to the Administrator (ADM) and/or Resident Program Supervisor (RPS).
- 7) If 911 is called or Emergency relocation for more than 24 hours report the incident on the "Emergency Report and Internal review form".

Marshall County Group Homes, Inc.

The five steps above are listed in the order of importance and will be followed explicitly in the event of fire. Always remember step number 1 - The evacuation of all individuals to a place of safety away from the fire is the first and most urgent responsibility in case of fire. Steps 2, 3, and 4 are to be undertaken only if it is safe and feasible to do so, and only by supervising staff persons, never by recipients of the home.

Additionally, once all recipients have been evacuated from the home to a place of safety, a supervising staff person must remain with the recipients at all times to ensure their safety and prevent them from attempting to return to the home or wander off and become lost. Once the place of safety has been reached, staff persons must identify all recipients to ensure that each recipient has been evacuated. The recipients must not be left unsupervised under any circumstances. In an emergency staff may leave recipient in the care of a neighbor, police officer, fireman etc.

Fire Drill practices:

A minimum of one fire drill per quarter will be held per calendar year. Each fire drill should be thoroughly documented as described in in-service training and specified in the sample fire drill reports. All fire drills will be documented on the Fire Drill Log.

The times of the day and the routes of evacuation from the home should be varied with each drill so that all persons in the home become thoroughly familiarized with all possible means of evacuating the home in an emergency.

All exits and routes of evacuation must be kept free of obstruction. This includes all household equipment, toys, bicycles, snow - basically, anything which will hinder or obstruct rapid and safe evacuation from the building in an emergency.

No combustible materials - gasoline, cardboard boxes, paint, etc. - can be stored in open places in the building. All such materials will be destroyed or stored in metal storage cabinets in specified places in the building.

2. **Severe weather and natural disasters.** Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. (for example: wind storms, floods, electrical storms, exceedingly cold or hot weather, blizzards and other natural disasters). *In the event of a severe weather emergency, staff will take the following actions:*

Emergency Procedures SEVERE WEATHER and NATURAL DISASTER:

- 1) Identify all recipients present in the home to ensure all recipients are present and accounted for. Monitor weather condition and listen to the local television or radio for weather related warning and watches. Follow their directions and the need to change plans and activities. Stay indoors or seek shelter as appropriate to the situation.
- 2) Do not allow anyone to leave the home. Inform people why plans and activities are changing and what is being done to keep them safe.
- 3) During a wind storm of any type, move all recipients away from electrical systems and outlets. A siren will sound for three (3) minutes, at which time all recipients are to seek shelter. No "All Clear" will be given as it is confusing to the public. You are asked to keep tuned to your radio for updated messages. When tornado sightings are reported recipients will go to designate shelter

Marshall County Group Homes, Inc.

area.

- 4) If time permits, unplug all electrical appliances in the home.
- 5) When tornado warnings are reported recipients will go to Pastor Janet's home for shelter if feasible to do so. If evacuation to Pastor Janet's is not warranted or safe. Staff and consumers should stay in the hallways or use the bathrooms (no windows). If needed cushions from the couch and a mattress should be used as protection from flying glass. Keep the radio tuned to a local radio station for emergency messages and directions. Use the hallways or bathrooms.
- 6) Radio is on night stand in Gary's room and flashlights are in all consumer bed rooms and in medication room/laundry area on the counter). There is also a radio and batteries and flashlight in the basement on the cabinet just west of the staffing table area). Keep the radio tuned to a local radio station for emergency messages and directions.
- 7) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating. Recipients should be taken to the place recommended by the official in charge.
- 8) Recipients living in the home will not attend out of town nonessential community outings if it is -20 degrees (with or without wind chill) or colder.
- 9) If the nonessential community outing is in town and the temperature is -20 degrees (with or without wind chill) or colder staff may use their discretion. Staff are to consider all weather advisories and if unsure contact facility RPS for assistance.
- 10) Recipients living in Marshall County Group Homes, Inc. will attend medical appointments if it is warmer than -20 degrees (with or without wind chill).
- 11) If the temperature is -20 degrees (with or without wind chill) staff will consider the difficulty of rescheduling a medical appointment and its immediate importance to the consumer's health and make the final decision as to whether the consumer should attend the appointment. If unsure staff may contact the RPS or RN/LPN for assistance in making this decision.
- 12) Should a tornado or tornado drill occur record all information regarding the incident on an Emergency Report and Internal Review form.
- 13) If the home has actually experienced a tornado a supervisory staff person will contact the Marshall County Adult Foster Care licenser/case manager/legal guardian within 24 hours of occurrence or knowledge of the information unless the Incident has been reported by another license holder.
- 14) If the severe weather or other natural disaster causes the relocation of services for more than 24 hours or if a law enforcement officer was involved, a supervisory staff person will call each consumer's legal representative, Marshall County licenser, case manager and Occupational Development Center (ODC).

WARNING: severe weather is either occurring or is imminent. A warning is the most significant and Staff must take immediate action to protect recipients and staff by seeking immediate shelter.

Marshall County Group Homes, Inc.

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

3. **Power failures.** Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. *In the event of a power failure emergency, staff will take the following actions:*

Emergency Procedures POWER FAILURE:

- 1) Report power failures to the City of Argyle @ 437-6621 during office hours (8 a.m. to 4:30 p.m. – Monday – Friday) or after hours call the Marshall County Sheriff's Department @ 745-5411. Use emergency supplies: **Radio is on night stand in Gary's room and flashlights are in all consumer bed rooms and in medication room/laundry area on the counter**. **There is also a radio and batteries and flashlight in the basement on the cabinet just west of the staffing table area**.
- 2) Account for the well-being of all recipients receiving services.
- 3) Inform all recipients why plans and activities are changing and what is being done to keep them safe.
- 4) Should a power outage last for a long period of time keep warm by dressing in layers? Use portable generators if available. If power outage in becoming long home is becoming cold in winter call the RPS and or ADM for assistance
- 5) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating.
- 6) Recipients should be taken to the place recommended by the official in charge.

If evacuation will be for longer than 24 hours it is necessary complete the "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licenser, case manager and ODC, within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.

4. **Emergency shelter.** Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter> . Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area. *In the event of a fire emergency, staff will take the following actions:*

Emergency Procedures EMERGENCY SHELTER:

- 1) Follow directions of local emergency personnel to locate the closest emergency shelter (usually

Marshall County Group Homes, Inc.

Marshall County Court House, local churches, or WAO School).

- 2) If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies/equipment, MAR book, and emergency contact names and information (take the Mint Green Medical Appointment Book).
- 3) At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.
- 4) Remain calm and keep everyone informed of why events are occurring.
- 5) Use of an emergency shelter may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- 6) If use of an emergency shelter is for more than 24 hours complete an "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and ODC, within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.

5. **Emergency evacuation.** Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety. ***In the event of a fire emergency, staff will take the following actions:***

Emergency Procedures EMERGENCY EVACUATION

- 1) Account for the well-being of all people receiving services.
- 2) Inform people why they are leaving the program and what is being done to keep them safe.
- 3) Follow directions received from administrative staff, police, fire, and other emergency personnel.
- 4) If time allows, evacuate with medications and medical supplies/equipment, MAR, (Mint green Medical Appointment book) and programs books, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.
- 5) Emergency evacuation may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- 6) If use of an emergency evacuation for more than 24 hours complete an "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and ODC within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.

6. **Temporary closure or relocation.** Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff. ***In the event of a fire emergency, staff will take the following actions:***

Marshall County Group Homes, Inc.

Emergency Procedures: TEMPORARY CLOSURE OR RELOCATION:

- 1) Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.
- 2) Follow directions received from administrative staff, police, fire, and other emergency personnel.
- 3) If time allows, remove from the program medications and medical supplies/equipment, consumer appointment book, MAR and programs books, Mint Green Medical Appointment book, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.
- 4) Closure or relocation may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- 5) If relocation is for more than 24 hours complete an "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and ODC within 24 hours of occurrence to inform them of relocation unless the incident has been reported by another license holder.

