AGENCY CRISIS PLAN
DEVELOPMENTAL SERVICES OF DICKSON COUNTY
DECEMBER 2017

I. PURPOSE
This document guides agency staff actions related to a behavioral or mental health crisis on the part of a person supported that imposes an imminent risk of harm to self or others. Specifically, the guidelines outline measures that prevent crisis as well as prescribe methods for intervention as the crisis escalates. It also provides guidance to avoid misuse of behavioral safety procedures to protect the welfare and dignity of the person supported and to assure that all actions are in alignment with DIDD procedural definitions.

II. SCOPE
These operating procedures apply to all staff at the agency.

III. DEFINITIONS

A. Incident: Any event which results in harm or a significant risk of harm to a person.

B. Emergency: An emergency situation exists when an individual's behavior poses an obvious and immediate threat of, or is resulting in injury to self or others, property destruction, or significant disruption of the individual's environment.

C. Person Supported: Any person who is living at or receiving services or supports through the agency.

D. Crisis: When the staff supporting a person feels that the situation is getting out of control and does not know how to support the person in the typical or planned manner.

E. Behavioral Crisis: Behavior (continual physical aggression, continual self-injury, continual destructive behaviors) on the part of a person supported that poses an imminent risk of harm to self or others and requires staff actions to maintain the safety of other persons supported, community members or staff. [Annoying, non-compliant or verbally aggressive behaviors DO NOT constitute a crisis.]

BEHAVIORAL SAFETY PROCEDURES

F. Response Blocking - blocking a movement of individual's limbs or body with a protective pad or with one's own limb, open hand, or body with minimal force so that the occurrence of inappropriate behavior is prevented.

G. Safety Delay: Restricting the person's freedom of movement and community access for a period of time after the occurrence of a harmful behavior to ensure that the person is calm

and that the risk of engaging in unsafe behavior has decreased to an acceptable level. A safety delay may not exceed two hours following the last occurrence of unsafe behavior unless it is part of an approved Behavior Support Plan.

H. Supported Recovery: Use of a specific and safe location for DSPs to engage in de-escalation of crisis behavior responses not to exceed forty-five (45) minutes. Staff shall remain with the person at all times during the use of supported recovery.

I. Manual Restraint: Holding the limbs or body of a person supported in response to an imminently harmful behavior using an approved manual restraint procedure so that movement is restricted or prevented, not to exceed fifteen (15) continuous minutes. Manual restraint does not include take downs (physically forcing an individual to the ground or other surface) and prone restraints (holding an individual face down in a horizontal position) which are both prohibited. The following are not considered manual restraint:
   1. Holding the limbs or body of a person supported as a part of a specific medical, dental, or surgical procedure that has been authorized by an appropriate health care professional.
   2. Holding the limbs or body of a person supported to provide support for the achievement of activities of daily living and functional body positions and equilibrium, such as supporting someone to walk, or achieving a sitting or standing position.
   3. Holding the limbs or body of a person supported to prevent him or her from falling.
   4. Use of response blocking in response to harmful behavior, or use of graduated physical guidance.

RESTRICTED INTERVENTIONS

J. Mechanical Restraint: means the application of a device to any part of a person's body that restricts or prevents movement or normal use/functioning of the body or body part to which it is applied because of a ongoing risk of harm, not exceed forty-five (45) minutes. Mechanical restraint shall not impair or inhibit visual or auditor capabilities of prevent or impair speech or communication modalities.

K. Response Cost: removal of tokens, points, preferred items, scheduled events, and other reinforcers or restricting activities or outings following a behavior with the objective of decreasing its occurrence. Activity delays of greater than two (2) hours shall be considered Response Cost.

L. Exclusion Time Out: Directing an individual to any designated time-out location and requiring the individual to remain in this location without positive reinforcement and other activities for a specified period of time.

III. OPERATING PROCEDURES

When a person supported is involved in a crisis, behavioral crisis or mental health crisis/incident, the following procedures should be followed:

A. Initial Response and Assessment Strategies

1. If the person supported has an individual cross-systems crisis plan and/or Behavior Support Plan (BSP), follow the plan as outlined
2. If the person does not have an individual cross-systems crisis plan or BSP:
   a. Get the individual or other persons out of the general area (remove the audience and the possibility of harm)
   b. Try to avoid directly confronting the individual as this is likely to jeopardize the safety and welfare of both the individual and the staff or other people; do not engage in a "power struggle".

B. De-escalation Strategies

1. Follow basic respect rules of honoring personal space and presentation of positive body language
2. Employ empathic listening skills (be nonjudgmental, give undivided attention, listen to what the person is really saying, allow silence for reflection, use restatement to clarify messages).
3. Speak to the person in a calm voice, being mindful of tone, volume and cadence of speech
4. Only one person should be communicating with the individual at one time
5. Offer positive choices to the person, not negative consequences

C. Backup Support

If additional support is necessary, assistance is available by calling one or more of the following:

1. Agency emergency phone **615-554-8249** (the individual receiving the call will contact other staff or resources which can assist in the crisis)
2. Team emergency numbers (each team has a telephone number to call for assistance in the crisis)
3. During office hours, the agency administrative office 615-446-3111 can provide or locate assistance
4. Persons who are known by the individual may be called as backup support; including family members, guardians/conservators, friends, and advocates
5. Emergency 911 - Only if other measures fail and the person is in imminent danger of inflicting serious harm to himself or others and other assistance is not available or if a serious injury has occurred

D. Use of Specialized Mental Health Crisis Services and Other Emergency Services

After the person has continued in crisis and assistance has been received:

1. Call the, mobile crisis unit and wait for instructions, or
2. Call the person's psychiatrist and wait for instructions

E. Use of Behavioral Safety Procedures

Behavioral safety procedures are procedures that prevent harm to the person or others and shall be used only (a) when alternative strategies are ineffective, (b) are the safest, most appropriate response for the given crisis, (c) the person's behavior poses an imminent risk of harm to self or others. They include:

1. Response blocking may be used when necessary to prevent a person supported from harming himself or others.
2. Safety delay may be used for up to two hours to allow a person supported to calm down after that person has engaged in harmful behavior. When implementing a Safety Delay in response to a behavior that has occurred in a community setting and requires returning to the home, the following parameters shall apply:
   a. Staff shall use individualized knowledge of the person to determine the most effective approach for requesting that the person return home. Staff shall avoid confrontational requests that may escalate the person's behavior. Deception may not be used to gain a person's compliance.
   b. Staff shall consider vehicle safety and only transport the person in a vehicle when it is safe to do so. When it is unsafe to transport the person and the situation continues to be unmanageable, staff should call for assistance.
3. Supported recovery may be used to allow staff to engage in de-escalation of crisis behaviors, but not for more than forty-five (45) minutes.
   a. Supported Recovery shall only be used when remaining in a particular location poses a significant risk of harm because dangerous objects, potential weapons or community members or other persons supported are present.
   b. In the safe area, staff shall continue interacting with the person supported in the manner prescribed in the person's BSP or other agency training.
   c. Blocking and restraint procedures may be carried out in the safe area in accord with Positive Behavioral Supports (PBS) training.
4. Manual restraint may be used, but only if the person supported is in imminent danger of harming himself or other people. If manual restraint is used, it should be applied only so long as is necessary for the person to regain calmness or until other support arrives, but for no more than 15 minutes in any case. Staff shall follow all procedures as described in PBS training for the identification of a crisis, prevention of the escalation of a crisis, and intervention once the crisis has occurred.

F. Use of Restricted Interventions

1. Response cost will **not** be used, except as part of an approved plan.
2. PRN psychotropic medications to control behavior will **not** be used, except as part of an approved plan.
3. Exclusion time out will **not** be used.
4. Mechanical restraint will **not** be used.

G. Prevention

1. One of the best ways to prevent crisis or emergency situations from developing is for support staff to be familiar with the person that they are supporting. Support staff should know about the person, his preferences, likes, dislikes, non-negotiables, and modes of communication. If there is a behavior support plan or crisis plan, staff must be fully aware of its specifics. If support staff know and understand the person, crisis situations are more easily prevented, can be lessened in duration and intensity, and can lessen the risk of harm to the person supported and others.
2. Even if a crisis develops, staff need to be familiar with these operating procedures. By following these procedures, the likelihood of injury or harm to the person support and others can be lessened.

H. Follow Up

1. Following each behavioral/mental health crisis involving the use of a behavioral safety procedure, an Incident Report detailing the episode should be completed and submitted to the Incident Management Coordinator.
2. The staff may need to ask for a circle of support meeting to address the person's ongoing support needs. The meeting may result in one or more of the following:
   a. A referral for a medical consultation
   b. A behavior services assessment may be requested
   c. A referral for a psychiatric consultation
   d. A request for additional support for the person
   e. A development or revision of the person's individual cross-systems crisis plan.
3. Following the occurrence of a behavior safety intervention, the Incident Management Coordinator shall conduct an interview with the staff regarding what worked and what did not work with the procedure. The results of the interview will be included in the minutes of the Incident Management Committee.
4. When a person supported has had three (3) uses of a particular behavior safety intervention within the past six (6) months, its use shall be outlined in the BSP. If the person does not currently receive behavioral services, a behavior services assessment shall be requested.

I. Staff Training

1. All agency staff who work directly with people supported will receive a minimum of six (6) hours of training addressing crisis intervention, including:
   a. PBS (effective January 1, 2018), including de-escalation and redirection techniques that prevent the need for behavioral safety interventions.
   b. This Guideline on the Agency Crisis Plan
   c. Section 12.4 of the DIDD Provider Manual;
   d. Behavioral safety intervention techniques
   e. When the person has supported receives behavior services, implementation of the person's BSP.

