

EMPLOYEE GUIDELINES – ADDENDUM #1
DATED: March 2025

218. Hiring Guideline

You are considered for employment based upon your education, training, experience, and overall qualifications to meet specific job requirements. Prior employment, education, and personal references are reviewed in the evaluation of applicants.

Background checks which include a federal criminal background screening based on name and social security number, the Department of Family Services' Central Registry, and the Office of Inspector General will be completed on each employee hiring into a position which may involve working directly with people with disabilities or acquired brain injury. These background screenings will be conducted at least every five (5) years throughout employment. Failure to successfully complete the initial or any subsequent background checks will result in your release from employment. **If a background check results in an employee being disqualified from working directly with people with disabilities or acquired brain injury, the employee will be terminated effective immediately.**

An applicant who is subject of a national fingerprint based criminal history record check for a noncriminal justice purpose (such as an application for a job...) has certain rights. You can review the Noncriminal Justice Applicant's Privacy Rights by visiting:
<https://health.wyo.gov/wp-content/uploads/2018/07/Privacy-Rights.pdf>

A personal interview, a drug screening, and in some cases testing, is required prior to employment. Each staff position at Mountain Regional Services, Inc. has a job description outlining the duties and job requirements. Errors or omissions in information provided on Mountain Regional Services, Inc. application forms and other submitted material may result in your discharge upon its discovery.

233. Critical Incident Reporting Guideline

Per the Adult Protective Services Act (WS 35-20-103): "Any person or agency who knows or has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, abandoned or is committing self-neglect, shall report the information immediately..."
After assuring the health and safety of the participant and other individuals.

Any incident that involves:

Suspected ABUSE/USE OF SECLUSION is defined as intentionally or recklessly inflicting physical or mental injury, unreasonable confinement, intimidation, cruel punishment and may include sexual offenses.

Suspected SELF ABUSE is characterized as abuse (Intentionally or recklessly inflicting physical or mental injury, unreasonable confinement, intimidation, cruel punishment and may include sexual offenses) inflicted by self.

Suspected NEGLECT is defined as the act of depriving a vulnerable adult of the minimum food, shelter, clothing, supervision, physical and mental health care, and other care necessary to maintain life or health, or which may result in a life-threatening situation.

Suspected SELF-NEGLECT is when a vulnerable adult is unable, due to physical or mental disability, or refuses to perform essential self-care tasks, including providing essential food, clothing, shelter, or medical care, obtaining physical or mental health care, emotional well-being and general safety, or managing financial affairs.

Suspected EXPLOITATION is defined as the reckless or intentional act taken by any person, or any use of the power of attorney, conservatorship or guardianship of a vulnerable adult, to obtain control through deception, harassment, intimidation or undue influence over the vulnerable adult's money, assets, or property with the intention of depriving the vulnerable adult of those assets, or to intentionally misuse the principal's property, and in so doing, adversely affect the principal's ability to receive healthcare or pay bills for basic needs or obligations.

Suspected ABANDONMENT is defined as leaving a vulnerable adult without financial support or the means or ability to obtain food, clothing, shelter or health care.

Participant DEATH due to any cause.

INTIMIDATION is defined as the communication by word or act to a vulnerable adult that he, his family, friends or pets will be deprived of food, shelter, clothing, supervision, prescribed medication, physical or mental health care and other medical care necessary to maintain a vulnerable adult's health, financial support or imply that they will suffer physical violence.

SEXUAL ABUSE/ASSAULT means sexual contact including, but not limited to, unwanted touching, all types of sexual assault or battery as defined in W.S. 6-2-302 through W.S. 6-2-304, sexual exploitation and sexual photographing.

POLICE INVOLVEMENT is defined as any incident that results in police involvement with participants, including but not limited to arrests of participants, questioning of participants by law enforcement, or police calls to participant's home or service delivery site.

CRIME as defined by the Wyoming Criminal Code.

INJURIES CAUSED BY RESTRAINTS, including drugs used as restraints, physical restraints, and mechanical restraints.

SERIOUS INJURY An injury, such as suspected fractures, wounds requiring stitches, or injuries due to falls, which requires an emergency room visit, hospital visit, or non-routine visit to a doctor or clinic.