7. **Bomb Threat.** In the event a bomb threat has been called into this home or the Marshall County Group Homes, Inc. or a suspicious article is discovered at this home, **staff will take the following actions:**

Emergency Procedures: BOMB THREATS:

- 1) Each supervising staff member present will aid the recipients in leaving the building immediately through the nearest exit or window. The recipients and staff should gather at **Yvonne's home**. A supervising staff member will check to see that each recipient is there and will stay with the recipient at all times. The recipients must not be left unsupervised under any circumstances.
- 2) All cell phones, pagers, two-way radios will be turned off immediately – as the waves from these items can set off a bomb.
- 3) If it is safe and feasible to do, call 911 if this evacuation is not a result of a 911 call. The nearest accessible home phone should be used to make this contact.
- 4) If the bomb threat is the result of a phone call do the following:
 - a. Keep the caller on the line if possible and don't hang up phone.
 - b. Get the attention of a co-worker - have the co-worker call 911 on another phone.
 - c. Attempt to obtain information about where the bomb is located, time it will go off, etc.
 - d. Listen for identifiable background noises such as church bells, trains, cars, distinguishing voices, etc.
- 5) Only after Marshall County Law Enforcement has given their approval for staff and recipients to return to the home may it be entered. If this is not possible, available homes will be located.
- 6) The ADM should be called as soon as possible.

Marshall County Group Homes, Inc.

- 7) If the bomb threat causes the relocation of services for more than 24 hours, a supervising staff person will report, as any incident involving a law enforcement agency, to the recipient's legal representative, Marshall County Licensor, case manager and ODC within 24 hours of the occurrence or 24 hours of receipt of knowledge of the information unless the incident has been reported by another license holder.
- 8) If the bomb threat is real contact the Marshall County Foster Care Licensor (218) 745-5124.

8. MISSING RECIPIENTS. In the event a recipient is missing *the following steps will be followed:*

Emergency Procedures: MISSING RECIPIENTS:

- 1) Write down a description of the apparel the recipient was wearing. Provide a recent photo if available.
- 2) Notify the ADM immediately.
- 3) Check all the familiar places - the recipients of the Marshall County Group Homes, Inc. will not join in the search.
- 4) Notify the police (911) and give a complete description of the missing recipient, including, age, weight, color of hair, type and color of clothes he/she was wearing when last seen, any scars or distinguished physical characteristics, and begin searching the surrounding area.
- 5) If the recipient is not found within one (1) hour, notify his/her legal representative, Marshall County licensor, case manager and ODC will be notified by a supervisory staff member within 24 hours of occurrence or 24 hours of receipt of the information unless the incident has been reported by another license holder.
- 6) Utilize the photograph from the recipient's general file to assist authorities and other person's not personally familiar with the recipient for purposes of identifying the recipient.
- 7) Record all information regarding the incident in the progress notes and file an Incident.

9. MEDICAL EMERGENCY and ACCIDENTS THAT REQUIRE PHYSICIAN TREATMENT HOSPITALIZATION. If, under any circumstances, any recipient of the facility is seriously injured or manifests symptoms of serious illness, impending death or death, *implement the following procedures immediately:*

Emergency Procedures: MEDICAL EMERGENCY AND ACCIDENTS:

- 1) Perform any emergency, life-saving first aid as may be indicated (CPR, Heimlich Maneuver, Compresses for acute hemorrhaging, etc.) and call 911, *if indicated*. If other staff members are present, do not leave the recipient unattended. All Recipients living at the Marshall County Group Homes, Inc. will be in a "**DO** resuscitate", or full code status regardless of their health status or disability, unless a consent has been given by the Dept. of Human Services Guardianship Unit or recipient's individual guardian for a "**DO NOT** resuscitate" status.

Marshall County Group Homes, Inc.

- 2) Contact the local physician (or most readily available physician) by telephone immediately.
- 3) Communicate all observations of the illness or injury to the physician.
- 4) Write down and follow expressly the exact telephone orders of the physician.
- 5) Implement physician's telephone orders as prescribed, including the contacting of the ambulance
a. service (911) for emergency transport of the recipient to the hospital, if required.
- 6) Once the crisis has been managed, if hospitalization, impending death, or death has resulted, make the following contacts immediately:
 - a. The ADM and/or RPS.
 - b. Caregiver of recipient, recipient's legal representative, recipient's case manager, Marshall County licenser, and ODC within 24 hours of occurrence or 24 hours of receipt of knowledge of the information, unless the incident has been reported by another license holder.
- 7) If the medical emergency is a serious injury or an accident that requires treatment by a physician a supervisory staff person will immediately contact the RPS and/or ADM
- 8) File an Incident Report and Internal Review Report with the office RPS within 24 hours of the incident. The completed report will be filed in the recipient's personal file after internal review has been completed. The incident will be documented in the recipient's progress notes, as necessary. RPS will provide ADM with updates of all incidents.
- 9) RPS will report all incidents as required by 245 D or state laws.

10. Death or Serious Injury. If, under any circumstances, any recipient of the facility is seriously injured or manifests symptoms of serious illness, impending death, or death, *implement the following procedures immediately:*

Emergency Procedures DEATH OR SERIOUS INJURY:

If under any circumstances, any Recipient of this facility dies or has a serious injury, the following procedures must be followed immediately: "Serious injury" is defined as: fractures, dislocations; evidence of internal injuries, head injuries with loss of consciousness; lacerations involving injurious to tendons or organs, and those for which complications are present; extensive second degree or third degree burns, and other burns for which complications are present; extensive second degree or third degree frost bite, and others for which complications are present; irreversible mobility or avulsion of teeth; injuries to the eyeball; ingestion of foreign substances and objects that are harmful; near drowning; heat exhaustion or sunstroke; and all other injuries considered serious by a physician.

- 1) Treat as appropriate, following medical emergency or accident/incident policies.
- 2) Complete the Death or Serious Injury Review outline for telephone report (Copy in policy manual).
- 3) Once the crisis has been managed, make the following telephone call to the ADM and/or RPS, nurse and he/she will contact the Ombudsman Office and DHS licensing within 24 hours after death or serious injury occurs or knowledge unless the incident has been reported by another license holder. Telephone 1-651-797-1950. They will ask information from the outline, have it completed so that

Marshall County Group Homes, Inc.

ADM, RPS or nurse may answer all questions asked. The nurse, as director of recipient health care, may be the best one to answer questions about medical care. (Note: The legal representative, county licenser, case manager and ODC would already have been notified within 24 hours of occurrence or knowledge as stated in Incident Response and Reporting and Review Policy, if not do so now).

- 4) After the death of a recipient the ADM and/or RPS will provide the recipient's next of kin with a copy of the Notification letter located in the policy manual.

B. Additional safety procedures for facilities.

1. First aid and CPR
 - a. Training
 - 1) A staff person trained in first aid will be available on site whenever a person receiving services is present and staff are required to provide direct service.
 - 2) A staff person trained in cardiopulmonary resuscitation (CPR) will be available on site when required in a person's coordinated service and support plan or coordinated services and support plan addendum whenever a person receiving services is present and staff are required to be at the site providing direct service.
 - 3) CPR training must include in-person instruction, hands-on practice, and an observed skill assessment under the direct supervision of a CPR instructor.
 - b. First aid kits
 - 1) First aid kits must be readily available for use by staff and must meet the needs of the persons receiving services. First aid kits are located [First aid Kit above the AED unit located in living room on the west wall].
 - 2) First aid kits must include accessible first aid supplies including bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
2. Emergency equipment (<http://www.ready.gov/build-a-kit>) A flashlight and portable radio that can be used in the event of a power failure must be at our program. They are located: Radio is on night stand in Gary's room and flashlights are in all consumer bed rooms and in medication room/laundry area on the counter. There is also a radio and batteries and flashlight in the basement on the cabinet just west of the staffing table area.