FALLS PREVENTION

I. PURPOSE

To provide guidance to agency staff in identifying persons supported who are at risk of falling and in initiating preventive measures.

II. SCOPE

These guidelines apply to all staff.

III. PROCEDURES

A. Risk for Falls Screening Tool

1. The Program Manager (PM) shall complete an initial baseline Risk for Fall Screening Tool for all persons supported at the agency.

2. Once the initial Tool has been completed for all persons supported, the PM shall complete a Risk for Falls Screening Tool when any of the following occur:

a. A person supported is newly admitted to the day service or residential program.

b. A person supported has a significant change in health status.

c. Upon request by the Incident Manage Committee or the individual's Circle of Support, when a person supported that does not have a history of falls and suddenly has a fall

3. The completed Risk for Falls Screening will be saved electronically in PHS as an Encounter. Tool

4. The scores are 0-24 with 24 being the highest possible score. The higher the score the greater the risk for falls. The PM shall notify the Program Director and Incident Management Coordinator (IMC) and RN when a score is 6 or higher. Each of the disciplines shall complete the respective color coded categories on the Risk for Falls Screening Tool, addressing the questions marked "Yes". The IMC, PM and RN shall notify the Program Director upon completion of their respective responses.

5. Once all "Yes" categories have been addressed, the PM shall re-save the completed Risk for Falls Screening Tool to the supported person's electronic record as an Encounter..

B. Environmental Safety Checklist for Fall Prevention

1. The PM shall complete an initial Environmental Safety Checklist for Fall Prevention for all persons supported in their primary day or residential program site and shall offer to complete the Environmental Safety Checklist for Fall Prevention in homes of individuals receiving Personal Assistance.

2. Following the completion of all the initial checklists, the PM shall complete an Environmental Safety Checklist for Fall Prevention when any of the following occur:
   a. A person supported with a score 6 or higher moves (transitions) to a new location.
   b. A person supported with PA services scoring 6 or higher on the Risk for Falls Screening Tool when the family is offered the assessment and accepts the offer.
   c. A person supported with a score 6 or higher has a significant change in health status.

3. Upon completion of Environmental Safety Checklist, the PM shall list any identified issues on the follow up form (page 6) and send a copy to all responsible parties with instructions to complete and return to PM within 14 calendar days.

4. Upon receiving corrective action on all issues, the PM will copy those onto the original form.

5. No later than 30 days following the initial completion date of the Environmental Safety Checklist, the PM will re-inspect to verify corrective action has been taken.

6. The PM shall save the Environmental Safety Checklist for Fall Prevention in the person's electronic record as an Encounter..

7. The PM shall include any identified risks in the Risk Identification Tool and on the Individual Training Plan.

C. Therapy Assessment
   1. When a person supported is transitioned into a new living environment within the agency, in additional to the assessments noted above, the ISC/Case Manager shall decide if a professional assessment of the person's mobility is needed to determine if any environmental modifications are needed.

   2. If environmental modifications are needed in order to safely support the person in the home, a site assessment of the home shall be performed by the person's OT or PT or by the DIDD regional therapeutic services team.

3. All environmental medications determined to be necessary for accessibility and safety including fall prevention, shall be in place and determined to be functional by the evaluating clinician prior to the move unless otherwise indicated in writing by the clinician.

Fire Drill Guidelines

Fire Drills are to be conducted monthly at each residence to insure that employees know evacuation procedures.

Documentation of fire drills will be completed in PHS. The Fire Drill Evacuation Report **(to be updated)** will be utilized if PHS is unavailable.

Fire drills will take place on the 15th of each month at unexpected times and varying conditions, and ensuring each shift holds one (1) per quarter.

1st Shift (7:00 a.m. – 3:00 p.m.) January, April, July, October

2nd Shift (3:00 p.m. – 11:00 p.m.) February, May, August, November

3rd Shift (11:00 p.m. – 7:00 a.m.) March, June, September, December
***Note: There must be at least one drill per year where individuals are sleeping.**

Length of the Fire Drill (*Exact time in minutes and seconds): The time you begin with notification of the need to evacuate thru an alarm, announcement etc., until the time everyone is evacuated to the designated meeting/safe place.

Individuals Present: Names or number of persons supported involved in the drill.

Employees Present: Names or number of employees conducting the drill.

Location of fire: Should always be considered when conducting a drill. The location may be suggested monthly by the Facilities Coordinator thru PHS messaging system.

Route: Actual route taken during the drill. This would normally coincide with the exit routes identified on the Evacuation Plan (located in the yellow folder).

Comments: Can be used for any comments, but if "No" is checked below (individuals evacuated to the designated safe place), an explanation must be made.

Follow up: To be made by the Facilities Coordinator.

Weather: Conditions during the drill.

Individuals evacuated to the designated safe place:

Select "Yes" if all the individuals evacuated safely. When this is selected, then you are required to enter in the "Evacuated to" box below.

Select "No" if an individual failed to evacuate or an individual was injured during the drill. When this is selected, then you are required to enter an explanation in the "Comments" box above.

Evacuated To: For all completed drills, document the location the individual(s) were evacuated to. This should normally be the previously designated location/meeting place identified on the Evacuation Plan (located in the Yellow Folder). If it is any other location, then, in addition to the location being identified in this box, an explanation should also be put here to indicate why an alternate location was used for this drill. For example: There are times and conditions such as freezing temperatures, storms etc. where individuals would go to the outside door but not exit the building. In this case the outside door would be listed the "Evacuated to" location along with an explanation as to why this was necessary.

Other Suggestions:

When conducting a fire drill where the individuals are asleep, do the drill closer to the time they would be getting up; so if they don't go back to sleep it may not be as disruptive.

Fire drills should replicate to actual procedures needed to evacuate individuals safely in the event of real fire. However, for some individuals the practice of needed emergency procedures during a drill could actually place these individuals at risk of injury/harm. For example, if a person using an electric wheelchair charges the batteries at night, there would not be time to unhook the charger; reattach the batteries; get the person in the chair etc. The staff would have to resort to a fireman's carry (if physically able); or get the person to the floor on a blanket or sheet and drag the individual out of the building……..In situations where there is potential for harm it is recommended that a simulated fire drill be allowed. A simulated fire drill is one where the employee conducts a drill by going thru the procedures and techniques without the individual.

If an individual refuses to evacuate, the staff will proceed with the drill, evacuating others in the home, while simulating what to do with the refusing person if there was an actual fire. At the end drill the employee must document the refusal, along with the actual simulation and time.

DOCUMENTATION OF FIRE DRILLS MUST REFLECT THE FACTS OF WHAT TOOK PLACE DURING THE DRILL.

The Health and Safety Committee will review all simulated Fire Drill plans.

In addition, where staff ratios are reduced (at night) it may be beneficial to have additional staff available to help monitor individuals during a drill, only to ensure safety (not to participate in the actual drill).

FIRST AID KITS

I. PURPOSE

To provide guidelines that assure appropriately stocked first aid kits are available when needed by people supported and their support staff.

II. SCOPE

These guidelines apply to all agency staff.

III. OPERATING PROCEDURES

A. FIRST AID KITS IN VEHICLES

1. Each agency vehicle will have a first aid kit containing the following items:
   a. Disposable gloves
   b. Zip lock plastic bag
   c. Face shield
   d. Adhesive tape
   e. Gauze pad
   f. Gauze roll
   g. Triangle bandage
   h. Adhesive bandages
   i. Hand sanitizer wipes
   j. Antiseptic wipes
   k. Scissors
   l. Tweezers
   m. Flashlight
   n. Cold pack

2. The contents of the kits in vehicles will be checked twice per year:
   a. In January by the Program Manger
   b. In July by the Site Manager
   c. The checklist will be maintained in the yellow folder in the home or day site to which the vehicle is assigned.

3. Whenever materials are used from the kit, the attending staff member should request that the materials be replenished as soon as possible.

B. FIRST AID KITS IN THE HOMES OR DAY SITES

1. Each agency services site (home or day site) will have a first aid kit containing the following items:
   a. Non-latex disposable gloves
   b. Zip lock plastic bags
   c. Face shield

d. Non-allergic tape
e. Gauze pads
f. Roller gauze
g. Triangle bandage
h. Adhesive bandages
i. Hand sanitizer
j. Antiseptic wipes
k. Scissors
l. Tweezers
m. Emergency flashlight (The Emergency flashlight may be plugged into a wall socket)

2. The contents of the home first aid kit will be checked on the 15th of each month by the Site Manager or designee. The checklist will be maintained in the yellow folder in the home of day site.

3. The Program Manager will check the documentation on a monthly basis.

4. Whenever materials are used from the kit, the attending staff member should request that the materials be replenished as soon as possible.

REPORTABLE EVENT MANAGEMENT

Effective September 1,2021

I. PURPOSE

To provide guidance for reporting incidents and untoward events involving persons supported.

II. SCOPE

These guidelines apply to all agency staff involved with HSBS supports.

All agency staff are expected to adhere to the following guidelines for the timely and accurate reporting of incidents or events concerning 1915c Waiver, Katie Beckett, ECF CHOICES, or CHOICES members.