ELOPEMENT/WANDERING The unexpected or unauthorized absence of an individual for more than four hours when that person is receiving waiver services or the unexpected or unauthorized absence of any duration.

MEDICATION ERROR/OVERDOSE is an event where a participant is given (1) the wrong medication, (2) the wrong dosage, (3) medication which should have gone to a different participant, (4) medication via an incorrect delivery route (such as oral vs. topical), or (5) medication at the wrong time (by an hour or more from the scheduled time). DFS, P&A, and law enforcement notification is not required for this incident type, but DDD notification via an incident report is required.

EMERGENCY USE OF RESTRAINTS is an unplanned event where restraints were used to restrain a participant.

MEDICAL EMERGENCY/BEHAVIORAL ADMISSION/OTHER SENTINEL EVENTS indicate that the participant was admitted to a Medical or Behavioral care facility for additional treatment. This incident does not require notifications to the various agencies. **A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.**

USE OF RESTRAINTS – any time a physical, mechanical or chemical restraint is deployed on a participant, whether it is an emergency restraint or one that has been ordered by a physician and approved in the plan of care.

OTHER INJURY means a visible injury that does not require a doctor's visit.

Upon determining that an incident meets the above standards, staff will call:

Call 911, if immediate medical treatment is needed.

- 1) Call On-Call Supervisor.
 - a. On-Call supervisor will notify Medical Professional, when appropriate.
 - b. On-Call supervisor will gather all needed information regarding the incident.

- c. On-Call supervisor will call Case Manager and Program Coordinator. If a medication needs to be added to the MAR, the Director of Health Care Services should be notified.
 - d. On-Call supervisor will voice mail the following: CEO or designee, COI/CH Director, Program Coordinator, Director of Health Care Services and Training Director.
- 2) Program Coordinator or designee will review the incident to determine if it meets the criteria as a Reportable Critical Incident. If the incident is determined to be reportable, the Program Coordinator or designee will complete and send the DDD Initial Notice of Incident Report form and inform the participant's guardian and when warranted DFS and P&A.
 - a. Program Coordinator or designee will notify the following of a report being filed: CEO or designee, COI/CH Director, Director of Health Care Services, and Training Director.
 - 3) If the alleged incident requires staff disciplinary action or reassignment, On-Call supervisor will contact the COI/CH Director or Human Resources to determine needed staff action.
 - 4) DSP needs to document the incident by completing a GER in Therap prior to the end of their shift.
 - 5) If there is a med error, please follow MRSI Medication Guidelines.

IT'S YOUR DUTY TO REPORT!

<https://health.wyo.gov/healthcarefin/hcbs/>, click on: "HCBS Incident Submission Guidance Manual," or call (307) 777-7115 * Toll Free (800) 510-0280.

OTHER CRITICAL INCIDENTS THAT REQUIRE ADMINISTRATIVE REVIEW

AGGRESSION is any behavior that is intended to cause harm or inflict pain on another person. **If the incident results in police involvement or a medical emergency follow normal critical incident reporting guidelines for POLICE INVOLVEMENT OR MEDICAL EMERGENCY/BEHAVIORAL ADMISSION/OTHER SENTINEL EVENTS.**

BIOHAZARDOUS ACCIDENTS are events that involve exposure to biological agents, such as bacteria, viruses, or toxins, that can cause illness or injury. These accidents can occur in a variety of ways, including: Needle sticks, cuts or punctures, Inhalation, accidental ingestion, splashes to the eyes, mouth, or nose, animal bites. **If the incident results in a medical admission follow**

**normal critical incident reporting guidelines for MEDICAL EMERGENCY/
BEHAVIORAL ADMISSION/OTHER SENTINEL EVENTS.**

COMMUNICABLE DISEASE is a disease that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect. Communicable diseases include, but are not limited to, measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection, AIDS, AIDS Related Complex (ARC), leprosy, Severe Acute Respiratory Syndrome (SARS), including the SARS-CoV-2 (corona virus) and tuberculosis. **If the incident results in a medical admission follow normal critical incident reporting guidelines for MEDICAL EMERGENCY/BEHAVIORAL ADMISSION/OTHER SENTINEL EVENTS.**