Emergency contacts

- a. A list of emergency telephone numbers is posted [at the staff desk area above the copy machine]. A non-coin operated telephone that must be readily accessible at all times. The mental health crisis intervention team number must be posted, when available. [In our program 911 is listed as the emergency number].
 - b) The names and telephone numbers of each person's representative, physician, and dentist must be readily available.
4. Written emergency response plan
An emergency response plan must be readily available to staff and persons receiving services. The emergency response plan is located [Bulletin board in near the west kitchen door on the south wall]. The plan must include:
 - a. Procedures for emergency evacuation and emergency sheltering, including:
 - 1) How to report a fire or other emergency;

Marshall County Group Homes, Inc.

- 2) Procedures to notify, relocate, and evacuate occupants, including use of adaptive procedures or equipment to assist with the safe evacuation of persons with physical or sensory disabilities; and
 - 3) Instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems.
- b. Floor plan that identifies:
- 1) Location of fire extinguishers;
 - 2) Location of audible or visual alarm systems, including but not limited to manual fire alarm boxes, smoke detectors, fire alarm enunciators and controls, and sprinkler systems;
 - 3) Location of exits, primary and secondary evacuation routes, and accessible egress routes, if any; and
 - 4) Location of emergency shelter within the facility.
- c. Site plan that identifies:
- 1) Designated assembly points outside the facility;
 - 2) Locations of fire hydrants; and
 - 3) Routes of fire department access.
- d. Responsibilities each staff person must assume in case of emergency.
- e. Procedures for conducting quarterly drills each year and recording the date of each drill in the file of emergency plans.
- f. Procedures for relocation or service suspension when services are interrupted for more than 24 hours.
- g. Emergency escape plan for each person

II. Reporting Procedures

Emergency reports will be completed using the program's emergency report and review form as soon possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence. The written report will include:

1. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
2. The date, time, and location of the emergency;
3. A description of the emergency;
4. A description of the response to the emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
5. The name of the staff person or persons who responded to the emergency; and
6. The results of the review of the emergency (see section IV).

III. Review Procedures

This program will complete a review of all emergencies.

1. The review will be completed using the program's emergency report and review form by *[ADM or RPS]*.
2. The review will be completed within five *[5]* days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

Marshall County Group Homes, Inc.

IV. Record Keeping Procedures

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained at the administrative offices for MCGH

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx>).

Marshall County Group Homes, Inc.

EMERGENCY PHONE NUMBERS LIST

Program Site: Cedar South

Address: 601 Cedar Ave Argyle MN 56713

Telephone: 218-437-6696

Emergency and non-emergency phone numbers

Emergencies:

Telephone: 911

Mental health crisis intervention team: <u>Alluma</u>	Telephone: 800-282-5005
Closest emergency care center/hospital: <u>North Valley Health Center</u>	Telephone: 218-745-4211
Closest urgent care center: <u>North Valley Health Center</u>	Telephone: 218-745-4211
Emergency transportation service: <u>North Valley Health Ambulance</u>	Telephone: 218-745-4211
Police department (non-emergency): <u>Marshall County Sheriff's Office</u>	Telephone: 218-745-5411
Fire department (non-emergency): <u>Argyle Volunteer Fire Dept.</u>	Telephone: 218-437-6689
Poison control: <u>Poison Control</u>	Telephone: 800-222-1222
Other: <u>Emergency Medication Error</u>	Telephone: 800-233-7767

Program-related emergency phone numbers

Designated Coordinator: <u>Cindy Gratzek</u>	Telephone: 218-437-6695/218-201-1363
Designated Manager: <u>Kristal Walen</u>	Telephone: 218-437-6695/218-779-2680
Designated program emergency contact: <u>Rachel Lopez</u>	Telephone: 701-215-8305
Assigned nurse or nurse consultant: <u>Henrietta Linder</u>	Telephone: 218-201-0679
Nurse emergency contact: <u>Henrietta Linder</u>	Telephone: 218-201-0679
Backup Nurse contact: <u>Joann Saunders</u>	Telephone: 218-201-0138

Utility emergency contacts

Gas company: <u>City of Argyle</u>	Telephone: 218-437-6621
Electric power company: <u>Ottertail Power Company</u>	Telephone: 800-257-4044
Telephone company <u>Frontier/Wiktel</u>	Telephone: 877-619-6198/438-2922
Maintenance: <u>Jason Fick</u>	Telephone: 701-741-5908

Marshall County Group Homes, Inc.

Emergency Response, Reporting & Review Policy Cedar North

I. Response Procedures

A. Safety procedures

1. Fires. Additional information on safety in fires is available online at: <http://www.ready.gov/fires>.
In the event of a fire emergency, staff will take the following actions:

Emergency Procedures FIRE:

- 1) Remain calm and Keep everyone together. All recipients and staff will leave the building immediately to a place of safety away from the home. When evacuating outside, the designated meeting place is [Yvonne Kroll residence which is 1/2 block southeast of the facility]. Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat as you leave the location. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily. In the case of fire drills all will meet at Yvonne Kroll's residence ½ a block southeast of the facility.
- 2) If it is safe to do so, call the fire department - 911 and clearly state the address of the home - 605 Cedar Ave., Argyle, MN. If it is not safe to call the fire department from the home telephone, the nearest accessible telephone should be utilized to make the contact. Provide emergency first aid as required until emergency personnel arrive. Once all recipients have been evacuated from the home to a place of safety, a supervising staff person must remain with the recipients at all times to ensure their safety and prevent them from attempting to return to the home or wander off and become lost. Once the place of safety has been reached, staff persons must identify all recipients in the group to ensure that each consumer has been evacuated. The recipients must not be left unsupervised under any circumstances.
- 3) Again, if it is feasible and safe to do so, supervising staff members should fight the fire using the fire extinguishers located in the (Kitchen under the sink and in the dining room cabinet on the west wall). The fire extinguishers location is documented on the home floor plan. Fire extinguisher works by pulling the pin out and squeezing the trigger. Sweep the fire at its base. Remember PASS.
- 4) If the fire causes the relocation of recipients from this program for more than 24 hours the supervising staff will report the incident to the consumer's legal guardian, caregiver, county licenser, case manager and other licensed caregiver (ODC) within 24 hours of occurrence or knowledge.
- 5) Do not reenter until the fire department determines it is safe to do so.
- 6) When safe and feasible to do so report incident to the Administrator (ADM) and/or Resident Program Supervisor (RPS).
- 7) If 911 is called or Emergency relocation for more than 24 hours report the incident on the "Emergency Report and Internal review form".

Marshall County Group Homes, Inc.

The five steps above are listed in the order of importance and will be followed explicitly in the event of fire. Always remember step number 1 - The evacuation of all individuals to a place of safety away from the fire is the first and most urgent responsibility in case of fire. Steps 2, 3, and 4 are to be undertaken only if it is safe and feasible to do so, and only by supervising staff persons, never by recipients of the home.

Additionally, once all recipients have been evacuated from the home to a place of safety, a supervising staff person must remain with the recipients at all times to ensure their safety and prevent them from attempting to return to the home or wander off and become lost. Once the place of safety has been reached, staff persons must identify all recipients to ensure that each recipient has been evacuated. The recipients must not be left unsupervised under any circumstances. In an emergency staff may leave recipient in the care of a neighbor, police officer, fireman etc.

Fire Drill practices:

A minimum of one fire drill per quarter will be held per calendar year. Each fire drill should be thoroughly documented as described in in-service training and specified in the sample fire drill reports. All fire drills will be documented on the Fire Drill Log.

The times of the day and the routes of evacuation from the home should be varied with each drill so that all persons in the home become thoroughly familiarized with all possible means of evacuating the home in an emergency.

All exits and routes of evacuation must be kept free of obstruction. This includes all household equipment, toys, bicycles, snow - basically, anything which will hinder or obstruct rapid and safe evacuation from the building in an emergency.