III. PROCEDURES

1. When an incident is witnessed or discovered, staff should attend to the person supported, making sure that he/she is safe and protected from any additional risks associated with the incident.
2. If the incident is reportable, staff must speak with their Program Manager (or on-call Program Manager) or agency Event Management Coordinator (formerly Incident Management Coordinator) either face-to-face or by telephone immediately, but within one hour. If not sure if the incident is reportable, staff should call the on-call Program Manager or Event Management Coordinator and ask for advice.
3. After contacting a manager or coordinator and if the reporting staff is directed to provide written documentation, the staff shall complete a Reportable Event Form as soon as possible but at least by the end of their shift. If staff have access to an electronic system, then the form can be completed electronically, if not, then the manager or coordinator shall complete and submit the form.
4. The Event Management Coordinator or designee shall make calls to report incidents as necessary, shall complete and submit all Reportable Event Forms (REF), complete and submit to the Department of Intellectual and Developmental Disabilities (DIDD), Managed Care Organizations (MCOs), and the case manager.
5. All reportable events, as well as other non-reportable incidents or adverse events must al be documented in the individual's daily support log as soon as possible but at least by the end of the shift.
6. When the reportable incident is alleged or suspected to involve abuse, neglect, or exploitation, staff may also choose to contact the DIDD Investigation Hotline directly at 1-888-633-1313. No adverse consequences will occur to staff who contact DIDD Investigation Hotline.

IV. REPORTABLE INCIDENTS

A. Not all incidents and events are reportable to entities outside of the agency; however, the following incidents are to be reported as outlined in section III above. The incidents/ events to be reported are outlined in four different categories.

B. Tier 1 Reportable Events:

a. Definition of Tier 1 Reportable Events: shall mean the **alleged** wrongful conduct affecting the person by acts or omissions of abuse, neglect, exploitation, or misappropriation of money or property, that resulted in one or more of the following consequences to the person: death, serious injury, or physical harm; physical or sexual abuse; significant pain, intimidation or mental anguish that required medical intervention or loss of funds or property greater than $1,000 in value. Notice is given to the DIDD Investigations (Abuse) Hotline as soon as possible but within 4 hours, and a typed report is submitted by the EMC to the DIDD Event Management Unit at Central Office and the MCO within one (1) business day. Examples of a Tier 1 Reportable Event include:

• All allegations of sexual abuse

• Allegations of physical abuse that require medical treatment or intervention

- Allegations of neglect that require medical treatment or intervention

• Exploitation by provider personnel exceeding $1,000 (Class E Felony)

• Allegations of emotional/psychological abuse that required medical treatment or intervention

Note: *Emotional/Psychological Abuse can include an event that negatively affects a person and triggers a behavioral episode **that requires** intervention by medical personnel, crisis services such as mobile crisis, EMT, ER, and/or law enforcement, etc. Emotional/Psychological Abuse will also include any such events that would have elicited mental anguish by a reasonably prudent person*.

• Suspicious Injury in which abuse/neglect is suspected and required medical treatment or intervention

• Serious Injury of Unknown Cause

• Unexpected and/or Unexplained Deaths including suicide

• All neglect that is potentially felonious in nature when there is not an injury

Note: *There may be circumstances in which something would not fall under physical abuse, did not result in an injury, but could meet the legal definition for Abuse of a Vulnerable Adult. With DIDD's increased involvement in the Vulnerable Adult Prosecutorial Investigative Team (VAPIT) meetings across the state, the DA may request that DIDD retains an investigation, rather than the Provider.*

b. Reporting Requirements for Tier 1 Events:

Tier 1 Reportable Events must be reported to DIDD's Abuse Hotline (1-888-633-1313) as soon as possible, but no later than four (4) hours after the occurrence of the event or the discovery thereof and shall also be reported to Adult Protective Services (APS), Child Protective Services (CPS), or law enforcement, as required by law. If a Tier 1 Reportable Event, or any other event that poses an immediate threat to the health and safety of a person, occurs while DIDD, MCO, FEA, or provider staff are on-site with the person, in addition to reporting this event, such staff shall be required to remain with the person until the threat is removed or the person receives needed medical treatment, if appropriate. Additionally, the MCO shall maintain an internal system capable of providing DIDD with the PCSP of the person involved in the alleged Tier 1 Reportable Event within two (2) hours of request by the DIDD On-Call Investigator. The MCO shall provide access to the requested information, if unable to obtain from the supported person's provider. When reporting unexplained or unexpected deaths, providers must inform the DIDD On-Call Investigator and MCO of the person's Do-Not Resuscitate (DNR) Order (if applicable) and safety plan. Subsequently, the provider Event Management Coordinator (EMC), or designee, shall submit a Reportable Event Form (REF) to DIDD and the MCO within one (1) business day after the telephonic report to DIDD is made. The provider and the MCO shall not move forward with their own "reviews" once a Tier 1 Reportable Event has been reported.

DIDD's Reportable Event Management Triage is available 24/7 via the Statewide DIDD Investigations (Abuse) Hotline. The On-Call Investigator shall obtain details of the allegation from the reporter and record the information in the DIDD Reportable Event Management system. The On-Call Investigator shall seek additional information by speaking with the person and/or their legal representative (if applicable), the provider, or other appropriate parties where applicable, via telephone, without the presence of provider staff who may have been involved in or witnessed the event (unless otherwise requested by the person) to determine if a Tier 1 Reportable Event must be investigated by DIDD.

When the On-Call Investigator/Intake Coordinator identifies the event as a Tier 1 that has recently occurred and there is the potential for loss of evidence, the On-Call Investigator or Intake Coordinator shall dispatch the Response Investigator in the respective region to immediately initiate an investigation, coordinate and assist any authorities present at the scene (law enforcement, medical examiner, etc.), interview witnesses and document the scene, and proceed with the collection of evidence when appropriate.

During preliminary review of the reported allegation, if it is determined that a face-to-face interview with the person is needed to determine dignity of choice and/or mitigating risks and this cannot be accomplished via telephone, the On-Call Investigator shall dispatch the Response investigator to assist in facilitating

the interview. The Response Investigator shall obtain a statement from the person, any accessible witnesses, and/or any additional evidence available.

If, through the triage process, the reported allegation is determined not to meet the criteria for a Tier 1 event, DIDD shall notify the MCO and provider of the appropriate REF classification. The MCO shall communicate with DIDD any insight or concerns upon review of the REF to assist in ensuring the appropriate REF classification is reached.

Should subsequent additional information be discovered by the event reporter, provider, MCO, or DIDD, the allegation shall be reported to the DIDD Abuse Hotline with the additional information for review and revision as warranted by the addition of new information.

The provider EMC or designee will submit a REF to both DIDD and/or the MCO within one (1) business day after the occurrence or discovery of occurrence of a Tier 1 Reportable Event.

c. Process for Investigation of Tier 1 Reportable Events

For Tier 1 events, DIDD shall notify TennCare, respective MCO(s), and provider(s) of the intent to investigate via an Initial Notification. DIDD shall complete a thorough investigation within thirty (30) calendar days of the anchor date unless an approved extension is granted. A Final Investigative Report shall be provided to TennCare, MCO(s), DIDD Regional Office, and provider(s).

Providers are expected to send all information related to the investigation to DIDD as soon as possible upon request. For ECF CHOICES, CHOICES, Katie Beckett, 1915c, and ICF-IID providers, the MCO will be notified and responsible for ensuring provider cooperation with the investigation if provider staff does not send the requested information to DIDD within one (1) business day.

The provider shall instruct all staff that the facts and circumstances being investigated are not to be discussed with anyone except the DIDD Investigator, law enforcement officers, or other state investigative entities (APS, CPS, Disability Rights TN, etc.).

If the investigation is not completed within thirty (30) calendar days due to uncontrollable circumstances, such as law enforcement involvement or difficulties obtaining documentation from external entities such as a hospital, DIDD Investigators may request, and upon approval from the Director of Investigations or designee, utilize an extension period of up to an additional thirty (30) calendar days for completion of the investigation. Extensions shall not be utilized for staff convenience. DIDD will notify the provider, MCO, and TennCare of the extension. When an investigation will exceed a thirty (30) calendar day extension pending

criminal proceedings, an autopsy report, or law enforcement requests to remain open, etc., the DIDD Investigator shall complete all field work and the investigative report shall be compiled with all available evidence. The DIDD Investigator shall provide investigation status updates every thirty (30) to ninety (90) days based on the direction of the Director of Investigations or designee as dictated by the circumstances which result in the delay in concluding the investigation. DIDD will notify the provider, MCO, and TennCare of any extended time periods and the projected date of the investigation closure.

DIDD shall provide the completed REM Investigation Report and Summary to TennCare, the appropriate MCO, DIDD Regional Office, and provider. The Report and Summary shall include a statement of whether the allegation(s) is substantiated or unsubstantiated. In the case of a substantiation for abuse, neglect, or exploitation, the conclusion shall state if the evidence was clear and convincing (Class 1 Event) or based on a preponderance of the evidence (Class 2 Event). Upon the closure of an investigation resulting in a Class 1 Event substantiation, the State Investigator shall be responsible for sending the perpetrator a letter notifying him or her of the substantiation(s) and an Election Form that initiates the due process system administered through DIDD Office of Administrative Appeals. The notification letter and Election Form shall be mailed to the perpetrator's address provided at the time of the interview by both regular mail and certified mail. Additionally, the State Investigator or Investigations Specialist shall provide a copy of the notification letter and Election Form to the Office of Administrative Appeals for further follow-up and assist in the due process system as requested.

d. Tier 1 Reportable Event Policy on administrative Leave or Non-Direct Contact

Excluding when an exception is granted by DIDD (as specified below), providers are required to immediately remove an employee or volunteer named in a Tier 1 Reportable Event and alleged to have acted in a manner consistent with sexual abuse or physical abuse resulting in medical treatment from providing direct support to any person(s) supported until DIDD has completed their investigation, either by placing the named employee or volunteer on administrative leave or in another position in which he or she does not have direct contact with or supervisory responsibility for a person(s).