UNAUTHORIZED USE AND POSSESSION OF LEGAL OR ILLEGAL SUBSTANCES is the unlawful possession of a controlled substance or paraphernalia is a criminal offense. **If the incident results in police involvement or a medical emergency follow normal critical incident reporting guidelines for POLICE INVOLVEMENT OR MEDICAL EMERGENCY/BEHAVIORAL ADMISSION/OTHER SENTINEL EVENTS.**

USE AND UNAUTHORIZED POSSESSION OF WEAPONS means possessing or using weapons or articles or substances usable as weapons, including, but not limited to, firearms, incendiary devices, explosives, and dangerous biological or chemical agents. **If the incident results in police involvement or a medical emergency follow normal critical incident reporting guidelines for POLICE INVOLVEMENT OR MEDICAL EMERGENCY/BEHAVIORAL ADMISSION/OTHER SENTINEL EVENTS.**

VEHICULAR ACCIDENT is an incident where a motor vehicle collides with another object. These collisions could involve fixed objects like trees or buildings, as well as other motor vehicles. **If the incident results in police involvement or a medical emergency follow normal critical incident reporting guidelines for POLICE INVOLVEMENT OR MEDICAL EMERGENCY/BEHAVIORAL ADMISSION/OTHER SENTINEL EVENTS.**

VIOLENCE is intentionally using physical force to hurt, damage, or kill someone or something. **If the incident results in police involvement follow normal critical incident reporting guidelines for POLICE INVOLVEMENT.**

Upon determining that an incident meets the above standards:

- 1) The DSP should report and document the incident by completing an ISP Data Behavioral Tracking prior to the end of their shift.

237. Excessive Absence

Excessive absence is defined as being absent for a scheduled shift more than three times in a one-month period.

Absences of more than three times per month in two months of any three-month period may warrant a written warning.

Continued absences of more than two times for the remainder of the month in which you received the written warning, more than three in the month following the written warning or in any two months of any three-month period may warrant an attendance contract.

Employees being placed on an attendance contract will be required to follow a strict set of attendance guidelines. This contract may be modified on a case by case basis depending upon individual circumstances. The attendance contract will be effective for six months. If you fail to meet the requirements of this contract, you will receive further disciplinary action up to and including change in employment status to part-time, an administrative move, or termination.

Leave time requested and approved in advance, Family and Medical Leave Act leave (FMLA) and bereavement leave will be excluded from the three per month limit as long as they have been authorized through the appropriate channels. Being absent from your shift by three or more hours (unless you are taking an authorized scheduled break) will be considered an absence.

238. Excessive Tardiness

Tardiness will be defined as being late by more than five minutes. Excessive tardiness is defined as being late for a scheduled shift more than three times in a one month period. The exception to this would be if you are late as a result of circumstances that are out of your control, i.e. vehicle accident, flat tire on the way to work, at emergency room, etc. If this is the case, you are required to contact on-call and submit written proof of the reason for you being late to the Human Resource Department upon arriving for your shift on the day you are late.

Being late for a scheduled shift more than three times per month in two months of any three month period may warrant a written warning.

Continued tardiness of more than two times for the remainder of the month in which you received the written warning, more than three in the month following the written warning or in two months of any three month period may warrant a tardiness contract.

Employees being placed on a tardiness contract will be required to follow a strict set of attendance guidelines. This contract may be modified on a case by case basis depending upon individual circumstances. The tardiness contract will be effective for six months. If you fail to meet the requirements of this contract, you will receive further disciplinary action up to and including change in employment status to part-time, an administrative move, or termination.

245. Types of Corrective Action

All corrective action is documented in written format for tracking purposes.

For Your Information (FYI) – A FYI is the first step in making an employee aware of an issue or problem that needs to be addressed and corrected. These may be issued agency wide or individualized.

Training Log - Staff who appear to have misunderstood or did not know about certain guidelines, participant training issues, etc. may be issued a Training Log. The training is used to show the staff what error(s) has occurred, what needs to be done differently in the future, and otherwise help the staff learn the duties they did not understand. Staff is encouraged to write any suggested solutions on this sheet and then sign the form. If staff refuses to sign or add a suggestion(s) to the document, this will be noted on the document and the document will be placed in the individual's Human Resource file.