No combustible materials - gasoline, cardboard boxes, paint, etc. - can be stored in open places in the building. All such materials will be destroyed or stored in metal storage cabinets in specified places in the building.

- 2. Severe weather and natural disasters.** Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. (for example: wind storms, floods, electrical storms, exceedingly cold or hot weather, blizzards and other natural disasters). ***In the event of a severe weather emergency, staff will take the following actions:***

Emergency Procedures SEVERE WEATHER and NATURAL DISASTER:

- 1) Identify all recipients present in the home to ensure all recipients are present and accounted for. Monitor weather condition and listen to the local television or radio for weather related warning and watches. Follow their directions and the need to change plans and activities. Stay indoors or seek shelter as appropriate to the situation.
- 2) Do not allow anyone to leave the home. Inform people why plans and activities are changing and what is being done to keep them safe.
- 3) During a windstorm of any type, move all recipients away from electrical systems and outlets. A siren will sound for three (3) minutes, at which time all recipients are to seek shelter. No "All Clear" will be given as it is confusing to the public. You are asked to keep tuned to your radio for updated messages. When tornado sightings are reported recipients will go to designate shelter

Marshall County Group Homes, Inc.

area.

- 4) If time permits, unplug all electrical appliances in the home.
- 5) When tornado warnings are reported recipients will go the basement for shelter if feasible to do so. If evacuation to the basement is not warranted or safe, Staff and consumers should stay in the hallways or use the bathrooms (no windows). If needed cushions from the couch and a mattress should be used as protection from flying glass. Keep the radio tuned to a local radio station for emergency messages and directions. Use the hallways or bathrooms.
- 6) Radio is in the dining room on the shelf on west wall, flashlight is in each consumer bedroom and in the kitchen in the west cupboard. There is also a radio and batteries and flashlight on Cedar South side in the basement on the cabinet just west of the staffing table area). Keep the radio tuned to a local radio station for emergency messages and directions.
- 7) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating. Recipients should be taken to the place recommended by the official in charge.
- 8) Recipients living in the home will not attend out of town nonessential community outings if it is -20 degrees (with or without wind chill) or colder.
- 9) If the nonessential community outing is in town and the temperature is -20 degrees (with or without wind chill) or colder staff may use their discretion. Staff are to consider all weather advisories and if unsure contact facility RPS for assistance.
- 10) Recipients living in Marshall County Group Homes, Inc. will attend medical appointments if it is warmer than -20 degrees (with or without wind chill).
- 11) If the temperature is -20 degrees (with or without wind chill) staff will consider the difficulty of rescheduling a medical appointment and its immediate importance to the consumer's health and make the final decision as to whether the consumer should attend the appointment. If unsure staff may contact the RPS or RN/LPN for assistance in making this decision.
- 12) Should a tornado or tornado drill occur record all information regarding the incident on an Emergency Report and Internal Review from.
- 13) If the home has actually experienced a tornado a supervisory staff person will contact the Marshall County Adult Foster Care licenser/case manager/legal guardian within 24 hours of occurrence or knowledge of the information unless the Incident has been reported by another license holder.
- 14) If the severe weather or other natural disaster causes the relocation of services for more than 24 hours or if a law enforcement officer was involved, a supervisory staff person will call each consumer's legal representative, Marshall County licenser, case manager and Occupational Development Center (ODC).

WARNING: severe weather is either occurring or is imminent. A warning is the most significant and Staff must take immediate action to protect recipients and staff by seeking immediate shelter.

Marshall County Group Homes, Inc.

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

3. **Power failures.** Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. ***In the event of a power failure emergency, staff will take the following actions:***

Emergency Procedures POWER FAILURE:

- 1) Report power failures to the City of Argyle @ 437-6621 during office hours (8 a.m. to 4:30 p.m. – Monday – Friday) or after hours call the Marshall County Sheriff's Department @ 745-5411. Use emergency supplies: **Radio is in the dining room on the shelf on west wall, flashlight is in each consumer bedroom and in the kitchen in the west cupboard**). **There is also a radio and batteries and flashlight on Cedar South side in the basement on the table next to the bed.**
- 2) Account for the well-being of all recipients receiving services.
- 3) Inform all recipients why plans and activities are changing and what is being done to keep them safe.
- 4) Should a power outage last for a long period of time keep warm by dressing in layers? Use portable generators if available. If power outage is becoming long and home is becoming cold in winter call the RPS and or ADM for assistance
- 5) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating.
- 6) Recipients should be taken to the place recommended by the official in charge.

If evacuation will be for longer than 24 hours, it is necessary to complete the "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and ODC, within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.

4. **Emergency shelter.** Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter> . Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area. ***In the event of a fire emergency, staff will take the following actions:***

Marshall County Group Homes, Inc.

Emergency Procedures EMERGENCY SHELTER:

- 1) Follow directions of local emergency personnel to locate the closest emergency shelter (usually Marshall County Court House, local churches, or Argyle School).
- 2) If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies/equipment, MAR book, and emergency contact names and information (take the Mint Green Medical Appointment Book).
- 3) At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.
- 4) Remain calm and keep everyone informed of why events are occurring.
- 5) Use of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- 6) If use of an Emergency shelter is for more than 24 hours complete an "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licenser, case manager and ODC, within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.

5. **Emergency evacuation.** Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety. ***In the event of a fire emergency, staff will take the following actions:***

Emergency Procedures EMERGENCY EVACUATION

- 1) Account for the well-being of all people receiving services.
- 2) Inform people why they are leaving the program and what is being done to keep them safe.
- 3) Follow directions received from administrative staff, police, fire, and other emergency personnel.
- 4) If time allows, evacuate with medications and medical supplies/equipment, MAR, (Mint green Medical Appointment book) and programs books, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.
- 5) Emergency evacuation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- 6) If use of an Emergency evacuation for more than 24 hours complete an "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licenser, case manager and ODC within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.

Marshall County Group Homes, Inc.

6. **Temporary closure or relocation.** Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff. *In the event of a fire emergency, staff will take the following actions:*

Emergency Procedures: TEMPORARY CLOSURE OR RELOCATION:

- 1) Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.
- 2) Follow directions received from administrative staff, police, fire, and other emergency personnel.
- 3) If time allows, remove from the program medications and medical supplies/equipment, consumer appointment book, MAR and programs books, Mint Green Medical Appointment book, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.
- 4) Closure or relocation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- 5) If relocation is for more than 24 hours complete an "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and ODC within 24 hours of occurrence to inform them of relocation unless the incident has been reported by another license holder.

7. **Bomb Threat.** In the event a bomb threat has been called into this home or the Marshall County Group Homes, Inc. or a suspicious article is discovered at this home, *staff will take the following actions:*

Emergency Procedures: BOMB THREATS:

- 1) Each supervising staff member present will aid the recipients in leaving the building immediately through the nearest exit or window. The recipients and staff should gather at Yvonne's home. A supervising staff member will check to see that each recipient is there and will stay with the recipient at all times. The recipients must not be left unsupervised under any circumstances.
- 2) All cell phones, pagers, two-way radios will be turned off immediately – as the waves from these items can set off a bomb.
- 3) If it is safe and feasible to do, call 911 if this evacuation is not a result of a 911 call. The nearest accessible home phone should be used to make this contact.
- 4) If the bomb threat is the result of a phone call do the following:
 - a. Keep caller on the line if possible and do not hang up phone.
 - b. Get the attention of a co-worker - have the co-worker call 911 on another phone.
 - c. Attempt to obtain information about where the bomb is located, time it will go off, etc.
 - d. Listen for identifiable background noises such as church bells, train, cars, distinguishing voices, etc.
- 5) Only after Marshall County Law Enforcement have given their approval for staff and recipients to

Marshall County Group Homes, Inc.

return to the home may it be entered. If this is not possible, available homes will be located.

