



**VOLUNTEER
HANDBOOK**

Marklund Facility Listing

<p>Marklund at Mill Creek 1 South 450 Wyatt Dr. Geneva, IL 60134 (630) 593-5500 Fax: (630) 593-5501</p> <p>Cathy Nikrandt Volunteer Manager 630-593-5468 cnikrandt@marklund.org</p>	<p>Marklund Philip Center 164 S. Prairie Ave. Bloomingdale, IL 60108 (630) 529-2871 Fax: (630) 529-3266</p> <p>Hilsa Hallihan Volunteer Coordinator 630-397-5661 hhallihan@marklund.org</p>
<p>Marklund Day School 164 S. Prairie Ave. Bloomingdale, IL 60108 (630) 307-1882 Fax:(630) 307-6491</p>	<p>Marklund Resale Shop – Wood Dale 490 Georgetown Sq. (Irving Park Rd) Wood Dale, IL 60191 (630) 594-1489 Fax: (630) 594-1491</p> <p>Theresa Amoroso Store Manager tamoroso@marklund.org</p>
<p>Marklund Haverkampf Home</p> <p>1S394 Wyatt Dr. Geneva, IL. 60134 (630) 593-5493 Fax: (630) 397-5035</p>	<p>Marklund Van Der Molen Home</p> <p>1S406 Wyatt Dr. Geneva, IL 60134 (630) 593-5463 Fax: (630) 397-5036</p>
<p>Marklund Sayers Home</p> <p>1S383 Wyatt Dr. Geneva, IL. 60134 (630) 593-5496 Fax: (630) 397-5038</p>	<p>Marklund Tommy Home</p> <p>1S385 Wyatt Dr. Geneva, IL. 60134 (630) 593-5493 Fax. (630) 397-5037</p>
<p>Marklund Dreher Home</p> <p>1S381 Wyatt Dr. Geneva, IL 60134 (630) 593-5168 Fax: (630) 397-5165</p>	<p>Marklund Richard Home</p> <p>1S410 Wyatt Dr. Geneva, IL 60134 (630) 593-5161 Fax (630) 397- 5166</p>

HEAVEN'S VERY SPECIAL CHILD

*A meeting was held quite far away from earth,
It's time again for another birth,
Said the angels to the Lord above.
This special child will need much love,
His progress may come very slow.
He'll require special care
From the folks he meets down there.
He may not run, laugh or play
His thoughts may seem so far away.
In many ways he won't adapt
And he'll be known as handicapped.
So let's be careful where he's sent
We want his life to be content.
Please, Lord, find people who will do a special job for you.
They will not know right away
The leading role they're asked to play.
But with this child sent from above
Comes stronger faith and richer love.
And soon they'll know the privilege given
In caring for this gift from heaven.
Their precious charge so meek and mild
Is Heaven's Very Special Child.*

I Am The Child

*I am the child who cannot talk.
You often pity me, I see it in your eyes.
You wonder how much I am aware of.
I see that as well. I am aware of much.
Whether you are happy or sad or fearful, patient or
impatient, full of love and desire, or if you are just
doing your duty by me.
I marvel at your frustration knowing mine to be far greater, for
I cannot express myself nor my needs as you do.
You cannot conceive my isolation,
so complete it is at times.
I do not gift you with clever conversation, cute remarks to be
laughed over or repeated.
I do not give you answers to your every day
questions, responses over my well-being, sharing my
needs, or comments about the world around me.
I do not give you understanding as you know it.
What I give you is so much more valuable.
I give you instead opportunities.
Opportunities to discover the depth of your character, not mine;
the depth of your love, your commitment, your patience, your
abilities; the opportunity to explore your spirit more deeply than
you imagined possible.
I drive you further than you would ever go on your
own, working harder, seeking answers to your many
questions, creating questions with no answers.
I am the child who cannot talk.*

WELCOME TO MARKLUND!

Marklund's Statements and Principles

Vision Statement: We make everyday life possible for individuals with profound disabilities.

Volunteer Department Vision: To connect the community with rewarding volunteer opportunities at Marklund and to support our staff in its mission to make *Everyday Life* possible for our clients with profound disabilities.

The Board of Directors, President and CEO, Administrators, Volunteer Department, Staff and Residents of Marklund welcome you to the Volunteer Program. We know your experience with us will be a rewarding one. Whether you are going to volunteer in one of our homes, school, or resale store, being a Marklund volunteer will enrich your life just as you will enrich the lives of our residents.

Volunteers play a crucial role in the Marklund organization. Without you, we would not be able to provide the best care for our residents. Both money and time are needed for us to fulfill our mission. So, whether you're helping with a fund-raiser or working directly with our residents, we thank you!

If, at any time during your volunteer service, you have any questions, concerns, or comments regarding the program, please feel free to contact the Director of Volunteers at (630) 593-5468.

How is Marklund funded? Approximately 90% of our \$18 million budget comes from revenue sources including the Illinois Dept of Human Services, Medicaid, local governments, school districts and private payers. The cost of providing services significantly exceeds the amount of operating revenue received. This deficit, approximately 10% of our budget (1.8 million) which is principally subsidized through Marklund's development department via fund-raising activities, special events, and community support from corporations, foundations, and individuals.

Mission: *Marklund enriches the lives of those with special healthcare needs by honoring the unique purpose of each individual. Those we serve are able to enjoy a full and meaningful life supported by a compassionate, nurturing environment; a strong partnership with the community; and an unmatched dedication to personal growth.*

BACKGROUND INFORMATION

Claire Haverkamp, R.N., and her husband, Stan, founded Marklund during the Christmas holidays of 1954 when they began to foster five-day-old Mark William Lund, a little boy born with Down Syndrome and severe cardiac complications. After opening their expanded Northlake home to more children with developmental disabilities, the Haverkamps and their two children moved their “family” to a larger home they built in Bloomingdale, known today as Marklund Children’s Home. We are proud to say that the Haverkamp’s vision has grown into six Marklund homes and many related programs throughout the Chicago area.