Providers (i.e., the EMC or agency management, and not the employee or volunteer alleged to have committed physical or sexual abuse) may request an exception to this requirement if:
(1) The provider furnishes evidence of consent from the alleged victim (or legal representative of the alleged victim, if applicable);
(2) There are no identified risks to persons supported that the employee or volunteer might come into unsupervised contact with;

(3) The assigned investigator has interviewed the alleged victim and eyewitnesses to confirm that there are no identified risks to the person supported or others; and
(4) Safety measures, such as increased supervision and unannounced visits to the place of service by provider management, are undertaken. The provider is expected to ensure that adequate steps are taken for the protection and safety of all persons during the investigation process.

Such requests are reviewed and either approved or denied expeditiously by the DIDD Director of Investigations or designee.

The provider may request an investigation review by the IRC if a Class 1 Event against both a provider and provider staff person is alleged, but only the allegation against the provider is substantiated. In such event, the provider staff person must be allowed to return to work upon release of the Final Investigation Report and will not be required to remain on administrative leave until the file review is completed.

C. TIER 2 REPORTABLE EVENTS

a. Definition of Tier 2 Reportable Events: shall mean the **alleged** wrongful conduct affecting the person by acts or omissions of abuse, neglect, exploitation, or misappropriation of money or property, that resulted in one or more of the following consequences to the person: intimidation or mental anguish; probable risk of serious harm; loss of funds or property between $250 and $1,000 in value or prescription-controlled medications regardless of value; or, through supervision neglect harming a citizen in the community or engaging in criminal acts resulting in arrest and confinement. The person did not require medical treatment or intervention and is not at continued risk of serious harm. Notice is given to the provider EMC and administrator, and a typed report is submitted by the EMC to the DIDD Event Management Unit at Central Office and the MCO within one (1) business day. Examples of a Tier 2 Reportable Event include:

- Allegations of physical abuse that **do not** require medical treatment
- Allegations of neglect that **do not** require medical treatment
- Allegations of emotional/psychological abuse that **do not** require medical intervention or treatment, including allegations that provider personnel (e.g. employees, volunteers) engaged in disrespectful or inappropriate communication about a person [e.g., humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures)], or any other similar acts that do not meet the definition of emotional or psychological abuse and which are directed to or within eyesight or audible range of the person.

Note: *Emotional/Psychological Abuse can include an event that negatively affects a person and triggers a behavioral episode but **does not require** intervention by medical personnel, crisis services such as mobile crisis, EMT,*

ER, and/or law enforcement, etc. Emotional/Psychological Abuse will also include any such events that would have elicited mental anguish by a reasonably prudent person.

• Suspicious Injury in which abuse/neglect is suspected but did not require medical treatment or intervention
• The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money valued between $250 and $1,000 (i.e. less than the threshold for misappropriation)

b. Reporting Requirements for Tier 2 Reportable Events
Allegations that are reported to DIDD and consistent with the Tier 2 Reportable Events categories/definition, will be referred as appropriate to the provider to perform the investigation (unless the specific provider is excluded from performing their own investigations for another reason further explained below). Tier 2 Reportable Events and all allegations of abuse, neglect or exploitation shall also be reported to Adult Protective Services (APS), Child Protective Services (CPS), or law enforcement, as required by law.

The EMC or designee will submit a REF to both DIDD and MCO within one (1) business day after the occurrence or discovery of occurrence of a Tier 2 Reportable Event.

For Tier 2 Reportable Events, the DIDD Investigations Specialist shall review the REF for the proper classification, along with the MCO. Should the Investigations Specialist or MCO deem additional information is needed to ensure the proper category, the DIDD REM Triage system shall be utilized. DIDD shall provide any evidence collected during the Triage Process to the Provider Investigator for any Tier 2 Reportable Event investigation.

DIDD will be responsible for reviewing all Tier 2 REFs for completeness and for ensuring the Reportable Event has been appropriately identified as Tier 2. The MCO will provide DIDD with any additional information for triage to ensure that the correct classification is reached. If DIDD determines that the Reportable Event needs to be reclassified, the REF shall be appropriately reclassified and shared with TennCare, the MCO, and provider. As part of data collection and analysis, DIDD will monitor and address the frequency of Tier 2 REFs incorrectly classified by the reporting provider (e.g., the event needed to be reclassified as Tier 1 or Non-Reportable Event, or the REF documented an occurrence that is not consistent with the definition of a Tier 1, Tier 2, or Non-Reportable Event).

c. Process for Investigation of Tier 2 Reportable Events
All providers are responsible for conducting investigations of Tier 2 Reportable Events and submitting an investigation report for each Tier 2 allegation. A completed investigation report and attachments shall be submitted within twenty-five (25) calendar days of the anchor date. Should the Provider Investigator need advice or assistance with the investigative process, a DIDD Investigations

Specialist will be available during normal business hours. The investigation report shall conclude when the investigation is substantiated or unsubstantiated based on the preponderance of evidence. The Provider Investigator shall consider whether the event was the result of a systemic issue or that of an individual. Additionally, the Provider Investigator shall consider dignity of choice and actions taken to mitigate risks.

The DIDD Investigations Specialist shall determine if the provider has met the required standards to conduct Tier 2 investigations and if there is a DIDD-certified Provider Investigator. If the provider is eligible to investigate and has a Provider Investigator, the Investigations Specialist shall notify the provider of the allegation and assignment of a Tier 2 Investigation.

The provider may have multiple DIDD-certified Provider Investigators or may contract with a DIDD certified Provider Investigator. The provider shall notify the Investigations Specialist the identity of the Provider Investigator. After verifying the Provider Investigator's certification, the Investigations Specialist shall provide the investigative report template to the Provider Investigator.

Upon submission of the Tier 2 investigative report to DIDD, an Investigations Specialist shall conduct a review to identify potential evidence that was excluded (such as a witness or documentation), if the analysis supports the definitions for abuse, neglect, and/or exploitation, and the allegations were supported by a preponderance of the evidence. The Investigative Specialist shall communicate any advice or assistance to the Provider Investigator within three (3) business days of receipt of the report. The Provider Investigator shall make any revisions to the report deemed appropriate and resubmit the final report to the Investigations Specialist, provider, MCO, and TennCare. The provider shall be responsible for the content, conclusion, and findings within the investigation.

If the investigation is not completed within twenty-five (25) calendar days due to uncontrollable circumstances, such as law enforcement involvement, or difficulties obtaining documentation from external entities such as a hospital, Provider Investigators may request via an Extension Request Form, an extension period up to thirty (30) additional calendar days to complete the investigation. All extension requests shall be submitted to the Director of Investigations or designee, two (2) business days before the date due for closure. Extensions shall not be utilized for staff convenience. DIDD will notify the provider, MCO, and TennCare of the extended time period and new date for closure.

When a provider investigation will exceed a thirty (30) calendar day extension (pending criminal proceedings, law enforcement requests to remain open, etc.) the Provider Investigator shall complete all field work and the investigative report, but the investigation shall not be released until such time as a lead investigative entity provides approval to release the information. The Provider Investigator shall provide investigation status updates every thirty (30) days on an Extension

Request Form to the Director of Investigations or designee as dictated by the circumstances which result in the delay in concluding the investigation. DIDD will notify the provider, MCO, and TennCare of any extended time periods and the projected date of the investigation closure. The Director of Investigations or designee shall provide TennCare a monthly report for Tier 2 Investigations exceeding dates for closure.

Should the Provider Investigator discover evidence that would result in the allegation rising from a Tier 2 to a Tier 1, the Provider Investigator shall stop the investigative process immediately and notify the Investigations Specialist (if during normal business hours) or the DIDD Abuse Hotline. The provider must forward the investigation immediately back to DIDD to investigate. A Tier 2 investigation shall not reach a Class 1 Event conclusion.

d. Tier 2 Reportable Event Policy on Administrative Leave or Non-Direct Contact

Providers, after seeking the victim/person's preference and/or that of the legal representative (if applicable), shall determine, at their discretion and in accordance with their policy, whether to remove an employee or volunteer named in a Tier 2 Reportable Event from any or all direct support until the provider has completed their investigation. If the allegation is substantiated as a Class 2 Event, the employee or volunteer may be terminated, or removed until the completion of any action plan (e.g., training) deemed appropriate by the provider. In lieu of removing an employee or volunteer named in a Tier 2 Reportable Event from any or all direct support, the provider may opt to utilize a modified assignment or increased supervision. The provider is expected to ensure that adequate steps are taken for the protection and safety of all persons during the investigation process.

D. Investigation Follow-up and Action Plan

DIDD and MCOs are responsible for reviewing investigation reports submitted by DIDD Investigators and Provider Investigators. DIDD Regional Office and the MCO shall determine the necessity for any follow-up review needed. The provider will complete the Action Plan for all substantiated Class 1 and Class 2 Event investigations. The Action Plan shall address each Informational Findings and late reporting discovered as a means of provider self-improvement.

Upon receipt of the Final Investigative Report, the provider will have an additional ten (10) business days to complete the Action Plan, which will be tracked by the date in which the Final Investigative Report was closed. The provider will continue to discuss the outcome of the investigation with the person(s) supported and invite the person's legal representative and/or primary contact, if any, to participate in this discussion.

The Action Plan shall include the following information:
• The procedures that have been implemented to mitigate future risks to the person, including steps to prevent similar occurrences in the future;
• Verification that the substantiated perpetrator(s) was notified of the outcome of the investigation;
• A statement of what, if any, disciplinary action, training, reassignment, or any other remediation occurred as a result of the findings of the investigation; and
• A response to any informational findings contained in the investigation report.

The DIDD Regional EMC and respective MCO(s) will review the Action Plan, which shall include any concerns or issues identified. DIDD Regional EMC will include the respective MCO when asking for any additional information within ten (10) calendar days if the Action Plan submitted does not sufficiently address the identified concerns. The provider has ten calendar days to provide the additional information. The DIDD Regional EMC or designee has forty-five (45) calendar days from the date of closure (release of the Final Investigative Report) to provide a Closure Letter.