- 6) The Administrator should be called as soon as possible.
- 7) If the bomb threat causes the relocation of services for more than 24 hours, a supervising staff person will report, as any incident involving a law enforcement agency, to the recipient's legal representative, Marshall County Licensor, case manager and ODC within 24 hours of the occurrence or 24 hours of receipt of knowledge of the information unless the incident has been reported by another license holder.
- 8) If the bomb threat is real contact the Marshall County Foster Care Licensor (218) 745-5124.

8. **MISSING RECIPIENTS.** In the event a recipient is missing *the following steps will be followed:*

Emergency Procedures: MISSING RECIPIENTS:

- 1) Write down a description of the apparel the recipient was wearing. Provide a recent photo if available.
- 2) Notify the ADM immediately.
- 3) Check all the familiar places - the recipients of the Marshall County Group Homes, Inc. will not join in the search.
- 4) Notify the police (911) and give a complete description of the missing recipient, including, age, weight, color of hair, type and color of clothes he/she was wearing when last seen, any scars or distinguished physical characteristics, and begin searching the surrounding area.
- 5) If the recipient is not found within one (1) hour, notify his/her legal representative, Marshall County licensor, case manager and ODC will be notified by a supervisory staff member within 24 hours of occurrence or 24 hours of receipt of the information unless the incident has been reported by another license holder.
- 6) Utilize the photograph from the recipient's general file to assist authorities and other person's not personally familiar with the recipient for purposes of identifying the recipient.
- 7) Record all information regarding the incident in the progress notes and file an Incident.

9. **MEDICAL EMERGENCY and ACCIDENTS THAT REQUIRE PHYSICIAN TREATMENT HOSPITALIZATION.**

If, under any circumstances, any recipient of the facility is seriously injured or manifests symptoms of serious illness, impending death or death, *implement the following procedures immediately:*

Emergency Procedures: MEDICAL EMERGENCY AND ACCIDENTS:

- 1) Perform any emergency, lifesaving first aid as may be indicated (CPR, Heimlich Maneuver, Compresses for acute hemorrhaging, etc.) and call 911, *if indicated*. If other staff members are present, do not leave the recipient unattended. All Recipients living at the Marshall County Group Homes, Inc. will be in a "**DO** resuscitate", or full code status regardless of their health status or

Marshall County Group Homes, Inc.

disability, unless a consent has been given by the Dept. of Human Services Guardianship Unit or recipient's individual guardian for a "**DO NOT** resuscitate" status.

- 2) Contact the local physician (or most readily available physician) by telephone immediately.
- 3) Communicate all observations of the illness or injury to the physician.
- 4) Write down and follow expressly the exact telephone orders of the physician.
- 5) Implement physician's telephone orders as prescribed, including the contacting of the ambulance
a. service (911) for emergency transport of the recipient to the hospital, if required.
- 6) Once the crisis has been managed, if hospitalization, impending death or death has resulted, make the following contacts immediately:
 - a. The Administrator and Resident Program Coordinator.
 - b. Caregiver of recipient, recipient's legal representative, recipient's case manager, Marshall County licenser, and ODC within 24 hours of occurrence or 24 hours of receipt of knowledge of the information, unless the incident has been reported by another license holder.
- 7) If the medical emergency is a serious injury or an accident that requires treatment by a physician a supervisory staff person will immediately contact the RPS and/or ADM
- 8) File an Incident Report and Internal Review Report with the office RPS within 24 hours of the incident. The completed report will be filed in the recipient's personal file after internal review has been completed. The incident will be documented in the recipient's progress notes, as necessary. RPS will provide ADM with updates of all incidents.
- 9) RPS will report all incidents as required by 245 D or state laws.

10. Death or Serious Injury. If, under any circumstances, any recipient of the facility is seriously injured or manifests symptoms of serious illness, impending death or death, *implement the following procedures immediately:*

Emergency Procedures DEATH OR SERIOUS INJURY:

If under any circumstances, any Recipient of this facility dies or has a serious injury, the following procedures must be followed immediately: "Serious injury" is defined as: fractures, dislocations; evidence of internal injuries, head injuries with loss of consciousness; lacerations involving injurious to tendons or organs, and those for which complications are present; extensive second degree or third degree burns, and other burns for which complications are present; extensive second degree or third degree frost bite, and others for which complications are present; irreversible mobility or avulsion of teeth; injuries to the eyeball; ingestion of foreign substances and objects that are harmful; near drowning; heat exhaustion or sunstroke; and all other injuries considered serious by a physician.

- 1) Treat as appropriate, following medical emergency or accident/incident policies.
- 2) Complete the Death or Serious Injury Review outline for telephone report (Copy in policy manual).
- 3) Once the crisis has been managed, make the following telephone call to the ADM and/or RPS, nurse

Marshall County Group Homes, Inc.

and he/she will contact the Ombudsman Office and DHS licensing within 24 hours after death or serious injury occurs or knowledge unless the incident has been reported by another license holder. Telephone 1-651-797-1950. They will ask information from the outline, have it completed so that ADM, RPS or nurse may answer all questions asked. The nurse, as director of recipient health care, may be the best one to answer questions about medical care. (Note: The legal representative, county licensor, case manager and ODC would already have been notified within 24 hours of occurrence or knowledge as stated in Incident Response and Reporting and Review Policy, if not do so now).

- 4) After the death of a recipient the ADM and/or RPS will provide the recipient's next of kin with a copy of the Notification letter located in the policy manual.

B. Additional safety procedures for facilities.

1. First aid and CPR

a. Training

- 1) A staff person trained in first aid will be available on site whenever a person receiving services is present and staff are required to provide direct service.
- 2) A staff person trained in cardiopulmonary resuscitation (CPR) will be available on site when required in a person's coordinated service and support plan or coordinated services and support plan addendum whenever a person receiving services is present and staff are required to be at the site providing direct service.
- 3) CPR training must include in-person instruction, hands-on practice, and an observed skill assessment under the direct supervision of a CPR instructor.

b. First aid kits

- 1) First aid kits must be readily available for use by staff and must meet the needs of the persons receiving services. First aid kits are located **[First aid Kit and the AED unit are located in the washer and dryer area].**
- 2) First aid kits must include accessible first aid supplies including bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.

- 7) 2. Emergency equipment (<http://www.ready.gov/build-a-kit>) A flashlight and portable radio that can be used in the event of a power failure must be at our program. They are located: **Radio is in the dining room on the shelf on west wall, flashlight is in each consumer bedroom and in the kitchen in the west cupboard). There is also a radio and batteries and flashlight on Cedar South side in the basement on the cabinet just west of the staffing table area.**

Emergency contacts

- a. A list of emergency telephone numbers is posted **[at the staff desk area an near the phone in also in the living room.]**, next to a non-coin operated telephone that must be readily accessible at all times. The mental health crisis intervention team number must be posted, when available. **[In our program 911 is listed as the emergency number].**
- b) The names and telephone numbers of each person's representative, physician, and dentist must be readily available.

4. Written emergency response plan

An emergency response plan must be readily available to staff and persons receiving services. The emergency response plan is located **[Bulletin board in the Kitchen area on the South wall.** The plan must include:

- a. Procedures for emergency evacuation and emergency sheltering, including:

Marshall County Group Homes, Inc.

- 1) How to report a fire or other emergency;
 - 2) Procedures to notify, relocate, and evacuate occupants, including use of adaptive procedures or equipment to assist with the safe evacuation of persons with physical or sensory disabilities; and
 - 3) Instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems.
- b. Floor plan that identifies:
- 1) Location of fire extinguishers;
 - 2) Location of audible or visual alarm systems, including but not limited to manual fire alarm boxes, smoke detectors, fire alarm enunciators and controls, and sprinkler systems;
 - 3) Location of exits, primary and secondary evacuation routes, and accessible egress routes, if any; and
 - 4) Location of emergency shelter within the facility.
- c. Site plan that identifies:
- 1) Designated assembly points outside the facility;
 - 2) Locations of fire hydrants; and
 - 3) Routes of fire department access.
- d. Responsibilities each staff person must assume in case of emergency.
- e. Procedures for conducting quarterly drills each year and recording the date of each drill in the file of emergency plans.
- f. Procedures for relocation or service suspension when services are interrupted for more than 24 hours.
- g. Emergency escape plan for each person

II. Reporting Procedures

Emergency reports will be completed using the program's emergency report and review form as soon possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence. The written report will include:

1. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
2. The date, time, and location of the emergency;
3. A description of the emergency;
4. A description of the response to the emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
5. The name of the staff person or persons who responded to the emergency; and
6. The results of the review of the emergency (see section IV).