Marklund’s services encompass the full realm of human needs, such as loving medical care, home-like residential facilities, state-of-the-art habilitative therapies, quality educational and day services, and exceptional community-based programs, including Respite and Early Intervention, for families who have children with severe and profound developmental disabilities.

Some of those served were born with disabilities due to Fetal Alcohol Syndrome, drug abuse, complications during pregnancy and delivery, or genetic disorders. Others acquired disabilities during infancy or childhood through tragic but common accidents involving cars, bicycles, skateboards, swimming pools, garage doors, or guns.

Nearly all of those served are non-ambulatory and have severe cognitive deficits. Many also have complex medical problems that require 24-hour skilled nursing care provided at all of our homes.

Philosophy of Care

At Marklund, we ensure that every person receives the very best care possible. It is our goal to help each individual reach his/her highest potential and live as full a life as possible.

Sites and Services

Marklund at Mill Creek (includes the Hyde Center for developmental training and administrative/development offices, and six 16-bed homes); Marklund Children’s Home (skilled nursing facility for infants and children); Marklund Day School (special education day school for students age 3 to 22, with an Early Intervention Program for children birth to age 3); Marklund Resale Store in Wood Dale; and twenty-eight donation bins are located throughout Chicagoland for 24-hour clothing donations. Visit our website at www.marklund.org for bin locations.

Finally, the **Marklund Wood Haven campsite** is used for therapeutic activities including camping, fishing and swimming.

THE MARKLUND VOLUNTEER PROGRAM

Marklund needs your help in many ways! As a volunteer, you are a valuable asset to our residents and staff. The following are some guidelines for all of our volunteers.

VOLUNTEER OPPORTUNITIES

- ☺ Going on outings
- ☺ Reading stories
- ☺ Helping with special events
- ☺ Helping with baseball games
- ☺ Visiting with our children and adults
- ☺ Helping with in-home activities
- ☺ Direct and behind-the scenes fund-raising
- ☺ Working in our resale store

HOW TO DRESS

Comfort, safety, and discretion are your best guidelines when dressing for volunteer service at Marklund. It is best to wear comfortable clothing and you must wear flat, closed shoes. When choosing your apparel, please be aware that some residents may try to grab earrings, necklaces, etc.

NAME BADGES

Volunteers **MUST** wear their name badges at all times while doing volunteer service for Marklund. If you have forgotten your name badge at home, please see the Volunteer Department or Receptionist for a temporary one.

AGE LIMITS

A volunteer performing resident activities must be 14 years of age or older. In a group setting such as a church, school or scout group there is no age requirement when they are accompanied by an adult.

PERSONAL POSSESSIONS

Marklund is not responsible for personal possessions or belongings. Therefore, please protect your possessions from theft. Keep purses stored out of sight and out of reach.

VOLUNTEER SIGN-IN BOOK

Whenever you come to a Marklund facility, please sign in at the Volunteer sign-in book. **PLEASE PRINT.** The sign-in book is the only official record of hours volunteered. It also helps to know who is coming in and out of our facilities and at what time.

VOLUNTEER HOURS

Marklund gratefully accepts any time you have to offer. Continuous and regular service are of great importance to a successful volunteer program, therefore, we hope that you can volunteer on a regular basis and for an extended period of time.

ABSENCES

Please keep in mind that when you make a commitment to volunteer, our residents are counting on you for follow through. This means that if you sign up for an outing or activity, it is of utmost importance that you attend. If you do not, the resident to whom you have been assigned will not be able to participate. However, please do not volunteer when you are sick (i.e. have a **contagious** illness such as the flu or are running a temperature). You need to take care of yourself, and we would not want our residents to get sick also. Anticipated absences should be reported to the Therapeutic Activity Aide (TAA) as far in advance as possible. A volunteer who has been inactive at his or her assigned place for one year will have their name withdrawn from the active files and placed with inactive files. At this time, the volunteer will be sent a letter indicating they have reached inactive status. If a volunteer wishes to volunteer after this time, they must first attend a new orientation session with the volunteer department.

CHANGE OF NAME OR ADDRESS

Please contact the Volunteer Department if you have had a name, email address, home address or phone number change. It is important to keep this information current so we may keep you updated about Marklund.

REWARDS FOR YOUR TIME

The biggest reward is, of course, the intense personal satisfaction derived from giving of yourself. A resident's smile and the knowledge that they are making the world better for others are usually enough for our dedicated volunteers. **HOWEVER**, we like to show you our appreciation for all of your help. We hold a Volunteer Appreciation Party every April where we honor those who have given a pre-determined number of service hours in the last calendar year.

IN-SERVICES

General Volunteer Orientation is required for all volunteers. Please note that volunteers are never allowed to feed, lift, undress, diaper, bathe or attend to any other personal care needs of our residents. Volunteers should never be left alone with the residents, you are not trained to help with any of their medical disabilities. To simplify, volunteer's are here to help our residents have fun and to help keep them safe!

JOB DESCRIPTION

Have fun, help our residents with the fun things, and help keep our residents safe.

FOOD

Please do not bring food to the residents as many have restricted diets.

ASKING QUESTIONS

Volunteering with Marklund can seem overwhelming at first. Please don't get discouraged. The staff is always available to answer any questions you may have. They appreciate you taking the initiative.