If allegations were not substantiated, an Action Plan is not required. For both substantiated and unsubstantiated investigations, providers must ensure that informational findings are acted upon in a timely manner. DIDD or the MCO can request follow-up action to unsubstantiated Informational Findings, including late reporting.

E. Additional Reportable Events and Interventions
Additional Reportable Event: shall mean a reportable event which is not related to abuse, neglect, or exploitation, that the provider, MCO, or FEA staff shall be responsible for reporting to the MCO and/or DIDD as specified in the Reportable Event Management (REM) protocol. Additional Reportable Events include:

a. Reportable Behavioral Event
A Reportable Behavioral Event is an event in which a person presents a challenging action(s) which requires use of a behavior safety intervention or a restrictive behavioral procedure. A REF is required within one (1) business day for an event in which a person presents a challenging action(s) which requires use of a behavior safety intervention or a restrictive behavioral procedure that is not captured as an appropriate response in a plan(s) of care (ex. PCSP, BSP, Behavioral Health Plan of Care, etc.) that pertain(s) to that person. If the use of a behavior safety intervention or a restrictive behavioral procedure IS captured as an appropriate response in the person's plan(s) of care (ex. PCSP, BSP, Behavioral Health Plan of Care, etc.), a consolidated REF will be submitted monthly by the Event Management Coordinator. The Provider Reportable Event Review Team (PRERT) is required to review all Reportable Behavioral Events at least monthly to ensure that the utilization of behavioral interventions is

appropriate and performed correctly. Reportable Behavioral Events include Reportable Psychiatric Events.

b. A Reportable Psychiatric Event is an event in which a person presents evidence of psychiatric destabilization which requires the use of a psychiatric intervention or crisis services that is not captured as an appropriate response in a plan(s) of care (ex. PCSP, BSP, Behavioral Health Plan of Care, etc.) that pertain(s) to that person.

Reportable Behavioral/Psychiatric Events include:
• Behavioral Crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by plan of care (all takedowns or prone restraints are prohibited)
• Behavioral Crisis requiring emergency psychotropic medication
• Behavioral Crisis requiring crisis intervention
• Criminal Conduct/Probable Criminal Conduct: shall mean acts which violate existing criminal codes which lead to or can reasonably be expected to lead to police involvement, arrest, or incarceration of a person using services or an employee, during the provision of services.
• Engagement with law enforcement
• Physical Aggression: shall mean hostile, injurious, or destructive challenging action(s) that are not directly related to property destruction. Physical aggression is reportable with or without injury to the person supported or others (e.g. Staff).
• Property Destruction exceeding $100
• Psychiatric Admission (or observation), including in an acute care hospital
• Reportable Behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person (housemate, staff, private citizen/other)
• Self-Injurious Behavior (SIB): shall mean a self-inflicted physical injury
Note: *For SIB to be reportable via REF, there must be an injury that requires assessment and treatment beyond basic first aid that can be administered by a lay person.*
• Sexual Aggression: shall mean acts of a sexual nature, associated with potentially violent behavior of a person supported, regardless of the desire for participation on the part of the other person.
• Suicide attempt

Note: *The following events are also considered Reportable Behavior/Psychiatric Events, even if they did not require use of a behavior safety intervention, restrictive behavioral procedure, or crisis services: engagement with law enforcement, property destruction exceeding $100, psychiatric admission, sexual aggression, suicide attempt and Reportable Behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person.*

c. A Reportable Medical Event shall mean an event that occurs during the delivery of services or discovered during the delivery of services, outside of a diagnosed chronic condition, which requires treatment in an emergency room or urgent care facility. Reportable Medical Events include:
• Cellulitis
• Choking episode requiring physical intervention (e.g., use of abdominal thrust, back blows, or Heimlich maneuver)
• Deaths (other than those that are unexpected/unexplained)
• Fecal impaction
• Flu
• Insect or animal bite requiring treatment by a medical professional
• MRSA
• Pneumonia
• Pressure Ulcer/Decubitus Ulcer
• Seizure progressing to status epilepticus
• Sepsis
• Serious injury of known cause
• Severe allergic reaction requiring treatment by a medical professional
• Severe dehydration requiring treatment by a medical professional
• Skin Infection (other than Cellulitis & MRSA)
• UTI
• Other (please explain on REF)

Note: *Chronic Condition shall mean a human health condition or disease that is persistent or otherwise long lasting in its effects, or a disease that comes with time. The term chronic is often applied when the course of the disease lasts for more than 3 months.*

Note: *Choking episodes requiring physical intervention (e.g., use of abdominal thrust, back blows, or Heimlich maneuver) are tracked and trended as a Reportable Medical Event, even if intervention does not occur at an emergency room or urgent care facility.*

d. Other additional Reportable Events include:
• Administration of Routine Psychotropic Medication without Consent
• COVID-19 Test Results (positive results only)
• Emergency Situations, including fire, flooding, and serious property damage, that result in harm or risk of harm to persons supported
• Enabling Technology Remote Supports: failure to implement Emergency Back-up Plans
• Fall with Injury -Minor (an injury that is treatable by a lay person) and Serious (resulting in medical treatment or intervention)
• Medication Variance and Omission (refer to definition above)
• Missing Person > (greater than) 1 hour: shall mean any person receiving services who is unexpectedly absent for longer than 60 continuous minutes after a reasonable search was conducted.

• Unsafe Environment (lack of cleanliness/hazardous conditions not otherwise expected to normally exist in the environment)
• Vehicle Accident- Minor (not resulting in an injury; treatable by a lay person) and Serious (resulting in medical treatment or intervention)
• Victim of fire

e. Reportable Intervention: shall mean a measure taken to promote the health and safety of the person, which is not related to abuse, neglect, or exploitation, that the provider, MCO, or FEA staff shall be responsible for reporting to the MCO and/or DIDD as specified in the Reportable Event Management (REM) protocol. Reportable Interventions include:
• Abdominal Thrust/Back Blows/Heimlich Maneuver
• Administration of PRN Psychotropic Medication
• Admission to: Assisted Care Living Facility, Skilled Nursing Facility, ICF/IID, Incarceration, Planned and Unplanned Medical Hospitalization, and Psychiatric Hospitalization
• CPR or an Automated External Defibrillator (AED)
• Crisis Services: 911 Call, EMT, ER Visit, Fire Department, Mobile Crisis Services, Police, and Urgent Care Facility
• Discharge from: Assisted Care Living Facility, Skilled Nursing Facility, ICF/IID, Incarceration, Planned and Unplanned Medical Hospitalization, and Psychiatric Hospitalization
• Manual Restraint
• Mechanical Restraint
• Protective Equipment
• X-Ray (to rule out fracture)

f. Restricted Interventions: shall mean a restrictive behavior analytic procedure that may only be authorized by a licensed practitioner of behavior analysis and must be approved by a behavior support committee and appears on the DIDD list of restricted procedures.

g. Rights Restriction: shall mean any action imposed on a person in response to a risk to his/her health, safety, or finances that limits or prevents the person from freely exercising his or her human and civil rights and privileges.

h. Serious Injury of Known Cause: shall mean an injury that requires assessment and treatment beyond first aid that can be administered by a lay person. Assessment and treatment for a serious jury is in a hospital emergency room, in an urgent care center, or from a physician, nurse practitioner, or physician's assistant and/or nurse. Includes, but not limited to: decubitus ulcers, fractures, dislocations, concussions, cuts or lacerations requiring sutures, staples, or Dermabond; torn ligaments (e.g. severe sprain) or torn muscles or tendons (e.g. severe strain) requiring surgical repair, 2nd and 3rd degree burns, and loss of consciousness.

i**. Serious Injury of Unknown Cause**: shall mean an injury that requires assessment and treatment beyond first aid that can be administered by a lay person, the cause of which is unknown. If unknown or suspected to be the result of abuse and/or neglect, the serious injury shall be investigated. Includes, but not limited to: decubitus ulcers, fractures, dislocations, concussions, cuts or lacerations requiring sutures, staples, or Dermabond; torn ligaments (e.g. severe sprain) or torn muscles or tendons (e.g. severe strain) requiring surgical repair, 2nd and 3rd degree burns, and loss of consciousness.

j. Suspicious Death: shall mean a fatality occurring under circumstances that are unexpected or unexplained. All suspicious deaths will be reported as soon as possible and always within four (4) hours to the DIDD Investigations Hotline.

k. Suspicious Injury: shall mean an injury that may have been the result of abuse or neglect or is not consistent with the explanation provided. There must be a reason to suspect the injury was the result of abuse or neglect.

F. Due Process

All provider substantiated staff will be eligible to utilize the due process system developed by DIDD. DIDD established the Office of Administrative Appeals (OAA) unit that provides due process opportunities for individuals with a Class 1 substantiation. Wrongful conduct of a Class 1 substantiation is generally serious enough to call into question whether the offender should be entrusted with the care of vulnerable persons. Substantiated individuals will have the right to request a file review, through which the substantiation could be upheld, modified, or overturned, and an opportunity to request a hearing before an Administrative Law Judge.