III. Review Procedures

This program will complete a review of all emergencies.

1. The review will be completed using the program's emergency report and review form by **[ADM or RPS]**.
2. The review will be completed within five **[5]** days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

Marshall County Group Homes, Inc.

IV. Record Keeping Procedures

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained [*at the administrative offices for MCGH*]

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx>).

Marshall County Group Homes, Inc.

EMERGENCY PHONE NUMBERS LIST

Program Site: Cedar North

Address: 605 Cedar Ave Argyle MN 56713

Telephone: 218-437-6697

Emergency and non-emergency phone numbers

Emergencies:

Telephone: 911

Mental health crisis intervention team: <u>Alluma</u>	Telephone: 800-282-5005
Closest emergency care center/hospital: <u>North Valley Health Center</u>	Telephone: 218-745-4211
Closest urgent care center: <u>North Valley Health Center</u>	Telephone: 218-745-4211
Emergency transportation service: <u>North Valley Health Center Ambulance</u>	Telephone: 218-745-4211
Police department (non-emergency): <u>Marshall County Sheriff's Office</u>	Telephone: 218-745-5411
Fire department (non-emergency): <u>Argyle Volunteer Fire Dept.</u>	Telephone: 218-437-6689
Poison control: <u>Poison Control</u>	Telephone: 800-222-1222
Other: <u>Emergency Medication Error</u>	Telephone: 800-233-7767

Program-related emergency phone numbers

Designated Coordinator: <u>Cindy Gratzek</u>	Telephone: 218-437-6695/218-201-1363
Designated Manager: <u>Kristal Walen</u>	Telephone: 218-437-6695/218-779-2680
Designated program emergency contact: <u>Carol Urbaniak</u>	Telephone: 218-791-3630
Assigned nurse or nurse consultant: <u>Henrietta Linder</u>	Telephone: 218-201-0679
Nurse emergency contact: <u>Henrietta Linder</u>	Telephone: 218-201-0679
Backup Nurse contact: <u>Joann Saunders</u>	Telephone: 218-201-0138

Utility emergency contacts

Gas company: <u>City of Argyle</u>	Telephone: 218-437-6621
Electric power company: <u>Ottertail Power Company</u>	Telephone: 800-257-4044
Telephone company: <u>Frontier/Wiktel</u>	Telephone: 877-619-6198/438-2922
Maintenance: <u>Jason Fick</u>	Telephone: 701-741-5908

INSERVICE : SUMMER ALERTS

PRESENTED BY: HENRIETTA LINDER RN

TO: ALL STAFF

4-3-24

Heat and humidity put all people at risk for heat exhaustion and heat stroke. Persons receiving services for mental health, developmental disabilities and emotional disturbances are at added risk for these conditions because they often take medications or drugs that inhibit perspiration or increase fluid loss such as diuretics and blood pressure medications as they cause you to urinate more frequently, antihistamines such as Cetirizine or Claritin, beta-blockers such as propranolol or metoprolol, benzodiazepines such as Alprazolam or Lorazepam, anticholinergics such as Oxybutynin used for bladder spasms, or Paroxetine used for depression and alcohol and also because they may be reluctant or unable to drink adequate amounts of non-caffeinated liquids. The elderly and those working or completing activities in very hot environments are at a higher risk.

It is important to keep the environment cool, provide extra water or other non-caffeinated and non-alcoholic fluids. If needing to be outdoors keep well hydrated and take frequent breaks. The body's response to excessive loss of water and salt is usually through sweating.

Heat exhaustion symptoms may include fatigue, heavy sweating, headache, muscle cramps, dizziness, weakness, confusion, nausea, clammy moist skin, pale or flushed complexion, slightly elevated body temperature and fast shallow breathing.

Treatment would include getting the person to a cool shaded or preferably an air-conditioned area, sit in front of a fan, rest on their back with legs raised above heart level, drink cool water or sports drinks, loosen any unnecessary clothing, take a cool shower, soak in a cool bath or put towels soaked in cool water on your skin. It might be a good idea to take the person's temperature to rule out heat stroke. If condition doesn't improve after an hour seek medical attention.

Heat exhaustion can lead to **Heat Stroke** which can become a life threatening emergency that can cause death or permanent disability. At this point the body is unable to regulate its temperature. The body's temperature rises quickly, the sweating mechanism fails and the body is unable to cool down with temperatures reaching 103 degrees and higher within 10 to 15 minutes. If you see any of the following symptoms have someone call 911 and begin cooling the affected person. Warning signs are an extremely high temperature, red, hot and dry skin with no sweating, rapid, weak pulse, throbbing headache, rapid shallow breathing,

dizziness or confusion, nausea, unconsciousness and seizures. Get the person to a shaded cool area and get medical assistance ASAP. Do not give the person fluids to drink as it may lead to pulmonary edema.

Heat Cramps can affect a person who perspires a lot during strenuous activity which can deplete the body of salt and water levels. Low salt levels in muscles will cause painful cramps and muscle pain or spasms usually in the abdomen, arms or legs. Treatment includes having the person stop all activity, get into a cool environment and drink water or a sports beverage. They should not return to strenuous activity for several hours after the cramps subside. Seek medical attention if the person has heart problems, is on a low salt diet or the cramps don't subside after an hour.

Heat Rash is a skin irritation caused by excessive sweating during hot, humid weather. The rash looks like a red cluster of small pimples or blisters and will usually appear on upper chest, groin area, under breasts or in elbow creases. Treatment would include cooling the person, may apply cool packs and keeping the affected area dry. You may apply a calamine lotion or a low strength hydrocortisone cream and take an anti-histamine such as Benadryl.

Heat Syncope is fainting, dizziness or light-headedness that can occur with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute are a hot environment, dehydration and being unacclimated to the heat (the body is not used to the hot environment). These symptoms occur when there is not adequate blood flow to the brain. Treatment includes having the person lie down or sit in a cool area, elevate legs to promote blood return to the heart and to hydrate them with water or a sports beverage.

Sunburn happens when your skin gets too much sun without proper protection from sunscreen and clothing. Many medications such as anti-psychotics and antibiotics can increase a person's risk of sunburn. Reduce exposure to the sun with umbrellas, hats, or long-sleeved, light weight clothing. Protect the eyes with sunglasses labeled to block out 99 to 100% of both UVA (aging rays) and UVB radiation. UVB rays (burning rays) are the primary cause of sunburn. Consider limiting or avoiding time in the sun between the hours of 10AM and 2PM when the rays are most intense. If going outdoors apply sunscreen at least 15 minutes before with an SPF of 15 or higher. The American Academy of Dermatology recommends using a broad-spectrum sunscreen with an SPF of 30 or higher. FDA recommends not using a sunscreen after the expiration date or if it has no expiration date consider it expired 3 years after purchase. Avoid leaving sunscreen containers in direct sunlight or in hot environments as inside the car as this will accelerate the degradation of the sunscreen. Keep in a cooler or under blankets. Fair-skinned people are likely to absorb more solar energy than dark-skinned persons and they may need a

