

**SPECIALLY CONSTITUTED COMMITTEE (SCC)
Policy and Procedures - ICF-DD Homes**

I. Policy

ERC is dedicated to protecting the rights of persons served. This includes ensuring that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints.

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. All ERC ICF 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. Facility Staff
 - 3. QIDP
 - 4. Parent/Family/Guardian/Advocate; and
 - 5. Person with no ownership or controlling interest in the facility.
- B. NOTE: Committee members must review, approve, and monitor the programs which involve risk to rights and protections of persons served, at least one must be the person with no ownership or controlling interest in the facility.

V. Procedure – STEPS FOR INITIATING BEHAVIOR MODIFYING MEDICATION PLAN

- 1. Psychiatrist (or physician) orders medication for behavior modification.
- 2. Staff member who has contact with the psychiatrist/physician obtains an order for the medication, justification or rationalization for the need for that medication, any monitoring requirements and required follow up information.
- 3. The RN or LPN on duty will initiate contact with the SCC members to obtain approval.
 - a. Any revision to a behavior plan that increases the level of intrusiveness must be re-reviewed by the specially constituted committee. The committee need

not reapprove a program when revisions are made in accordance with the approved plan. For example, if the physician changes the dosage of a medication in accordance with the drug treatment component of the active treatment plan to which the legally authorized person has given consent and which has already been approved by the committee, then there is no need for the committee or the legally authorized person to reapprove the plan. Generally, this would also apply if the medication was changed to another within the same therapeutic class or family.

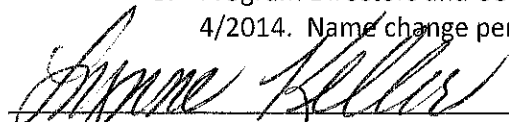
4. If consents or approvals are denied or delayed for any reason, the RN or LPN on duty will notify the prescribing physician. Once consents and approvals are obtained, the RN or LPN on duty will fax the prescription to the pharmacy and add the medication to the Medication Administration Record (MAR).
5. The responsible QIDP will obtain written informed consent from the person served (if own guardian) or guardian in a timely manner.
6. 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.
7. The QIDP will develop/revise the Positive Behavior Support and Intervention (PBSI) Plan to incorporate the behavior modifying medication.
8. The persons served Interdisciplinary Team (to include the psychiatrist/physician/counselor) will review the PBSI Plan at least annually.

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. With Interdisciplinary Team input and SCC approval, the responsible QIDP 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 to gradually reduce restriction,
 2. Reflective to a specific time frame (if applicable) The QIDP will obtain informed consent in a timely manner from the person served (if own guardian) and/or the guardian.
 3. Step 6: The QIDP will update the persons Interdisciplinary Team and the SCC at least quarterly.

VII. Reviewed / Approved by

- A. Cathy Obana, Compliance Officer, developed procedure on 9/2011.
- B. Program Directors and COO reviewed and approved procedure on 9/2011, 4/2014. Name change per OLTC on 5/2017.


Lynne Keller, Director of Administration


Date

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