~~Verbal Warning – A verbal warning may be issued in place of a Training Log or may be issued prior to a written warning to inform staff of an area requiring correction.~~

Written Warnings - Staff who engages in inappropriate behavior may receive a written warning for the infraction. A written warning may be issued if an individual has previously received a Training Log or verbal warning on the same issue. A written warning may also be issued without prior receipt of a Training Log or verbal warning depending upon the severity of the infraction. Staff is encouraged to write any comments on this sheet and then sign the form. If the staff refuses to sign this document, this will be noted on the document, and the document will be placed in the individual's Human Resource file. Unsigned written warnings will still be considered to have been issued and will hold the same weight as one that has been signed. Written warnings are serious matters and staff must take corrective action. Continued violation of a guideline/procedure after being issued a written warning will typically result in termination. Employees being issued corrective action on multiple unrelated issues may also be released from employment.

Work Improvement Plan - Staff may be placed on probation when performance falls below the standards for the position. You are encouraged to participate and add any comments to the work improvement plan that you may have. The probationary process will be explained and the specific expectations of the staff noted. Once the work improvement plan is completed, it must be signed by the staff person. If a staff member refuses to sign or comment on the document, this will be noted on the document, and the document will be placed in the individual's Human Resource file. As with written warnings, an unsigned work improvement plan will still be considered to have been issued and will hold the same weight as one that has been signed.

Demotion or Administrative Move - Demotion is the placement of an employee into a lower level position, usually with a lower level of pay. This section of the corrective action process

may be utilized when an employee does not meet the expectations of his/her position or fails to adequately perform his/her duties. Administrative move is the placement of an employee on a different shift/schedule. This corrective action process may be utilized when an employee does not meet the expectations of his/her schedule or shift.

Suspension - In the instance of serious or repeated offenses, suspension from the job may be utilized. Suspension will be for a definite period of time (i.e. 10, 20, 30, work days, etc. with or without pay) during which paid leave will not accrue. Suspension is also used when a period of time is necessary to investigate an offense and determine the severity of the action to be taken.

Termination - Termination is the permanent removal from the job and may occur at any time. Staff discharged will be paid for hours actually worked and any accrued paid leave. Walking off the job is considered a “quit.” Any staff person who walks off the job or leaves the premises without authorization will be considered to have resigned.

Since employment is at-will, termination may occur at any time, with or without reason or notice. The Company does utilize a progressive corrective procedure and usually implements corrective action in a particular order. We will review each case individually and issue corrective action as we deem necessary and appropriate. The Company reserves the right to “skip steps” in the event of a serious violation. Please note that the following offenses, in the absence of special circumstances, will result in termination from employment for the first offense:

1. Substantiated abuse/neglect of participant.
2. Assaulting a co-worker.
3. Theft of agency, participant, or co-worker’s property.
4. Malicious/willful destruction of agency, participant, or co-worker’s property.
5. Severe safety violations.

272. Medication Assistance Policy and Procedures

Mountain Regional Services, Inc. has a role related to medications that are used by the persons served. Staff is responsible for medication monitoring and management.

In compliance with the Division’s policy, Staff will comply with MRSI Policies and Procedures regarding Medication Assistance:

1. Each participant receiving services from MRSI will have a signed Medication Consent form in their individual file. Each participant’s Case Manager is responsible for this completed documentation.