sunscreen with a higher SPF of 30 to 50. Use enough sunscreen to cover your entire face and exposed body (avoiding the eyes and mouth). Easily forgotten spots are ears, nose, lips (apply lip balm with a sunscreen), back of neck, hands, tops of feet, along hairline and areas of the head exposed by balding or thinning hair. Everyone needs sunscreen from 6 months and older. Sunscreens are not recommended for infants under the age of 6 months as they are at greater risk than adults of sunscreen side effects such as a rash. The best protection is to keep them out of the sun entirely. Once outdoors reapply sunscreen every 2 hours, even on cloudy days and more often if sweating or jumping in and out of the water. There is no safe way to tan. Every time you tan, you damage your skin and as this builds up, you speed up the aging process and increase the risk for all types of skin cancer. Anyone can get skin cancer regardless of age, gender or skin tone. It is estimated that 1 in 5 will develop some form of skin cancer in their lifetime. The WHO has declared artificial sources like tanning beds and sun lamps to be known carcinogen substances. How to treat a sunburn: Begin treating sunburn as soon as you notice it. The first thing to do is get out of the sun and avoid the sun while your skin heals being sure to cover the sunburn every time you go outdoors; take frequent cool baths or showers to relieve the pain- when getting out pat the skin dry leaving a little water on the skin and apply a moisturizer containing aloe vera or soy to help trap water in your skin; if an area is especially uncomfortable, apply an OTC hydrocortisone but do not treat with "caine" products such as benzocaine as these may irritate the skin; consider taking ibuprofen to help reduce any swelling, redness and discomfort; if your skin blisters, allow them to heal – this means you have a second degree burn-do not pop the blisters as they form to help the skin heal and protect you from getting an infection; and lastly protect sunburned skin while it heals – wear clothing that covers the skin when outdoors.

Insect stings or bites: Apply insect repellent before going outdoors. Wear long sleeved shirts, long pants tucked into socks, and closed-toe shoes when in woods or grassy areas to help prevent tick bites. Check for ticks after being outdoors and shower as soon as possible after coming indoors. Ticks take several hours to attach themselves to the skin; in the meantime, they can be washed away. Wear shoes when walking through low-lying flowers. Close fitting clothes can prevent insects from getting under your clothes and getting trapped. Light colored and flowered clothing, perfumes or cologne may attract stinging insects. Soda and sweetened beverages may attract stinging insects so if outdoors keep them covered. Also keep garbage cans covered.

Most common mild reactions are local redness, swelling, pain and itching. Remove any stinger using a credit card or the like to flick it away. Wash the area with soap and water. May apply a cool pack for 10 to 20 minutes to reduce swelling and redness. Apply Calamine lotion, baking soda paste or 0.5% to 1% Hydrocortisone cream several times a

day till resolved. Can take anti-histamines orally such as Cetirizine, Claritin or Allegra to decrease itching. May take non-prescription pain reliever to reduce pain. If continues to feel ill or swelling worsens seek medical help. When a person gets bit monitor closely for at least 30 minutes for a severe reaction.

Bees, yellow jackets, wasps, hornets and fire ants may cause a severe allergic reaction (anaphylaxis). This is a medical emergency and you need to call 911 immediately. If a person is exhibiting even 1 or 2 of the following symptoms call 911: trouble breathing; wheezing; swelling of lips, face, eyelids or throat; dizziness, fainting or being unconscious; weak rapid pulse; hives; nausea, vomiting or diarrhea call 911. Do not offer them anything to drink, loosen tight clothing, cover them with a blanket and if needed position them to prevent choking or vomiting. If they have an epinephrine auto-injector use it immediately. They still need to go to the emergency room ASAP.

Fire safety: Always make sure your grill is in good working order. Always open the grill lid before lighting and do not add lighter fluid to an already lit fire. Keep a 3 foot safety zone around the grill. Use long handled utensils to keep your hands and arms away from the heat. Keep an eye on your grill and never leave it unattended. If using coals, place them in a metal can with a lid on it after they have cooled.

Marshall County Group Homes, Inc.

Swimming Guidelines

1. Ability to swim or inability to swim will be documented and reviewed annually in the Self-Management Assessment.
2. Recipients residing in Marshall County Group Homes, Inc. facilities can participate in water activities if there is a lifeguard on duty. If no lifeguard is on duty the consumer will be allowed to enter the water as long as one or two staff persons are present, who can swim, are available to supervise the consumer and flotation life support devices are available at the site.
3. Staff accompanying Recipients will set boundaries for safety. Recipients will not be allowed past the designated water depth.
4. Recipients should wear Lifesaving vest if they will be swimming in deeper water.
5. Staff accompanying Recipients will be responsible for the proper supervision of any consumer entering the water. At no time will any consumer be left in a swimming area unattended.
6. These guidelines will be reviewed by staff upon employment as part of orientation and annually.

Inservice Training

Annual Seizure Alert

All staff present

Presenter: Henrietta Linder RN

A seizure occurs when there is a malfunction in the electrical activity of the brain leading to either behavioral or physical changes caused by a sudden, uncontrolled burst of electrical activity in the brain. It can cause changes in behavior, movements, feelings and level of consciousness. It can cause symptoms such as drooling, violent shaking, spasms or twitching, making strange noises and falling down. These symptoms can last a few seconds to several minutes. Prior to a seizure a person can experience a *deja vu* or aura including nausea, feeling dizzy or vision changes.

Anyone can develop seizures or epilepsy. It affects both males and females of all races, ages and ethnic backgrounds. Having a single seizure doesn't mean you have epilepsy. At least 2 seizures without a known trigger that happen at least 24 hours apart are required for a diagnosis of epilepsy.

Although a seizure is usually associated with epilepsy there can be many other causes including stroke (which is the leading cause of seizures in adults over the age of 35), head or brain trauma/injury, congenital brain defects, meningitis, encephalitis or AIDS, high fevers especially in children (children who have seizures due to high fevers usually do not develop epilepsy), brain tumors, severe hypoglycemia, heat related injuries, poisons, drug overdoses, withdrawal from daily use of alcohol/drugs. Elevated glucose or sodium levels in the blood, dementia/Alzheimers, kidney or liver failure, use of drugs such as Amphetamines or Cocaine, stress, missed doses of medication, not sleeping well lack of oxygen, a genetic component and the list goes on. Seizures are classified in two main categories based on where in the brain the seizure begins. They are generalized seizures which are produced by electrical impulses throughout the entire brain and Partial or focal seizures are produced (at least initially) by electrical impulses in a relatively small part of the brain.

Under generalized seizures (which are the most common types of seizures) you have 1) Grand Mal – the person may cry out and this is characterized by a loss of consciousness and will usually collapse. The loss of consciousness is usually followed by generalized body stiffening then by violent jerking after which a person will often go into a deep sleep. Injuries may occur such as tongue biting and urinary incontinence. 2) Absence (sometimes called petit mal seizures) – this is exhibited by short periods of unconsciousness (just a few

seconds) with few or no symptoms. It can cause rapid blinking or a few seconds of staring into space. The person may not be aware of having a seizure other than being aware of losing time. 3) Myoclonic – this consists of sporadic jerks usually on both sides of the body. When violent they may result in dropping or involuntarily throwing objects. 4) Clonic – are repetitive, rhythmic jerks that involve both sides of the body at the same time. 5) Tonic – characterized by stiffening of the muscles. 6) Atonic – consists of sudden loss of muscle tone particularly in the arms and legs which often results in a fall.

Partial seizures include the following: 1) Simple Motor – with jerking, rigid muscles, pivoting head and muscle spasms. 2) Simple Sensory – having unfamiliar sensations regarding vision, hearing, smell, touch or taste. 3) Simple Psychological – having disturbances regarding memory or emotional distress. 4) Complex – includes lack of awareness of an episode with repetitive, involuntary yet coordinated movements such as lip smacking, walking, chewing or fidgeting. 5) Partial with Secondary Generalization – this begins with a partial seizure in which the person is conscious but then turns into a Grand Mal seizure with loss of consciousness and convulsions.

