HUMAN RIGHTS COMMITTEE (HRC)
Policy and Procedures
ICF-DD Homes & Waiver

I. Policy

ERC is dedicated to protecting the rights of persons served which includes being free of inappropriate use of medication or having rights unnecessarily restricted.

II. Committee Purpose

A. Review, approve, and monitor individual programs designed to manage challenging behavior and other programs that, in the opinion of the committee, involve risks to the protections and rights of persons served;
B. Insure that these programs are conducted only with the written informed consent of the person served, the parents (if the person served is a minor) or legal guardian; and
C. Review, monitor and make suggestions to the program about its practices and programs as they relate to drug usage, physical restraints, control of challenging behavior, protection of rights and funds of person served, and any other areas that the committee believes need to be addressed.
   o NOTE: OLTC also requires this committee to monitor the use of time-out rooms and painful or noxious stimuli, but those techniques are prohibited at ERC.

III. Scope

A. The section on “Steps for Initiating Rights Restrictions and/or Restrictive Positive Behavior Support and Intervention (PBSI) Plans” applies to all persons served in the Adult Services Programs at ERC.
B. The section on “Steps for Initiating Behavior Modifying Medication Plan” applies only to the ICF/DD and Waiver Programs.
C. All ERC employees and volunteers will be expected to comply with this procedure.

IV. Committee Membership

A. The Committee membership will be comprised of:
   1. Person served (as appropriate);
   2. Director of Residential Services;
   3. Program Manager(s);
   4. RN (or LPN designee);
   5. Case Manager(s);
   6. Behavior Specialist;
   7. Parent/Family/Guardian/Advocate; and
   8. Person with no ownership or controlling interest in the facility.
B. NOTE: At least a quorum (five) of committee members must review, approve, and monitor the programs which involve risk to rights and protections of
persons served. Of these five, at least one must be the person with no ownership or controlling interest in the facility.

C. Personal psychiatrists, physicians and counselors are not formally a part of the HRC but are encouraged to provide feedback and information that can aid the committee in decision making.

V. Procedure – STEPS FOR INITIATING BEHAVIOR MODIFYING MEDICATION PLAN

A. NOTE: Whenever possible, positive behavior supports should be instituted prior to the consideration of adding a behavior modifying medication.

B. There are also some slight differences in requirements for ICF/DD Programs than from the Waiver Programs. See below:

C. ICF/DD Programs:

1. Step 1: Psychiatrist (or physician) orders medication for behavior modification.

2. Step 2: Staff member who has direct contact with the psychiatrist/physician obtains a written order for the medication, justification or rationalization for the need for that medication (to include corresponding diagnosis), potential side effects, any monitoring requirements and required follow up information.

3. Step 3: Staff member will communicate this information from the psychiatrist/physician to the RN or LPN on duty and to the responsible Case Manager (both verbally and in writing).

4. Step 4: The RN or LPN on duty will initiate contact with the HRC members to obtain

   a. Verbal consent (consent must be informed – the person giving consent is aware of the risks, benefits, alternatives, right to refuse and consequences) from the person served or guardian, and

   b. Approval from at least a quorum of the members.

      i. If the person served is his/her own guardian, the person’s parent/family member/advocate should also be notified with permission from the person served.

      ii. The parent/family member/ guardian/ advocate receiving notification and giving approval meets the requirement of the parent/advocate member on the committee.

      iii. If person served does not give permission to notify the parent/advocate, the parent/advocate that formally sits on the committee will be notified and approval requested.

      iv. If medications are prescribed by a physician other than the person’s primary physician/psychiatrist, the primary physician/psychiatrist should be alerted and approval obtained as well.

5. Step 5: Once consents and approvals are obtained, the RN or LPN on duty will fax the prescription to the pharmacy.

   a. The RN or LPN will immediately follow up with the pharmacy to ensure prescription was received.
b. If consents or approvals are denied or delayed for any reason, the RN or LPN on duty will notify the prescribing physician.

6. **Step 6:** The responsible Case Manager will obtain written informed consent from the person served (if own guardian) or guardian in a timely manner.
   a. Again, consent must be informed (i.e., the person giving consent is aware of the risks, benefits, alternatives, right to refuse and consequences) and documented.

7. **Step 7:** A copy of the HRC Determination form and the Informed Consent form will be placed in the person’s medical chart and program chart.
   a. Both forms will also be scanned and saved in a tlog on Therap.

8. **Step 8:** Medication will be administered at first scheduled dose after medication is received.
   a. If medication was initiated at home (i.e., prior to admission) or in hospital, the medication will be continued while the above steps are taken.