SMOKING (policy at back of handbook)

As of August 1, 2011 all Marklund sites became Smoke-Free/Tobacco-Free. All areas of Marklund are tobacco free, without exception. Smoking is also prohibited on all outings.

VIDEO SURVEILLANCE (policy at back of handbook)

Video surveillance is used to promote a safe and secure environment.

CELL PHONES (policy at back of handbook)

Please put all cell phones on vibrate while you are volunteering. See policy on the front cover of volunteer sign-in book.

Can I volunteer at more than one Marklund location? Yes! We only ask that you sign in and out at each site when you volunteer so we may properly record the time you spend at each location.

Volunteering at Marklund will be a rewarding experience for all of us. We at Marklund, once again, thank you for offering us a valuable commodity - your time.

CLINICAL INFORMATION

Active Treatment

Marklund clients receive active treatment from an interdisciplinary team. Active treatment is the assessment of the developmental, behavioral, social, nutritional, medical and whole status of a client; the development of a plan to change those techniques of intervention across all the environments in which that client exists, all of which are intended to result in desired developmental, behavioral, and social growth and changes.

Simplified! All interactions should be considered training, related to activities of life with the outcome being a functional skill.

- *Everything has a purpose
- *Never do for, but teach
- *Collect data to make decisions
- *Staff and volunteers should understand both the “why” and “how” of programming

Tips for a Purposeful Therapeutic Activity

- *Only give what assistance is required to complete the task/activity.
- *Use hand-over-hand assistance as a last resort.
- *Set up materials for residents so they are afforded maximum independence.
- *Secure activity items to their wheelchair tray or to the table.
- *Don't do the activity for them - even the slightest movement is progress.
- *Be patient - many of our residents have delayed responses.
- *The finished product does not have to be perfect; our residents have pride in their own work.
- *Let them make their own choices by eye pointing, reaching to touch or using yes/no responses.
- *Encourage them to use their cognitive/social skills paired with physical assistance, if needed. Their cognitive/social skills are their largest asset.
- *Praise all interaction with peers, staff, volunteers, or the task itself.

Client Care and Programming

Each Marklund client has a variety of staff members responsible for his/her care and programming. A CNA - Certified Nursing Assistant - who is responsible for bathing, feeding, changing and dressing the residents. They also help work on goals.

The nurses on duty tend to the medical needs of the residents. The nurses also work on the clients' goals.

Therapy professionals and Therapeutic Activity Aide's plan therapeutic activities that further the progress of clients' goals. Activities include arts and crafts, cooking, sing-a-longs, outings, pet therapy and music therapy.

Each client has a QIDP (Qualified Intellectual Disabilities Professional) who is in charge of overseeing all care and programming of the client. These “Q’s,” as they are called, determine the clients’ goals and recommend the programming that can be used to obtain those goals. Each “Q” oversees sixteen clients.

G-tubes and Tracheotomies

Some of our clients have special medical equipment they need for bodily functions.

G-tubes are tubes that are surgically inserted in the client’s stomach to facilitate nutritional intake. Clients who have these tubes are unable to swallow or eat orally.

Tracheotomies are tubes that are inserted in the client’s trachea to facilitate breathing.

Death and Dying

Unfortunately, some of the residents of Marklund pass away. The best medical care and the greatest love sometimes are not enough for our special clients. We feel their loss greatly and remember them every day.

SAFETY AND EMERGENCY GUIDELINES

If you are injured while volunteering, please report the injury immediately to the nursing staff, or resale shop manager even if you are unsure if you need medical attention. An accident/incident report will need to be filled out. All volunteers are covered under general Liability Insurance.

Please make sure you wash your hands before working with our residents (see Standard Precaution pg. 16). As you know, this prevents the spread of germs. In addition, for the safety of our residents, please be sure to lock all wheelchair brakes when you plan to stop (**STOP & LOCK**) for a period of time on an outing or outside activity (see check sheet at back of handbook). This prevents the possibility of the chair rolling on surfaces that are not level. This is important since many of our residents will not be able to stop themselves should their chair begin to roll. If you are unsure how to lock the brakes on a particular chair, please ask a staff person.

In the event of an emergency, please listen to the direction of the staff person(s) nearest you and/or the person in charge. They will tell you what you need to do in order to ensure your safety and the safety of our residents. (Cover tornado and fire drills)

SEIZURES

SIGNS AND SYMPTOMS OF SEIZURES

1. Involuntary eye movement
2. Mild tremors of the arms
3. Sudden jerking of the extremities
4. Sudden staring off into space
5. Rhythmic motion of the arms and legs
6. Eyes rolling upward
7. Trembling of the body or a constant twitch
8. A sudden scream, cry, or laugh
9. Red blotches all over the body

POSSIBLE EXTERNAL CAUSES

Blinking lights
Loud noises
Television
Bathtubs

WHAT TO DO DURING A SEIZURE

1. **Do not** leave the resident unattended.
2. **Notify** staff immediately.
3. Let **staff** take over the care of the resident.
4. **Interact** with the other residents while staff is taking care of the person with the seizure.

WHAT TO REPORT TO THE NURSE

1. The type of behavior the resident exhibited.
2. The amount of time the “seizure-like” activity lasted.

PHYSICAL CHANGES TO REPORT

As a general rule, **REPORT TO THE NURSE**, anything that is unusual for the resident you are working with as well as any medical emergencies.