The OAA due process system is a bifurcated process which allows both an opportunity for a file review and the opportunity for a trial. Within ten (10) calendar days after an investigation is closed in which substantiated staff receives a Class 1 offense, a letter and Election Form are sent to the substantiated staff by the DIDD Investigator or Investigation Specialist. The letter informs the individual that he/she has the right to request a file review within fifteen (15) calendar days of the date of the letter.

a. If an Election Form requesting a file review is not timely received or if the individual returns the Election Form but waives the right to a file review, then prior to initiating litigation for placement on the Abuse Registry (AR) and/or the Substantiated Investigation Records Inquiry (SIRI), OAA shall conduct an informal preliminary trial and/or placement review to determine whether the substantiation should be upheld or modified and whether the individual should be referred for placement on the AR and/or SIRI. If the Class 1 is overturned or reduced to a Class 2, then the due process system concludes, and a letter is sent to the substantiated staff notifying him/her of the action taken and the conclusion of due process. If the substantiation(s) is/are

upheld or revised so that he/she still qualifies for due process, then OAA sends a letter and Election Form to the substantiated staff notifying him/her of the opportunity to request a trial to contest the substantiation(s), placement on SIRI, and/or placement on the AR. The timeframe for requesting a hearing is sixty (60) calendar days from the date of the letter. The hearing is conducted pursuant to statute and the rules of OAA and the Administrative Procedures Division of the Secretary of State's office.

b. If an Election Form is timely received by OAA, and the individual requests a file review, then within three (3) business days of receipt, OAA notifies the DIDD Director of Investigations (DOI) or designee of the request, including a copy of the Election Form and any supplemental information remitted by the substantiated staff. Within three (3) business days, the DOI notifies OAA whether the case will be reopened. If it is not reopened, OAA accesses the case file, and OAA commences with the file review and renders a decision letter within thirty (30) days of the receipt of the Election Form, unless extended pursuant to the OAA rules. If the case is reopened, the individual is notified via written correspondence from OAA, and the DOI or designee provides an anticipated date of closure for the investigation. Once closed, if the Class 1 substantiation remains founded, then OAA has thirty (30) days from the date of notification of the closure by Investigations to complete a file review and draft a decision letter.

c. If a formal file review decision results in an upholding of the substantiation or a modified finding that includes a Class 1 as referenced above, then OAA drafts a decision letter to the substantiated staff notifying him/her of the decision and the opportunity to request a trial to contest the substantiation(s) and/or placement on the AR and SIRI. If the Class 1 is overturned or reduced to a Class 2, then the due process system concludes, and a letter is sent to the substantiated staff notifying him/her of the action taken and the conclusion of due process.

d. If an Election Form pertaining to a hearing is not timely received or the right to a hearing is waived, then the substantiated staff will be referred for placement on the AR and SIRI, without further right to appeal. OAA prepares a referral memorandum and submits it to the Department of Health for inclusion of the substantiated staff's name on the AR. OAA notifies the DIDD SIRI Coordinator regarding inclusion of the substantiated staff's name on the SIRI. The DOI and provider agency are notified of the outcome of the matter.

e. If an Election Form pertaining to a hearing is timely received and a hearing requested, then OAA files a Notice of Charges and commences with litigation. The hearing is conducted pursuant to statute and the rules of OAA and the Administrative Procedures Division of the Secretary of State's office. At the conclusion of litigation, the DOI and provider agency are notified of

the outcome. If substantiated staff is referred for placement on the AR, then OAA prepares a referral memorandum and submits it to the Department of Health for inclusion of the substantiated staff's name on the AR, and OAA notifies the DIDD SIRI Coordinator regarding inclusion of the substantiated staff's name on the SIRI.

The Substantiated Investigation Records Inquiry will be accessible for all providers to utilize in reviewing potential employee's substantiation record to assist in hiring decisions. The provider will receive the category of substantiation; the conclusion statement from the Final Investigative Report; and if the offender exercised his/her right to due process, a copy of the OAA decision letter and court ruling, if applicable. Class 2 substantiations are not included in SIRI.

G. Reportable Event Data Review, Collection, & Analysis

It is especially vital to evaluate the nature, frequency, and circumstances of Reportable Events in order to determine how to prevent or reduce similar occurrences in the future, whenever possible. DIDD will maintain a statewide system for data collection and analysis for all Tier 1, Tier 2, and Additional Reportable Events and Interventions. Reportable Events. All Tier 1, Tier 2, and Additional Reportable Events and Interventions Reportable Events and data shall be tracked and trended by DIDD on at least a quarterly basis. MCOs and DIDD, in collaboration with their providers, will evaluate the trended data to achieve desired Reportable Event Management outcomes.

Further, DIDD will provide TennCare with comprehensive reports for all programs pursuant to the TennCare-DIDD Interagency Agreement and CRA, as applicable. TennCare receives a trend analysis from DIDD and the MCOs on all reportable event data, including tracking and trending, on a quarterly basis and uses this information to undertake program level analysis, tracking and oversight for all Reportable Events.

Where a Tier 1 or Tier 2 Reportable Event is determined to be a Class 1 or Class 2 Event the findings shall also include identification of applicable, system policies, rules, guidance or other system processes and procedures that may have contributed to the Class 1 or 2 Event. The provider, MCO, and/or DIDD, as applicable, shall be responsible for managing, tracking, and trending in order to prevent similar occurrences in the future.

Each contracted provider is responsible for the designation of an Event Management Coordinator. ECF CHOICES, CHOICES, Katie Beckett, 1915(c) waiver, and ICF/IID provider agencies that provide day, residential and personal assistance services will develop a Provider Reportable Event Review Team (PRERT). The purpose of the PRERT is to review and evaluate the provider's reportable events, investigations, and trends to inform internal prevention strategies. The PRERT shall meet regularly, but no less than monthly, and

membership and representation are specific to each provider's Event Management policy. PRERT meetings will be documented and will reflect discussion and follow up actions concerning reported events and investigations, their causes, actions taken, and recommendations made by the review team.

H. Training

Appropriate training must be provided and corrective actions must be taken as needed to ensure staff, contract providers, and workers comply with reportable event guidelines.

RESEARCH

I. PURPOSE

To provide guidelines for research and academic projects.

II. SCOPE

These guidelines apply to all staff and persons supported within the agency.

III. PROCEDURES

Although the agency does not typically participate in research and academic projects, in the event that research is proposed, the following applies:

A. Prior to initiating or planning research of any type, projects must be pre-approved by the Executive Director.

B. The Human Rights Committee (HRC) shall review all research projects involving persons supported prior to implementation. The HRC shall determine if the project adequately protects the rights of any persons supported who may be involved.

C. The following must be submitted to the HRC in order for a review to take place.

1. The project description , including but not limited to:
   a. An explanation of any potential risks or rights violations with assurance the benefits of participation must outweigh any potential risks or rights violations.
   b. An explanation of how the research data will be collected, tabulated, and presented to protect and maintain confidentiality of participants. Once the project is completed, the results shall be made available to all participants.
2. An Informed Consent Form which includes an explanation of risks and benefits, as well as permission to withdraw at any time.

D. If the project is approved by the HRC, a written notification shall be provided to the project coordinator prior to initiation of the project.

E. If a research project is initiated, information on the project must be shared with each family and person supported, allowing them the opportunity to participate or refuse.

F. Any person supported of family member participating in research must agree by signing an Informed Consent Form which includes a description of the project. A copy of this document must be provided to the family.

G. If a person supported or family agrees to participate in a research project, they will not be asked to do more than what was originally agreed upon. Families and persons supported have the right to withdraw from the project at any time.

RISK ASSESSMENT

I. PURPOSE

To provide guidance for identifying individual Risk factors for persons suppported.

II. SCOPE

These guidelines apply to all staff.

III. PROCEDURES

Assessment and subsequent planning serve to create an environment which provides appropriate safeguards and necessary supports for risk management while promoting personal growth and independence.

A. ASSESSMENT

As part of the pre-planning phase of the ISP process, the Program Manager (PM) will complete a Risk Assessment as follows:

1. Using PHS, complete the Risk Issues Identification Tool (RIIT), utilizing personal knowledge in addition to information from those who know the individual well, such as family members, Direct Support Professionals, Program Managers, RN for level 4 persons supported, etc.
2. Once completed, the form will be sent to the ISC to be incorporated into the ISP along with RIITs from other Providers.
3. The RIIT is to be completed and submitted to the ISC at least ninety (90) days prior to the ISP effective date.
4. The PM will retain an electronic copy in PHS to use for reference and to verify to surveyors that a RIIT has been completed.

B. PLANNING

All risks should be identified in the ISP and addressed at the ISP Planning Meeting.

1. Although it is the primary responsibility of the PM, all agency staff supporting the individual and attending the ISP planning meeting are responsible for assuring that the risks are incorporated into the ISP and that planning is sufficient to reasonably protect the individual.
2. The ISP should provide precautions and interventions for agency staff to follow for the safety of the individual while allowing for as much independence and individual choice as possible.
3. If in the process of protecting the individual it becomes necessary to limit access or in any other way restrict the rights of the individual, Human Rights Committee and Conservator/family approval will be obtained.

    a. Program Manager will notify the Incident Management Coordinator (IMC) that HRC approval is needed.

b. IMC will work with the assigned Program Manager to complete the "Rights Restriction Review Form" and submit it to the HRC for approval.

C. IMPLEMENTATION

All agency staff directly supporting the individual are responsible for knowing the risks for the individual and implementing the plans to protect the individual.

1. Although it is the primary responsibility of the Program Manager to monitor implementation of Risk Planning, all agency staff are responsible for observing and reporting any issues related to an individual's risk management.
2. Because risks change for the individual, whenever new risks develop, or existing ones are no longer valid, staff should notify the Program Manager who will see that the Risk Assessment is updated and the ISC notified.

USING VAN LIFT AND WHEEL CHAIR TIE DOWNS

I. PURPOSE

To provide guidance and instruction for the use of the Inside Lift on vans used to persons supported.

II. SCOPE

These guidelines apply to all staff involved in transporting persons supported in vans or vehicles equipped with INSIDE lifts.