Although seizures seem to last a long time, they usually don't last more than 60-90 seconds. A seizure can be terrifying to watch if you've never seen one before. Seizures can be mild or severe and they affect people differently. Even though you may feel helpless and find it difficult to watch, there are things you can do to help. #1 is to stay calm. Make sure the scene is safe and protect them by moving furniture and objects out of the way. If it's easy to do so, place a small towel under their head. Do not put anything into their mouth including your fingers as this may cause injury such as chipped teeth or a fractured jaw. You could also get bitten. Do not try to hold them down or move them as this could also cause injury such as a dislocated shoulder. Loosen tight clothing from around the neck and waist. When the seizure is over, turn the person on their side to allow fluids to run from their mouth. Most people will be sleepy or confused after a seizure. Provide a safe area for them to rest. Do not offer anything to eat or drink until they are fully alert and awake. Stay with the person until they are fully awake and familiar with their surroundings.

Things to watch for during a seizure as you will need to document in Therap under seizures and may need to relay the information to the medical provider are: what was happening before the onset of the seizure, if known; did they experience an aura or yell out; how did their body move; how long did the seizure last; how did they act once the seizure ended; did they lose consciousness; did they stop breathing; what was their skin color; did they have any injuries etc.

Complications from having a seizure can include head injuries or broken bones from a fall; drowning (a person with a seizure disorder is 13 to 19 times more likely to drown while

swimming or bathing than the rest of the population because of the risk of having a seizure in the water; car accidents due to loss of awareness/consciousness while driving or operating equipment (many states have driving restrictions on persons with a seizure disorder). Pregnancy complications can pose a danger to both mother and baby and some anti-epileptic medications can cause birth defects. Emotional health issues such as depression, anxiety and suicidal thoughts and behaviors due to difficulty dealing with the condition as well as medication side effects.

Diagnostic tests can include a neurological exam, blood tests, EEG, CT, MRI, PET scan and neuropsychological testing.

Treatment usually begins with medication which there are many different ones to be used. Some side effects of anti-seizure medication are fatigue, stomach upset or discomfort, dizziness, blurred vision, weight gain, loss of bone density, skin rashes, speech problems, memory/thinking problems and loss of coordination. Different seizure medications cause differing side effects. Some of the side effects may not occur or are tolerable if the medication is started at a low dose and increased slowly and will often go away over several weeks or months. Surgery is an option also where they remove the area of the brain causing seizures if it doesn't interfere with vital functions such as speech, language, motor function, vision or hearing. MRI guided stereotactic laser ablation may be used when more invasive surgery is too risky. Vagus nerve stimulator where a device is implanted underneath your skin in the chest that sends electrical impulses through the vagus nerve to your brain to stop the seizure activity is another option .

Life threatening complications of epilepsy, although rare, are status epilepticus also called seizure clusters. This is when a seizure lasts longer than 5 minutes or having frequent recurring seizures without regaining full consciousness between them. It is important to have a rescue medication on hand during a seizure cluster emergency and to use it as soon as possible. The name of one of these medications is Nayzilam. If needing to administer Nayzilam the nozzle is placed in one nostril and sprayed. If the seizure cluster is continuing 10 minutes after the first dose, a second dose may be used but only if you have been told to do so by the healthcare provider. If needing to give the second dose, you will administer into the opposite nostril. If the seizures do not stop after Nayzilam is used get emergency medical help right away. The most common side effects of Nayzilam are sleepiness, headache, runny nose, nasal discomfort and throat irritation.

Sudden unexpected death in epilepsy, although a small risk, may be caused by heart or respiratory conditions and is most common in those with severe epilepsy that don't respond to treatment.

Treatment includes taking medications as ordered and not switching to generics or taking other medications or OTC or herbal remedies or stop taking your medication without consulting with the physician, get plenty of rest, eat a healthy diet, prevent accidents by working in a safe manner, manage stress, exercise, wear a medical alert bracelet, limit alcohol consumption, avoid smoking, inform physician of any changes in mood, and have an annual exam and go to follow up appointments as scheduled.

Seizures do not always require urgent care but do call for help in the following situations:

- 1) If they stop breathing for longer than 30 seconds, begin rescue breathing.
- 2) The seizure lasts longer than 3 minutes unless indicated otherwise by medical provider
- 3) It is the persons first seizure
- 4) More than one seizure occurs within 24 hours
- 5) Has a seizure with a high fever
- 6) Has several seizures in succession
- 7) Has a seizure after complaining of a sudden severe headache
- 8) Has a head injury followed by a seizure
- 9) Has diabetes
- 10) A seizure occurs with a sign of stroke – trouble speaking, loss of vision, or inability to move part or all of one side of the body

APRIL 2024 CEDAR SOUTH

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 7a-3p-Rachel 8a-5p-Angela 3p-8p-Patsy 5p-8p-Rose 8p-8a-Angela	2 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura	3 Staff Mtg 7a-3p-Rachel 9a-8p-Angela 4p-8p-Rose 8p-8a Darla	4 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura	5 Kristal on call 4p 7a-4p-Rachel 9a-8p-Angela 4p-9p-(DL) Rose 9p-9a-(DL) Rachel SK weekend	6 Kristal on call 9a-9p-Destiny 8a-3p-Rose 3p-8p-Angela 9p-9a-Destiny SK weekend
7 Kristal on call 9a-4p-Destiny 8a-4p-Rose 4p-8p-Helen 4p-8p-(JY) Patsy 8p-8a-(JY) Angela SK weekend	8 7a-3p-Rachel 8a-5p-Angela 3p-8p-Patsy 5p-8p-Rose 8p-8a-(AW) Jenn	9 Bible Study 10a 7a-3p-Rachel 8a-5p-(PW) Angela 3p-8p-Laura 5p-8p-Patsy 8p-9a-Laura	10 7a-3p-Rachel 9a-8p-(AW) Patsy 4p-8p-Rose 8p-8a Darla	11 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura	12 Sabrina on call 4p 7a-4p-Rachel 9a-8p-(AW) Patsy 4p-9p-Destiny 9p-9a-Destiny	13 Sabrina on call 9a-9p-Destiny 8a-8p-Darla 9p-9a-Destiny
14 Sabrina on call 9a-4p-Destiny 8a-8p-Darla 4p-8p-Helen 8p-8a-Liz A	15 7a-3p-Rachel 8a-5p-Angela 3p-8p-Patsy 5p-8p-Rose 8p-8a-Angela	16 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura	17 VL Annual 10a 7a-3p-Rachel 9a-8p-Angela 4p-8p-Rose 8p-8a Darla	18 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura	19 Cindy on call 4p 7a-4p-Rachel 9a-8p-Angela 4p-9p-Destiny 9p-9a-Destiny	20 Cindy on call 9a-9p-Destiny 8a-3p-Rose 3p-8p-Laura 9p-9a-Destiny
21 Cindy on call 9a-4p-Destiny 8a-4p-Rose 4p-8p-Patsy 4p-8p-Jenn 8p-8a-Jenn SK weekend	22 7a-3p-(RL) 8a-5p-Angela 3p-8p-Patsy 5p-8p-Rose 8p-8a-Angela	23 Bible Study 10a 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura	24 7a-3p-Rachel 9a-8p-Angela 4p-8p-Rose 8p-8a Darla	25 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura	26 Kristal on call 7a-4p-Rachel 9a-8p-Angela 4p-9p-(DL)(PW) Rose 9p-9a-(DL) Rose SK weekend	27 Kristal on call 9a-3p-(DL) Rose 3p-8p-(DL) Laura 8a-9p-Darla 9p-9a-(DL) Darla
28 Kristal on call 9a-4p-(DL) Laura 8a-8p-Darla 4p-8p-Helen 8p-8a-Liz A	29 7a-3p-(RL) Laura 8a-5p-Angela 3p-8p-Patsy 5p-8p-Rose 8p-8a-Angela	30 7a-3p-Rachel 8a-8p-Patsy 3p-8p-Laura 8p-9a-Laura				

Please note: Once calendars are released, please let Patsy know what shifts you would like to pick up. She is doing staffing for CS and will get it to the office to update often. Thanks!