ETHICAL/HIPAA GUIDELINES

Communication and Confidentiality

Volunteers are eager to learn as much as possible about the residents with whom they work. The staff is also eager to have the volunteer learn. Much of the information we have about the residents and their families, however, is confidential. Please adhere to the following guidelines regarding confidentiality:

1. Do not talk about the residents' diagnoses in their presence. Although some of the residents may not appear to be aware, they can hear and may understand what is being said. Use the same discretion and respect you would use with your own family and friends.
2. We hope you will want to communicate the enthusiasm you feel about volunteering to others in the community, but in doing so, do not use the last name, age, specific diagnoses, or identify familiar information about the residents. Students who are writing papers on Marklund should be extremely careful of this.
3. Please do not discuss the residents' program with the residents' parents. Communication with parents is limited to supervisors because of the confusion and misunderstandings that could result.
4. Information you might hear about a resident's progress or lack of it should not be discussed with others inside or outside of Marklund.
5. All info about the residents is confidential. Any transmission of this information whether it be verbal, written, or electronic may result in criminal prosecution.
6. Residents' pictures are not to be posted on any websites, i.e. Facebook, without the written permission of Marklund.

Residents' Rights, Disability Etiquette, and Discipline

Statement of Residents' Rights: Residents have the same civil and personal rights under both State and Federal law as anyone else. In addition, they have a certain bill of rights extended to them as the resident of a long-term care facility in Illinois. If a resident has a legal guardian, they do not lose their rights; however, their guardian has the power to make legal decisions either with them or for them. Example, their guardian may have the legal ability to monitor their financial situation and must approve decisions related to financial matters before the action can be carried out. In addition, there is a formal grievance procedure if someone feels a resident's rights have been violated. For a complete listing of Residents' Rights, please ask for an Administrator.

DISABILITY ETIQUETTE

Preferred etiquette when meeting, introducing, writing about, assisting or enjoying the company of a person who has a disability is as follows.

INSTEAD OF SAYING:	SAY:
Handicap/handicapped	Disability/disabled
Unfortunate, pitiful, poor, deformed	Disabled, person with a disability
Deaf and dumb, mute	Deaf or hearing impaired and nonverbal, nonverbal
Blind as a bat	Blind or visually impaired
Disabled person	Person with a disability
Victim, Afflicted by, Afflicted with	Person who has... Person who experiences...., Person with....
Cripple, Crippled, The crippled Retard, Retarded, The retarded	Person with a disability, Person with a disability caused by or as a result of....
Invalid	Person who has a disability resulting from or caused by....
Wheelchair bound	Uses a wheelchair
Homebound employment	Employed in the home

- Always state the person before the disability. A person is a “girl with a disability,” as opposed to a “disabled girl.”
- Avoid attaching LABELS to people, with or without disabilities. For example, the word “NORMAL” is acceptable when referring to statistical norms or averages but not as a label for a person who has no disability.
- When called on to depict people with disabilities, emphasize achievements, ability and individual qualities. Show people in the least restrictive environment, participating in the mainstream of all aspects of society. (Portray people with disabilities as residents, students, friends, etc.)
- Emphasize the uniqueness and worth of all persons rather than differences between people. Your concentrated efforts can do much to eliminate the “one of them” vs. “one of us” attitude that hampers proper acceptance of individuals with disabilities.

OTHER ETIQUETTE ISSUES

- When talking with a person who has a disability, speak directly to that person rather than through a companion who may be along.
- **DO NOT** lean on the person's wheelchair. This is part of their personal space and should be respected as such.
- When talking with a person in a wheelchair for more than a few minutes, place yourself at the wheelchair user's eye level.
- The appropriate way to greet our residents is with a handshake or a pat on the back. Some of our residents are very trusting and friendly and they may try to greet you with a kiss or hug. As part of our circle program, we are teaching them that the only people who should be trusted to share kisses and hugs with, is their family. To insure their safety, we ask that you redirect them if they try to give you a hug or kiss by saying, "what is the appropriate way to greet someone, other than your family?" Most, when given this verbal prompt will offer their hand for a handshake.
- **DO NOT** push the person's wheelchair without first asking their permission. In certain situations, they may not have a choice in the matter (i.e. emergencies) however, you should still let them know you are going to move them before you actually do it.
- Give unhurried attention when you're talking to a person who has difficulty speaking. Keep your manner encouraging rather than correcting and be patient rather than speak for the person. When necessary, ask short questions that require short answers or a nod or a shake of the head. Never pretend to understand if you are having difficulty doing so. Repeat what you understand. The person's reaction will clue you in and guide you to understanding.
- **DO** knock on all room doors before entering, even if the door is open. Our residents' rooms are their homes and should be respected as such. "Our residents' do not live in a facility, we volunteer and work in their home." **To honor our residents' privacy, we ask that volunteers NOT enter their bedrooms.**

Standard Precautions

Standard Precautions are designed to reduce the risk of spreading pathogens from both known and unknown infections. They prevent the spread of infection from:

- Blood
- All body fluids, secretions, and excretions, even if blood is not visible
- Non-intact skin (skin that has open breaks)
- Mucous membranes

Standard Precautions must be used in the care of all persons by staff and volunteers.

All staff and volunteers will adhere to the following recommendations when delivering care to our clients. By adhering to the following precautionary measures, the risk of transmission of the disease is decreased when the status of the client is unknown.

Hand Washing

- Wash your hands after touching blood, body fluids, secretions, and contaminated items. Hands are washed even if gloves are worn.
- Wash your hands immediately after removing gloves. Also wash your hands whenever indicated to avoid transferring microbes to other persons or environments.
- Wash your hands between tasks and procedures on the same person. This prevents cross-contamination of different body sites.

Gloves

- Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items.
- Put on clean gloves just before touching mucous membranes and non-intact skin.
- Change gloves between procedures and tasks on the same person after contacting material that may be contaminated.
- Remove gloves promptly after use. Remove gloves before touching non-contaminated surfaces and items and before going to another person.
- Wash your hands immediately after removing gloves. This prevents the transfer of microorganisms to other persons or environments.