9. **Step 9:** The LPNs will do Alert Charting on each shift for the first 72 hours the person is on a new behavior modifying medication.
   a. The LPN will notify the psychiatrist/physician of any observed concerns.
   b. The responsible Case Manager (or designee if after hours) will notify the guardian/family member/advocate.

10. **Step 10:** The responsible Case Manager will develop/revise the Positive Behavior Support and Intervention (PBSI) Plan to incorporate the behavior modifying medication.

11. **Step 11:** The responsible Case Manager will obtain a written informed consent from the person served (if own guardian) or guardian prior to implementation.

12. **Step 12:** The responsible Case Manager will ensure that the Direct Care Staff (all applicable Programs) are informed of the medication changes and of any special monitoring/documentation requirements.

13. **Step 13:** The persons served Interdisciplinary Team and ERC’s HRC will review the PBSI Plan at least quarterly.

### D. Waiver Programs:

1. **Step 1:** Psychiatrist (or physician) orders medication for behavior modification.

2. **Step 2:** Staff member who has direct contact with the psychiatrist/physician obtains a written order (or physician note) for the medication, justification or rationalization for the need for that medication (to include corresponding diagnosis), potential side effects, any monitoring requirements and required follow up information.

3. **Step 3:** Staff member will communicate this information from the psychiatrist/physician to the RN or LPN on duty and to the responsible Case Manager and/or Service Provision Supervisor (both verbally and in writing).

4. **Step 4:** The responsible Case Manager or Service Provision Supervisor
VI. Procedure – STEPS FOR INITIATING RIGHTS RESTRICTION AND/OR RESTRICTIVE POSITIVE BEHAVIOR AND SUPPORT PLANS

A. NOTE: Whenever possible, non-restrictive options should be fully explored prior to implement a rights restriction.

1. Step 1: With Interdisciplinary Team input, the responsible Case Manager and/or Service Provision Supervisor will develop the Rights Restriction Plan or the PBSI Plan (if restrictive).
   a. The Plans must include:
      i. A description of the restriction,
      ii. The justification for the restrictions,
      iii. A plan for removing the restriction,
      iv. A target date to remove the restriction.

2. Step 2: The responsible Case Manager or Service Provision Supervisor will obtain informed consent from the person served (if own guardian) and/or the guardian.
   a. If the person served is his/her own guardian, the person’s parent/family member/advocate will also be notified with permission from the person served.
   b. Consent may be obtained verbally, but written consent must be obtained as soon as possible.
   c. Consent must be informed (i.e., the person giving consent is aware of the risks, benefits, alternatives, right to refuse and consequences) and documented.

3. Step 3: The responsible Case Manager or Service Provision Supervisor will initiate contact with the HRC members to obtain approval from at least a quorum of the members. The parent/family member/

will obtain minimally an oral informed consent from the person served (if own guardian) or guardian.
   a. Written consent must be obtained in a timely manner.
      Consent must be informed (i.e., the person giving consent is aware of the risks, benefits, alternatives, right to refuse and consequences) and documented.

5. Step 5: The responsible Case Manager and/or Service Provision Supervisor will develop/revise the Positive Behavior Support and Intervention (PBSI) Plan, with the direct input of person served and that person’s Interdisciplinary Team, to include the use of behavior modifying medications.

6. Step 6: The responsible Case Manager or Service Provision Supervisor will obtain a written informed consent from the person served (if own guardian) or guardian prior to implementation.

7. Step 7: The responsible Case Manager or Service Provision Supervisor will ensure that the Direct Care Staff (all applicable Programs) are informed of the medication changes and of any special monitoring/documentation requirements.

8. Step 8: The persons served Interdisciplinary Team (to include the psychiatrist/physician/counselor) will review the PBSI Plan at least quarterly.
guardian/advocate in which informed consent was obtained from will meet part of this requirement and the parent/family member/guardian/advocate that sits in on the formal HRC meeting does not have to be contacted.

4. Step 4: The responsible Case Manager and/or Service Provision Supervisor will train the Direct Care Staff (all applicable programs) on the proper implementation of the rights restriction.

5. Step 5: The responsible Case Manager and/or Service Provision Supervisor will closely monitor the restriction. Staff concerns will be quickly addressed.
   a. The guardian or parent/family member/advocate (with permission from person served) will be informed of any concerns.
   b. Monitoring and notifications will be documented.

6. Step 6: The responsible Case Manager and/or Service Provision Supervisor will update the persons Interdisciplinary Team and ERC’s Human Rights Committee at least quarterly.

VII. Reviewed / Approved by

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<td>A.</td>
<td>Cathy Obana, Compliance Officer, developed procedure on 9/2011.</td>
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