III. PROCEDURES

VAN LIFT, WHEELCHAIR TIE-DOWN, AND OCCUPANT SECUREMENT SYSTEM (Training Checklist for an Inside Lift)

EMPLOYEE: _____ **VAN #:**_____

TRAINER: _____ **DATE:** _____

A. PREPARING TO LOAD A PASSENGER

- ☐ Park the van on a level surface
- ☐ Set the parking brake
- ☐ Turn the power switch for the lift ON

B. PRE-TRIP ASSESSMENT

- ☐ Are the belts and straps in a clean, dry container?
- ☐ Is each securement station properly equipped with four securement straps, a lap belt, and shoulder strap?
- ☐ Are all straps and belts in good working condition?
- ☐ Are all anchorages (i.e., tracks or plates), clear of dirt or debris?

C. LOADING A PASSENGER

- ☐ Open rear doors fully.
- ☐ Secure the driver side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).
- ☐ Remove the hand held remote (be sure the wire is clear of the lift).
- ☐ Stand to the side of the lift.

- ☐ Press and hold the orange UNFOLD switch until the platform is unfolded completely (that is the platform it at floor level and has stopped moving).
- ☐ Release the switch.
- ☐ Lower the lift to the ground by pressing and holding the red DOWN switch until the entire platform reaches the ground and the automatic roll-stop unfolds.
- ☐ Move your passenger onto the platform (being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform).
- ☐ Lock the wheelchair brakes; turn OFF the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly (facing down to prevent tip-over).
- ☐ Press and hold the red up-switch on the hand held controller to fold the automatic roll-stop and to raise the platform to floor level.
- ☐ When the platform comes to a complete stop, release the switch.
- ☐ Unlock the wheelchair brakes and move your passenger from the platform into the vehicle.

D. SECURING THE WHEELCHAIR

- ☐ With the occupant and wheelchair facing toward the front of the vehicle, center the wheelchair between the floor tracks or plates.
- ☐ Apply the wheel locks or turn off the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly (facing down to prevent tip-over).

E. ATTACHING FRONT STRAPS (Cam Buckle)

- ☐ Install the track-fitting end of the front securement strap into a slot of the floor track or plate that is a least 3 inches <u>outside</u> the front wheel.
- ☐ Pull on the strap assembly to ensure that the fitting is firmly engaged and locked into the track or plate slot.
- ☐ Loop the other end of the strap around a structural frame member, as close to the corner of the seat base as possible.
- ☐ Bring the strap end around and attach to the D-ring.
- ☐ Pull the loose end of the strap and tension through the buckle until tight.
- ☐ Repeat this procedure with other front strap.

- ☐ If using an S-hook, follow the same procedure as before, but rather than looping the strap, you may simply attach the S-hook around the same frame member.

F. ATTACHING REAR STRAPS (Overcenter Buckle)

- ☐ Install the track-fitting end of the rear securement strap into a slot of the floor track or plate that is just to the inside of the rear wheel.
- ☐ Pull on the strap assembly to ensure that the fitting is firmly engaged and locked into the track or plate slot.
- ☐ Loop the other end of the strap around a structural frame member, as close to the corner junction of the seat cushion and seat back as possible.
- ☐ Bring the strap end around and attach to the D-ring.
- ☐ Pull the loose end of the strap and tension through the buckle until tight.
- ☐ Repeat this procedure with other rear strap.
- ☐ If using an S-hook, follow the same procedure as before, but rather than looping the strap, you may simply attach the S-hook around the same frame member.
- ☐ Again, pull the loose end of the strap until the strap assembly is tight, while maintaining tension, lift, close, and lock the handle.
- ☐ Repeat this procedure with other rear strap.
- ☐ **Check to ensure that all securement straps are properly attached and tensioned and that the wheelchair is secure and does not have and excess movement front to rear, or side to side.**

G. ATTACHING LAP BELT

- ☐ Attach the lap belt, remembering to let the occupant know what you are doing at all times.
- ☐ Ask if the occupant would like to assist with the placement of their lap and shoulder belts.
- ☐ Use extra sensitivity when securing the shoulder and lap belts of a person of the opposite sex.
- ☐ Place the ends of the lap belt around the occupant.
- ☐ Thread them down, and through, the opening between the side panel and seat cushion, or through the gap between the seat back and seat cushion.
- ☐ For parallel or floor anchored lap belts, install the track-fitting ends into the rear track or plates and into a slot that is next to the rear securement strap track fitting on each corresponding side.

- ☐ For integrated lap belts, attach the snap hook ends of the belt directly to the gold D-rings on the rear securement strap assemblies.
- ☐ Adjust the lap belt, through the adjusters, firmly and comfortably.
- ☐ Ensure that the buckle and connection point are located low at the occupant's pelvic zone, near the hip and opposite the side from where the shoulder belt extends.
- ☐ Pull on the lap belt to ensure proper attachment.

H. ATTACHING SHOULDER BELT

- ☐ Bring the triangular fitting on the end of the shoulder belt over the shoulder, contacting the clavicle or collar bone and diagonally across the upper chest of the occupant.
- ☐ Connect this fitting to the stud of the lap belt latch plate.
- ☐ Pull on the loose end of the belt through the adjuster to achieve firm, but comfortable tension.
- ☐ Pull on the belt to ensure that all fittings are properly attached.

I. FOLDING THE PLATFORM

- ☐ To fold the platform into the vehicle, press and hold the orange fold switch, until the platform comes to a stop in its vertical storage position.
- ☐ Store the control switch.
- ☐ Unhook the bungee cord and store it inside the van.
- ☐ Close the doors.

J. UNLOADING A PASSENGER (the reverse is true):

- ☐ Open rear doors fully.
- ☐ Secure the driver side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).
- ☐ Remove the hand held remote (be sure the wire is clear of the lift).
- ☐ Stand to the side of the lift.
- ☐ Press and hold the orange UNFOLD switch until the platform is unfolded completely (that is the platform it at floor level and has stopped moving).

- ☐ Release the switch.
- ☐ **BE SURE THE OUTBOARD ROLL-STOP IS UP AND THE ROLL-STOP LATCH IS ENGAGED**
- ☐ Remove the seat belt and the wheelchair tie-downs and place them into a container out of the way of the wheelchair.
- ☐ Move your passenger onto the platform (being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform).
- ☐ Lock the wheelchair brakes; turn OFF the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly (facing down to prevent tip-over).
- ☐ Lower the wheelchair to the ground by pressing and holding the red down switch until the entire platform reaches the ground and the automatic roll-stop unfolds.
- ☐ When it is fully unfolded, unlock the wheelchair brakes and move your passenger from the platform.
- ☐ To raise the lift, press and hold the red UP switch on the hand held controller until the platform is at floor level.
- ☐ When the platform comes to a complete stop, release the switch.
- ☐ To fold the platform into the vehicle, press and hold the orange FOLD switch until the platform comes to a stop in its vertical storage position.
- ☐ Store the control switch.
- ☐ Unhook the bungee cord and store it inside the van.
- ☐ Close the doors.

MANUAL BACKUP SYSTEM FOR INSIDE LIFT

(When you lose electrical power)

*Manual operation instructions are posted on the pump cover.

A. UNLOADING A PASSENGER WHEN ELECTRICAL POWER IS LOST

- ☐ Open rear doors fully.
- ☐ Secure the driver's side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).
- ☐ Remove the hand pump handle from its storage position.
- ☐ Place the slotted end of the pump handle onto the backup pump release valve.
- ☐ Turn the pump handle counterclockwise, one-half turn, until the platform is fully unfolded and at floor level.

- ☐ Turn the release valve clockwise, one-half turn, to stop the platform.
- ☐ The valve must be tight BUT DO NOT OVERTIGHTEN.
- ☐ **BE SURE THE OUTBOARD ROLL-STOP IS UP AND THE ROLL-STOP LATCH IS ENGAGED**
- ☐ Move your passenger onto the platform (being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform).
- ☐ Lock the wheel chair brakes; turn off the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly.
- ☐ Turn the pump handle counterclockwise, one-half turn, until the platform reaches the ground level and the roll-stop unfolds completely.
- ☐ Unlock the wheelchair brakes and move your passenger off of the platform.

B. STOWING THE LIFT BACK INTO THE VEHICLE:

- ☐ Place the slotted end of the pump handle onto the backup pump release valve port and turn it clockwise.
- ☐ The valve should be tight BUT DO NOT OVERTIGHTEN.
- ☐ Remove the handle from the release valve and place it into the backup pump and stroke until the platform reaches floor level.
- ☐ Continue pumping and the platform will move into its vertical storage.
- ☐ When the platform is completely stowed, place the backup pump handle back into its stored position.
- ☐ Unhook the bungee cord from the bumper and store it inside the van.
- ☐ Close the doors.

VERIFICATION OF TRAINING

I affirm that I have been trained on the proper use, application and care of the Wheelchair Tie-Down and Occupant Securement System. I have also been trained on the proper use of the van lift, and the manual backup system. I know where to locate written guidelines in reference to these procedures. I also know who to contact if problems arise.
I understand that under no circumstances will an individual be transported unless the wheelchair and occupant are properly secured and the Tip Guards are positioned correctly.
I know that all belts and straps need to be off the floor (in a container) when not in use.

Employee Signature: _____ **Date:** _____

I affirm that this employee has demonstrated competency in the proper use, application and care of the Wheelchair Tie-Down and Occupant Securement System. This employee has also demonstrated competency in the proper use of the van lift, and the manual backup system.

Trainer Signature: _____ **Date:** _____

USING VAN LIFT AND WHEEL CHAIR TIE DOWNS

I. PURPOSE

To provide guidance and instruction for the use of the Lift on vans and wheelchair tiedowns used to persons supported.

II. SCOPE

These guidelines apply to all staff involved in transporting persons supported in vans or vehicles equipped with a Lift.