Over 80,000 deaths per year in the U.S. are linked to transmission of infection because healthcare workers are not washing their hands. Healthcare workers spread infectious organisms from patient to patient and to themselves via their hands. It is the law that all healthcare workers must use standard precautions while working. Failure to follow these rules can result in termination of a healthcare workers employment.

Many diseases which can be harmful, will not be transmitted to healthcare workers if hand washing and glove usage is used on a regular basis.

MARKLUND
GENERAL POLICY AND PROCEDURE

POLICY NO.: 2.5

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SUBJECT: Suspected Abuse, Neglect, Mistreatment of a Client or Injury of Unknown Origin

DEPARTMENTS AFFECTED: All

APPROVED BY: G. Fonger

ISSUE DATE: 10/5/93

REV. DATE: 3/15/95, 10/31/96, 7/1/97,
9/17/97, 8/3/98, 7/26/99, 9/4/02,
10/17/02, 1/16/03, 1/28/03, 6/17/04,
6/28/04, 11/10/04, 7/1/05; 9/13/07/
10/08/08 6/01/09, 04/26/2010, 10/1/13,
8/24/15

EFFECTIVE DATE: 6/1/94

PURPOSE: To clarify and outline steps when there is suspected abuse or neglect, death, financial exploitation, serious injuries of unknown origin that are not the expected outcome of the Client's condition or disease process, missing person, or criminal conduct. An occurrence report may be initiated by a Parent, Client, Staff or Volunteer. Sexual assault and physical assault are subsumed under abuse, while theft is part of criminal conduct.

POLICY: Any employee, family member, guardian or volunteer who suspects or witnesses or hears of the matters listed above must report it immediately to the administrator and/or staff member in charge of the facility at that time. The staff member in charge of the facility must then **IMMEDIATELY** report the matter to the Administrator or designee by making direct verbal contact. The witness must provide Marklund with a written statement signed and dated detailing the alleged event. The witness must do his/her best to answer all pertinent questions (i.e., who, when, where, why and how) in regard to any reported matter.

DEFINITIONS:

CMS (Center for Medicare/Medicaid Services):

ABUSE is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

NEGLECT is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

IDPH (Illinois Department of Public Health):

Abuse – any physical or mental injury or sexual assault inflicted on a resident other than by accidental means in a facility.

Neglect – a failure in a facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition.

Serious Incident/Accident – any incident or accident that causes physical harm or injury to a resident.

OIG (Office of Inspector General) definitions specific to Developmental Training sites—see addendum (p5-6)

GENERAL PROCEDURE

1. Failure of an employee to report the listed matters against our Clients, or refusal to fully cooperate in an investigation will result in Developmental Action proceedings up to and including possible termination
2. The staff person in charge of the facility, upon receiving a verbal and/or written report, must IMMEDIATELY report this to the Administrator by making direct verbal contact. The facility Administrator or his/her designee will be responsible for immediately contacting the appropriate authorities (e.g. DCFS, if required; Public Health for MPC and 16 bed homes within 24 hours; for D.T. to OIG within 4 hours of initial discovery; Parent/Guardian promptly). An internal investigation will be initiated by the staff member in charge or trained OIG investigator immediately and completed within five working days. If a staff person is named in the complaint, he/she must be immediately suspended pending the outcome of the investigation or reassigned at the discretion of the Administrator or designee. If allegations are shown to be unfounded, the staff person will receive back pay for all scheduled hours not worked due to the suspension.

How to conduct an investigation:

- a. Ensure the alleged victim is safe and secure. Suspend or reassign the alleged perpetrator.
- b. All parties should be identified including the alleged victim, perpetrator, witnesses and others with any knowledge of the allegation.
- c. Information should be taken using the attached Internal Investigation report and the Potential Witness Statement Sheet.
- d. In the case of an unknown source, potential witnesses who had credible access to the alleged victim up to 72 hours prior to the report may be interviewed. At such time that the investigator identifies the source or has enough information to form a reasonable conclusion as to what the source is the interview process will be concluded.
- e. All interviews are highly confidential and are to be conducted as such.

The DON, nursing supervisor or appropriate personnel will submit a report to the Administrator and to regulatory bodies within prescribed guidelines. In the case of a DT investigation, the same person completing the A/I report will not be the same person who performs the investigation.

3. The investigation's findings will determine whether any further action may be necessary.
4. All appropriate parties will receive a completed investigation report to be kept by the facility Administrator.
5. General procedure for the DT sites—see addendum p.5-6

SPECIFIC PROCEDURES:

A. Suspected Assault (physical or sexual)/Abuse/Neglect or Mistreatment

1. Follow the steps in the General Procedure. An investigator will take down the reporter's statement and utilize the Occurrence Internal Investigation form (see attached). Investigation includes questioning potential witnesses who had credible access to the alleged victim up to 72 hours prior to the report may be interviewed. At such time that the investigator identifies the source or has enough information to form a reasonable conclusion as to what the source is the interview process will be concluded.
2. The incident will be handled in a confidential manner to maintain Client dignity.
3. Investigator to do a visual assessment of the Client, to verify any scrapes, bruises or other signs of abuse. If suspected abuse is sexual, the Doctor conducts the exam.
4. The Psychologist is then contacted if the Client asserts the abuse. An assessment must be done in conjunction with the Client's QIDP.
5. If allegations are founded, then long-range counseling will be offered to the Client, and the appropriate legal action will ensue.
6. If allegations are unfounded, a note will be kept on file for one year.