2. DSPs who have not yet been trained in the Medication Assistance Training (MAT) or who are no longer certified are not to give ANY type of medication (whether prescribed or over the counter) to the participants until properly trained. If a DSP is scheduled at a CLS with no MAT DSP, notify the On-Call Supervisor so arrangements can be made for a MAT/DSP to administer medications.
3. Medication can ONLY be given by a trained professional (MAT staff). Our participants are prescribed medications to help with ensuring health and safety. To maintain this, we as MRSI employees need to understand the following:
 - a. **MEDICATION STORAGE & HANDLING:** All medication needs to be stored according to the medication label i.e. correct temperature, light exposure, etc. At the CLS, all medication must be kept locked up when not being administered in the house file cabinet. Medication that needs to be refrigerated will be kept in a locked box inside the refrigerator. At Adult Day Services (ADS) medication is stored in the med room, where the door is locked. Proper Personal Protective Equipment must be worn when there is a risk of exposure i.e. contact with skin, inhalation, etc.
 - b. **ACCESS to MEDICATION INFORMATION:** DSP Staff have immediate access to each participant's current plan of care and pertinent medical information via Therap. A hard copy of each participant's IPC, a MAR, Active Medication List, and billing will be kept at the MRSI center in case of a power outage that prevents the use of electronic documentation.
 - c. **MEDICATION DOCUMENTATION:** Medication Assistant Trained (MAT) DSP is responsible for documenting on the Medication Assistance Record (MAR) while following the FIVE RIGHTS. The MAR must be completed in Therap immediately after giving the medication.
 - d. **OFF-SITE MEDICATIONS:** When a participant is out of provider service and with family or natural supports, MRSI Staff will package the medication along with: Access to MAR through Therap which includes an itemized list of medication that will be given, number of pills for each medication; access to information regarding the medications; and contact information. Staff will need to have the Receipt of Off-Site Medication Documentation signed and returned to the center and given to the Front Desk to be filed. Any medication that isn't taken while out of provider services should be returned to MRSI personnel. All medication will be returned to the Healthcare Service Department (HCSD) for audit on the next business day.
 - e. **MANAGING INVENTORY OF MEDICATION:** Participant Medication is prepackaged according to prescribing medical professionals. MRSI's HCSD arranges pick-up and delivery of medications and supplies as needed, including evenings and weekends. HCSD maintains a tracking system (including expiration dates, # of refills, when medication should be ordered, and when the next refill

should be picked up) to ensure adequate medication and supplies are available. This tracking system is reviewed weekly to create a list of medication needing ordered or picked up each week. If medication/supplies are not available, staff notifies the On-Call Supervisor. The On-Call Supervisor will contact HCSD or designee for further instruction.

- f. DISPOSAL OF MEDICATION: See Occupational Health and Safety Guidelines, Hazardous Material Section.
 - g. ACTIVITIES AND OUTINGS: During activities or outings where medication must be administered, MAT staff will be given prepackaged medication for each participant. The MAT staff assigned to give medication will follow Medication Guidelines. Medication must be kept in a secure location during activity/outing preferably on the assigned MAT staff person and recorded on the MAR. Medication should never be left in a vehicle or left unsecured. Upon returning from activity or outing any medication not administered and completed empty PRN packages need to be returned to HCSD.
 - h. MEDICATION REFUSAL: Participants have the right to refuse medication. During the time a participant is refusing medication MAT staff should first explain to the participant what the medication is for i.e. “This medication your doctor prescribed to you is for preventing seizures.” If a participant refuses the medication, MAT staff will document in the MAR and complete ISP Data Behavioral Tracking with the details of the refusal, and positive interventions staff used. Behavioral tracking will be reviewed and determine if prescribing authority needs to be contacted.
 - i. INCIDENT REPORTING: MAT/DSP’s are familiar with Medication Incident Reporting. If MAT DSP’s should give a medication that is the wrong medication, wrong dose, wrong participant, wrong route, the wrong time, or a medication is missed, staff will take immediate action to ensure safety for all. Staff will notify the On- Call Supervisor and call 911 (if appropriate). The On-Call Supervisor will follow critical incident reporting guidelines. Staff will complete a GER which will be reviewed by the Program Coordinator. The Program Coordinator will then notify appropriate agencies per critical incident reporting guidelines. Missed medications will be reported as a medication error if the medication was missed because MAT staff forgot to give it or it was a result of a provider error.
 - j. Individuals receiving medication who are capable of self-administration are encouraged to do so. Individuals who are self-administering during service hours are required to notify staff and assure the medication is securely stored on their person or in a locked location with staff assistance until self-administration occurs. This information will be included in the individual plan of care. (Refer to section 3.c and 3.i regarding Medication Documentation and Incident Reporting)
4. Missed medications resulting from medications not in the medication pack will be handled in the following way:

- a. If medication is listed on the MAR but is not in the medication pack, check the label to see if the medication has been crossed out and “No Med” written next to it.
 - b. Check the “Medication Omissions S-Comm” which is sent out to all MAT staff to see if the missing medication is on the list and the reason it is not in the medication pack.
 - c. If steps a or b validate why the medication is not in the medication pack, document the missed medication in the MAR selecting ON HOLD in detail mode and record the reason provided in the comments section (i.e., no prescription available, no refill).
5. For missed medications resulting from:
- a. Medication listed on MAR but not in the medication pack(s), bottles, etc. and no further information.
 - b. Medication in medication packs but not listed on the label.
 - c. Medication name listed on the medication pack differs from the MAR and the generic or brand name cannot be identified in drugs.com.
 - d. Follow Critical Incident Reporting guidelines.

The DSP, whether MAT or not, will call On-Call Supervisor for any PRN assessment using the following guidelines:

PRN Medication Intervention Psychoactive and Narcotic Medications:

1. Use non-pharmacological de-escalation interventions per Individual Plan of Care or Positive Behavior Support Plan.
2. Notify On-Call Supervisor of target behavior and de-escalation interventions that have been used.
 - a. MAT staff will assess participant. On-Call Supervisor will approve psychoactive/narcotic PRN medication (as previously determined by medical professional).
 - b. MAT staff will get psychoactive/narcotic PRN from locked area, and On-Call Supervisor will check participant MAR and the On-Call PRN Approval Log. MAT staff will check s-com’s for any changes, then the MAR utilizing the five rights (right individual, right medication, right dose, right time and right route) and complete the MAR.
 - c. Staff will monitor for effectiveness and do a face to face assessment within an hour after medication is given. Staff will document non-pharmacological de-escalation interventions tried, the PRN given, and the participant’s response in the ISP Data-~~Behavioral Tracking~~ and MAR in Therap as well as the time the face to face was conducted.
 - d. On-Call Supervisor will document on the On-Call PRN Log.

- e. MAT staff will put empty PRN envelope into house book to bring to the center to be given to Health Care Service Department.
 - f. On-Call Supervisor will voicemail MRSI administrative Staff.
3. On-Call Supervisor will sign out psychoactive/narcotic PRN medication on the Medication Check-Out Sheet and document Date, Time, Name of On-Call Supervisor and lock up the medication area.
4. On-Call Supervisor will take psychoactive/narcotic PRN medication to CLS, replacing PRN medication used and signing in new psychoactive/narcotic PRN on 24 Hour Log (Pink Sheet). On-Call bag will be kept locked up at the front desk during Adult Day Services (ADS) hours.
5. During ADS the front desk person will replace the On-Call Supervisor PRN responsibilities.
6. At shift change all psychoactive/narcotic PRN's must be accounted for regardless if any have been given. During every shift change current staff and relief staff must count each PRN together and sign off on 24 Hour Log (Pink Sheet). Monday through Friday (on the days of ADS) 3pm to 11 pm single staff house will call the On-Call Supervisor to report number of PRN medications and document on 24 Hour Log (Pink Sheet). 11-7 staff will list psychoactive/narcotic PRNs on 24 Hour Log (Pink Sheet).
7. 24 Hour Log (Pink Sheet) will be reviewed by HCSD and cross check with PRN Log.

PRN Medication Intervention General Discomfort:

When the participant communicates pain or discomfort:

1. Staff implement "Common Complaints and Treatment Protocol."
2. On-Call Supervisor checks MAR and the On-Call PRN Approval Log while staff checks the MAR utilizing the Five Rights (right individual, right medication, right dose, right time, and right route).
 - a. On-Call Supervisor will approve use of non-psychoactive PRN medications (as previously determined by medical professional) and document on the On-Call PRN Approval Log. MAT staff will administer approved medication. If DSP is not Medication Assistance Trained, they will notify the on-call supervisor at that time to arrange for a MAT staff to give medication.
 - b. Staff will monitor for effectiveness and do a face to face assessment within an hour after medication is given, and notify On-Call. MAT staff will document on participant's MAR and On-Call will document on On-Call PRN Approval Log and MAR when appropriate. Staff will complete ISP Data Behavioral Tracking in Therap.