III. PROCEDURES

A. PREPARING TO LOAD A PASSENGER

- ☐ Park the van on a level surface
- ☐ Set the parking brake
- ☐ Turn the power switch for the lift ON

B. PRE-TRIP ASSESSMENT

- ☐ Are the belts and straps in a clean, dry container?
- ☐ Is each securement station properly equipped with four securement straps, a lap belt, and shoulder strap?
- ☐ Are all straps and belts in good working condition?
- ☐ Are all anchorages (i.e., tracks or plates), clear of dirt or debris?

C. LOADING A PASSENGER

- ☐ Open rear doors fully.
- ☐ Secure the driver side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).
- ☐ Remove the hand held remote (be sure the wire is clear of the lift).
- ☐ Stand to the side of the lift.
- ☐ Press and hold the orange UNFOLD switch until the platform is unfolded completely (that is the platform it at floor level and has stopped moving).
- ☐ Release the switch.
- ☐ Lower the lift to the ground by pressing and holding the red DOWN switch until the entire platform reaches the ground and the automatic roll-stop unfolds.

- ☐ Assist the person to maneuver the wheelchair onto the lift platform being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform. (If the vehicle is rear loading van, they should be facing towards the vehicle. For a side loading van, they should be facing away from the vehicle.)
- ☐ Lock the wheelchair brakes; turn OFF the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly (facing down in the lowest position to prevent tip-over).
- ☐ Locate the two ends of the safety belt attached to the van lift handles. Position the ends of the safety belt behind the wheelchair (for a rear loading van) and connect. Check to make sure the belt is connected properly. (*For a side loading van, position the ends of the safety belt in front of the wheelchair and connect.)
- ☐ While holding onto the wheelchair press and hold the red up-switch on the handheld controller to fold the automatic roll-stop and to raise the platform to floor level.
- ☐ When the platform comes to a complete stop, release the switch.
- ☐ Unlock the wheelchair brakes and move your passenger from the platform into the vehicle.

D. SECURING THE WHEELCHAIR

- ☐ With the occupant and wheelchair facing toward the front of the vehicle, center the wheelchair between the floor tracks or plates.
- ☐ Apply the wheel locks or turn off the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly (facing down in the lowest position to prevent tip-over).

E. ATTACHING FRONT STRAPS (Cam Buckle)

- ☐ Install the track-fitting end of the front securement strap into a slot of the floor track or plate that is a least 3 inches <u>outside</u> the front wheel.
- ☐ Pull on the strap assembly to ensure that the fitting is firmly engaged and locked into the track or plate slot.
- ☐ Loop the other end of the strap around a structural frame member, as close to the corner of the seat base as possible.
- ☐ Bring the strap end around and attach to the D-ring.
- ☐ Pull the loose end of the strap and tension through the buckle until tight. If using a Retractor, push the button to take up the slack, then turn the tensioning crank until tight.
- ☐ Repeat this procedure with the other front strap.

- ☐ If using an S-hook, follow the same procedure as before, but rather than looping the strap, you may simply attach the S-hook around the same frame member.

F. ATTACHING REAR STRAPS (Overcenter Buckle)

- ☐ Install the track-fitting end of the rear securement strap into a slot of the floor track or plate that is just to the inside of the rear wheel.
- ☐ Pull on the strap assembly to ensure that the fitting is firmly engaged and locked into the track or plate slot.
- ☐ Loop the other end of the strap around a structural frame member, as close to the corner junction of the seat cushion and seat back as possible.
- ☐ Bring the strap end around and attach to the D-ring.
- ☐ Pull the loose end of the strap and tension through the buckle until tight. If using a Retractor, push the button to take up the slack, then turn the tensioning crank until tight.
- ☐ Repeat this procedure with the other rear strap.
- ☐ If using an S-hook, follow the same procedure as before, but rather than looping the strap, you may simply attach the S-hook around the same frame member.
- ☐ Again, pull the loose end of the strap until the strap assembly is tight, while maintaining tension, lift, close, and lock the handle. If using a Retractor, push the button to take up the slack, then turn the tensioning crank until tight.
- ☐ Repeat this procedure with the other rear strap.
- ☐ **Check to ensure that all securement straps are properly attached and tensioned and that the wheelchair is secure and does not have and excess movement front to rear, or side to side.**

G. ATTACHING LAP BELT

- ☐ Attach the lap belt, remembering to let the occupant know what you are doing at all times.
- ☐ Ask if the occupant would like to assist with the placement of their lap and shoulder belts.
- ☐ Use extra sensitivity when securing the shoulder and lap belts of a person of the opposite sex.
- ☐ Place the ends of the lap belt around the occupant.
- ☐ Thread them down, and through, the opening between the side panel and seat cushion, or through the gap between the seat back and seat cushion.

- ☐ For integrated lap belts, attach the snap hook ends of the belt directly to the gold D-rings on the rear securement strap assemblies.
- ☐ Adjust the lap belt, through the adjusters, firmly and comfortably.
- ☐ Ensure that the buckle and connection point are located low at the occupant's pelvic zone, near the hip and opposite the side from where the shoulder belt extends.
- ☐ Pull on the lap belt to ensure proper attachment.

H. ATTACHING SHOULDER BELT

- ☐ Bring the triangular fitting on the end of the shoulder belt over the shoulder, contacting the clavicle or collar bone and diagonally across the upper chest of the occupant.
- ☐ Connect this fitting to the stud of the lap belt latch plate.
- ☐ Pull on the loose end of the belt through the adjuster to achieve firm, but comfortable tension.
- ☐ Pull on the belt to ensure that all fittings are properly attached.

I. FOLDING THE PLATFORM

- ☐ To fold the platform into the vehicle, press and hold the orange fold switch, until the platform comes to a stop in its vertical storage position.
- ☐ Store the control switch.
- ☐ Unhook the bungee cord and store it inside the van.
- ☐ Close the doors.

J. UNLOADING A PASSENGER (the reverse is true):

- ☐ Open rear doors fully.
- ☐ Secure the driver side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).
- ☐ Remove the hand held remote (be sure the wire is clear of the lift).
- ☐ Stand to the side of the lift.
- ☐ Press and hold the orange UNFOLD switch until the platform is unfolded completely (that is the platform it at floor level and has stopped moving).
- ☐ Release the switch.

- ☐ **BE SURE THE OUTBOARD ROLL-STOP IS UP AND THE ROLL-STOP LATCH IS ENGAGED**
- ☐ Check to ensure that the van lift safety strap is connected and properly secured.
- ☐ Remove the seat belt and the wheelchair tie-downs and place them into a container out of the way of the wheelchair.
- ☐ Assist the person to maneuver the wheelchair onto the lift platform being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform.
- ☐ Lock the wheelchair brakes; turn OFF the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly (facing down in the lowest position to prevent tip-over).
- ☐ While holding the wheelchair lower the wheelchair to the ground by pressing and holding the red down switch until the entire platform reaches the ground and the automatic roll-stop unfolds.
- ☐ When it is fully unfolded, unlock the wheelchair brakes, release the safety belt, and assist the person to maneuver the wheelchair from the platform.
- ☐ To raise the lift, press and hold the red UP switch on the handheld controller until the platform is at floor level.
- ☐ When the platform comes to a complete stop, release the switch.
- ☐ To fold the platform into the vehicle, press and hold the orange FOLD switch until the platform comes to a stop in its vertical storage position.
- ☐ Store the control switch.
- ☐ Unhook the bungee cord and store it inside the van.
- ☐ Close the doors.

MANUAL BACKUP SYSTEM

(When you lose electrical power)

*Manual operation instructions are posted on the pump cover.

A. UNLOADING A PASSENGER WHEN ELECTRICAL POWER IS LOST

- ☐ Open rear doors fully.
- ☐ Secure the driver's side rear door to the bumper with a bungee cord (place one hook of the bungee cord into the eyelet on the door, and the other hook into the eyelet on the bumper).
- ☐ Remove the hand pump handle from its storage position.

- ☐ Place the slotted end of the pump handle onto the backup pump release valve.
- ☐ Turn the pump handle counterclockwise, one-half turn, until the platform is fully unfolded and at floor level.
- ☐ Turn the release valve clockwise, one-half turn, to stop the platform.
- ☐ The valve must be tight BUT DO NOT OVERTIGHTEN.
- ☐ **BE SURE THE OUTBOARD ROLL-STOP IS UP AND THE ROLL-STOP LATCH IS ENGAGED**
- ☐ Check to ensure that the van lift safety strap is connected and properly secured.
- ☐ Assist the person to maneuver the wheelchair onto the lift platform being sure that the wheelchair is completely within the yellow boundaries and that the chair is centered on the platform.
- ☐ Lock the wheel chair brakes; turn off the power if motorized.
- ☐ Check to ensure that TIP GUARDS are positioned correctly facing down in the lowest position.
- ☐ Turn the pump handle counterclockwise, one-half turn, until the platform reaches the ground level and the roll-stop unfolds completely.
- ☐ Unlock the wheelchair brakes, release the safety belt, and assist the person to maneuver the wheelchair from the platform.

B. STOWING THE LIFT BACK INTO THE VEHICLE:

- ☐ Place the slotted end of the pump handle onto the backup pump release valve port and turn it clockwise.
- ☐ The valve should be tight BUT DO NOT OVERTIGHTEN.
- ☐ Remove the handle from the release valve and place it into the backup pump and stroke until the platform reaches floor level.
- ☐ Continue pumping and the platform will move into its vertical storage.
- ☐ When the platform is completely stowed, place the backup pump handle back into its stored position.
- ☐ Unhook the bungee cord from the bumper and store it inside the van.
- ☐ Close the doors.