B. Death

1. In the event a Client passes away while in Marklund care, refer to General Policy No. 9.15.
2. If, upon investigation, it is determined that a resident death has occurred by other than either disease processes or a decline in medical condition, Marklund will notify local law enforcement authorities. In addition, Marklund will cooperate with appropriate authorities in any investigation. [*See* (F)(1)(d) below].
3. Occurring at DT—see addendum p.5-6

C. Missing Persons

In the unlikely event that a Marklund Client is discovered missing, the staff member in charge will initiate the process:

1. Keep remaining Clients engaged in an activity.
2. Conduct a thorough search of the building and surrounding property.
3. If not found, contact the guardian and the Police; continue with your search.
4. Internal investigation will be initiated and staff will cooperate with the police and/or supervisors in their investigation.
5. When Client is found, the Coordinator or the Administrator will develop a plan to prevent further occurrences.
6. Any appropriate developmental action will be taken.

D. Theft of Client Property

1. Staff to bring suspected theft to the staff member in charge.
2. Once theft has been discovered, a thorough search should be conducted.
3. Fill out Loss/Theft Report. The original of the Loss/Theft report will be given to the Administrator to be kept on file. A copy is sent to the finance department.
4. If theft is Client to Client, the Client will be counseled and this will be monitored for future occurrences. If theft is staff/visitor to Client, appropriate developmental action and/or prosecution will occur.
5. Issues are brought to the Safety Committee to discuss possible preventative techniques.

E. Criminal Conduct – is covered under this policy. Also see Background Checks Policy and Procedure

F. Notification Of Local Law Enforcement Authorities:

1. Contacting local law enforcement: Local law enforcement authorities shall be immediately contacted if, upon investigation:
 - (a) It is suspected that physical abuse involving physical injury has been inflicted upon a resident by a staff member or visitor; or
 - (b) It is suspected that sexual abuse has been inflicted upon a resident by a staff person, another resident or a visitor; or
 - (c) It is suspected that a crime has been committed in the facility by a person other than a resident; or
 - (d) It is suspected that a resident death has occurred other than by either disease processes or due to a decline in medical condition.

If this is an OIG investigation, you must notify OIG of the law enforcement agency's report/complaint number within one working day.

2. Preservation of crime scene: When, upon investigation, it is suspected that a crime has been committed in the facility by a person other than a resident, the person notifying the local law enforcement authorities shall seek advice concerning the preservation of the crime scene.

3. Resident safety: In situations requiring law enforcement notification, steps are taken as are necessary to ensure the safety of residents, including, the removal of the client(s) to safety and asking the suspected perpetrator to leave the premises.

DEVELOPMENTAL TRAINING ADDENDUM

The following definitions and procedures (pages 5-9) apply only to the Developmental Training sites.

DEFINITIONS:

ABUSE: See definition for physical abuse, sexual abuse, mental abuse and financial exploitation.

ACCESS: Admission to a community agency or facility for the purpose of conducting imminent risk assessments, conducting investigations, monitoring compliance with a written response, or completing any other statutorily assigned duty, such as annual unannounced site visits, including but not limited to conducting interviews and obtaining and reviewing any documents or records that OIG believes to be pertinent to an investigation.

ACT: The Department of Human Services Act (20 ILCS 1305).

ADMINISTRATIVE ACTION: Measures taken by the community agency or the facility as a result of the findings or recommendations contained in the investigation that protect individuals from abuse, neglect, or financial exploitation, prevent recurrences, and eliminate problems.

ADMINISTRATIVE CIRCUMSTANCES: A factor that is attendant to a finding and that tends to compound or increase the culpability of the accused.

ALLEGATION: An assertion, complaint, suspicion or incident involving any of the following conduct by an employee, facility, or agency against an individual or individuals: mental abuse, physical abuse, sexual abuse, financial exploitation or neglect..

AUTHORIZED REPRESENTATIVE: The administrative head of executive director of a community agency appointed by the community agency's governing body with overall responsibility for fiscal and programmatic management, or the facility director of hospital administrator of a department facility. If this person is implicated in an investigation, the governing body of the community agency or the secretary of the department shall be deemed the authorized representative for that investigation.

BODILY HARM: Any injury, damage, or impairment to an individual's physical condition, or making physical contact of an insulting or provoking nature with an individual.

COMMUNITY AGENCY OR AGENCY: A community agency or program licensed, funded, or certified by the department but not licensed or certified by any other human services agency of the state, to provide mental health service or developmental disabilities service.

COMPLAINANT: The person who reports a death or an allegation of abuse, to include financial exploitation, or neglect, directly to OIG and is not the required reporter.

COMPLAINT: A report of a death or an allegation of abuse, to include financial exploitation or neglect reported directly to the OIG hotline.

CREDIBLE EVIDENCE: Any evidence that relates to the allegation or incident and that is considered believable and reliable.

DAY: Working day, unless otherwise specified.

DEFLECTION: A situation in which an individual is presented for admission to a facility or agency and the facility staff or agency staff do not admit that individual. Deflection includes triage, redirection and denial of admission.

DEPARTMENT: The Department of Human Services.

EGREGIOUS NEGLECT: A finding of neglect as determined by the Inspector General that represents a gross failure to adequately provide for, or a callous indifference to, the health, safety, or medical needs of an individual and results in an individual's death or other serious deterioration of an individual's physical condition or mental condition.

EMPLOYEE: Any person who provides services at the facility or the community agency on or off site. The service relationship can be with the individual or the agency. Also "employee" includes any employee or contractual agent of the Department of Human Services or the community agency involved in providing or monitoring or administering mental health or developmental disability services. This includes but is not limited to: owners, operators, payroll personal, contractors, subcontractors, and volunteers. Employee also includes someone who is no longer working for an agency or facility, but is the subject of an ongoing investigation for which OIG has jurisdiction.

FACILITY: A mental health facility or developmental disabilities center operated by the department.

FINAL REPORT: A completed investigative report approved by the Inspector General that summarized the evidence and that indicates whether the allegation of abuse, financial exploitation or neglect is substantiated, unsubstantiated, or unfounded based on the evidence gathered from the investigation, when the reconsideration and response period has expired.

FINANCIAL EXPLOITATION: Taking unjust advantage of an individual's assets, property, or financial resourced through deception, intimidation, or conversion for the employee's, facilities, or agency's own advantage or benefit.

FINDINGS: The Office of the Inspector General's determination regarding whether an allegation is substantiated, unsubstantiated, or unfounded.

HEALTH CARE WORKER REGISTRY OR REGISTRY: The Health Care Worker Registry created by the Nursing Home Care Act (210 ILCS 45).

INDIVIDUAL: Any person receiving mental health services developmental disabilities services or both from a facility or agency, while either on site or off site.

INVESTIGATIVE REPORT: A written report that summarized the evidence in an investigation, addresses the elements of the allegation, and contains a recommendation as to whether the finding of the investigation indicate that the allegation should be substantiated, unsubstantiated, or unfounded.

INVESTIGATOR: A staff person employed by an OIG-approved community agency, who has current investigative skills training by OIG, has been designated by the agency's authorized representative, and has been authorized by OIG to carry out the investigative duties as set forth in OIG's community Agency Investigative Protocol.

MEDICAL TREATMENT: Any treatment, other than diagnostic procedures, that may only be ordered or rendered to an individual by a physician or dentist regarding an injury.

MENTAL ABUSE: The use of demeaning, intimidating, or threatening words, signs, gestures, or other actions by an employee about an individual and in the presence of an individual or individuals that results in emotional distress, maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.

MITIGATING CIRCUMSTANCES: A condition that is attendant to a finding, does not excuse or justify the conduct in question, but may be considered in evaluating the severity of the conduct, the culpability of the accused, or both the severity of the conduct and the culpability of the accused.

NEGLECT: An employee's, agencies, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, caused an individual pain, injury, or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death.

NON-ACCIDENTAL: Occurring with volition, consciousness, not occurring by chance.

OIG: The Office of the Inspector General in the Illinois Department of Human Services.

OIG PROTOCOL COORDINATOR: Person within OIG designated as the Coordinator for the Investigative Protocol for the Community Agencies.

PHYSICAL ABUSE: An employee's non-accidental and inappropriate contact with an individual that causes bodily harm. "Physical abuse" includes actions that cause bodily harm as a result of an employee directing an individual or person to physically abuse another individual.

PREPONDERANCE OF THE EVIDENCE: Proof sufficient to persuade the finder of fact that a fact sought to be proved is more likely true than not true

RECOMMENDATION: An admonition, separate from a finding that requires action by the facility, agency, or Department to correct a systemic issue, problem or deficiency identified during an investigation.

REQUIRED REPORTER: Any employee who suspects, witnesses, or is informed of an allegation of any one or more of the following: mental abuse, physical abuse, sexual abuse, financial exploitation or neglect.

ROUTINE PROGRAMMATIC: Refers to services provided as part of the individual's habilitation plan, treatment plan, or as a regular or ongoing component of the community agency's or facility's general services or practices.

SEXUAL ABUSE: Any sexual behavior, sexual contact or intimate physical contact between an employee and an individual, including an employee's coercion or encouragement of an individual to engage in sexual activity that results in sexual contact, intimate physical contact, or sexual behavior or intimate physical behavior, and (i) an employee's actions that result in the sending or showing of sexually explicit images to an Individual via computer, cellular phone, electronic mail, portable electronic device, or other media with or without contact with the individual; or, (ii) an employee's posting of sexually explicit images of an individual online or elsewhere whether or not there is contact with the individual.

SEXUAL CONTACT: Inappropriate sexual contact between an employee and an individual involving either an employee's genital area, anus, buttocks or breast(s) or an individual's genital area, anus, buttocks or breast(s). Sexual contact also includes sexual contact between individuals that is coerced or encouraged by an employee.

SEXUALLY EXPLICIT IMAGES: includes, but is not limited to, any material which depicts nudity, sexual conduct, or sadomasochistic abuse, or which contains explicit and detailed verbal descriptions or narrative accounts of sexual excitement, sexual conduct, or sadomasochistic abuse.

SUBSTANTIATED: There is a preponderance of the evidence to support the allegation.

UNFOUNDED: There is no credible evidence to support the allegations.

UNSUBSTANTIATED: There is credible evidence, but less than a preponderance of evidence, to support the allegations.

GENERAL PROCEDURE:

If an employee witnesses, is told of, or has reason to believe an incident of abuse, neglect, financial exploitation, or a death as a result of suspected abuse or neglect has occurred, the employee must report this immediately to the Administrator and/or staff member in charge. The Administrator and/or staff member in charge must then report this immediately to a trained OIG investigator. The names and contact information for the trained OIG investigators will be posted in the building. A member of a collective bargaining unit may not conduct an interview for any case involving any employee(s) in the same collective bargaining unit.

Within four hours after the initial discovery of an incident of alleged abuse or neglect, the trained investigator and/or required reporter shall report the following allegations by phone to the OIG hotline: any allegation of abuse, neglect, financial exploitation, or death of an individual as a result of suspected abuse or neglect that occurs within a facility or community agency program.

Depending on the nature of the allegation, the trained investigator may secure the scene of the incident and will preserve and secure evidence relating to their investigation:

- Securing the scene entails cordoning off and preventing access to and removal of objects from the area where the incident occurred. Except in allegations of mental injury, the scene should be photographed from several angles, and nothing in the scene altered until directed to do so by the investigating entity.
- After securing the scene and if directed by law enforcement or OIG to secure evidence, then diagram the location of, clearly photograph, and collect all evidence and place it in a separate and appropriate container. Under no circumstances should any item of evidence on which suspected blood or other fluids are present ever be placed in a plastic bag.
- In allegations of sexual abuse, ensure that the victim does not shower or bathe until after a complete medical examination under the direction of the investigating entity.
- Identify and separate potential witnesses, when applicable.
- Copy and impound relevant documents as directed by the investigating entity.
- All evidence collected shall be maintained in a secure and locked space with access only by the person collecting the evidence, until transferred to the investigating entity.

When injuries are the result of alleged abuse or neglect, the trained OIG investigator shall ensure that they are photographed immediately, even if the injury is not evident at the time.

- Each photograph taken will be annotated by a label on the reverse with identifiers including victim's name, date and time of photograph, and location of injury. Take photographs with and without a ruler. List all photographs taken in a log.
- Photographs of bruising must be clear and show color, and both color and size must be documented. Photographs of bruising should be taken at least every 24 hours until the investigating entity arrives on site. All should be labeled as outlined above and listing in the log.
- The privacy of the individual must be considered in all photographs. Individuals should be asked for their consent. No photograph(s) will be taken of a female's breast or of any person's genital area unless necessary. If such are taken, only that portion of the area in question should be photographed and only by a person of the same sex as the alleged victim.

Screening of reports by the agency is prohibited. Screening, delaying or withholding reports of incidents or allegations of abuse or neglect from OIG is not allowed.

Any other person (not an employee of Marklund), individual, family member, guardian, advocate, or staff from another community agency or facility who witnesses, is told of or has reason to believe an incident of alleged abuse, neglect, financial exploitation, or a death of an individual may have occurred, may report the incident to OIG via hotline, fax or mail.

All reports as needed will be provided to the trained OIG investigator to be used as documented evidence. Should OIG request documents related to an investigation, the OIG Liaison or trained investigator shall respond within the time frame designated by OIG, unless there are extenuating circumstances. If an investigation requires the original documents, they must be impounded until the investigator arrives and, as with all evidence, the chain of custody must be maintained. In such case, OIG will set a new time frame for the documents to be submitted. The trained investigator shall submit a written report of the investigation to OIG within 60 working days of assignment of the investigation unless there are extenuating circumstances. This investigative report shall include the following: (1) a narrative summary of the investigation including any mitigating and/or aggravating circumstances; (2) a recommendation as to whether the findings of the investigation should be substantiated or unsubstantiated; and (3) any actions taken by the community agency as a result of the case. The investigative case file shall be submitted to OIG along with the report. It shall contain the investigative report and all investigatory materials, including all evidence, such as photographs, interview statements and records. A memo of the findings and recommendations will be forwarded to the DT Administrator.

IN CASE OF DEATH:

If abuse or neglect is suspected, a death occurring at DT must be reported to OIG within 4 hours of discovery of the death. If a death is not alleged to be a result of abuse or neglect, it must be reported to OIG within 24 hours after initial discovery of the death. Any deaths that occur within 24 hours of deflection or within 14 days of discharge or transfer must be reported to OIG within 24 hours after initial discovery.

OIG TRAINING

All agency employees including all owners/operators, contractual workers, subcontractors and volunteers shall be trained at least biennially on Rule 50.

OIG HOTLINE:

(800) 368-1463

ADDENDUM TO OIG RULE 50 ABUSE/NEGLECT POLICY:

Marklund shall ensure that all employees (which includes owners/operators, subcontractors, and volunteers) are held responsible for carrying out the designated duties set forth in Rule 50 and this policy. The Rule 50 policy and training shall include, but not be limited to, the fact that identities of employees with substantiated physical abuse, sexual abuse, egregious neglect, or financial exploitation shall be referred to the Department of Public Health Care Worker Registry except when any appeal is pending or successful.

**INTERNAL INVESTIGATION
POTENTIAL WITNESS STATEMENT**

Form is to be filled out by each person who, in the last 72 hours, could be a witness to the investigating event.

Date of Statement: _____ Name of Witness: _____

Date of Incident: _____ Initials of Client Involved: _____ (Please print)

1. a. What did you see, in reference to the investigating event: _____

b. Describe your most recent interaction with this client: _____

c. Did anyone discuss this occurrence with you? (If yes, describe conversation.):

d. Is there something you may have done or failed to do that may have contributed to this occurrence? _____

e. Do you know of any action or failure to act by another employee that may have been a factor in the cause of this occurrence? _____

2. Where did this event occur? _____

3. When did you see this? _____

4. Who did you tell? _____

5. a. What did you do? _____

b. How do you think this happened? _____

c. Were there any other witnesses that you are aware of? () Yes () No

If yes, please list names: _____

Date

Signature of Witness

SUSPECTED ABUSE, NEGLECT OR MISTREATMENT OF A CLIENT AT DEVELOPMENTAL TRAINING

If an employee witnesses, is told of, or has reason to believe an incident of abuse or neglect or a death has occurred, the employee must report this immediately to the Administrator and/or staff member in charge. The Administrator and/or staff member in charge must then report this immediately to a trained OIG investigator.

Trained OIG Investigators

Lead Investigator:	Kerry Berg, Maintenance	(630) 593-5494
	Colleen Conway, Finance	(630) 593-5469
Investigators:	Susan Rushford, Administrative Assistant	(630) 593-5505
	Diana Book Director of Facility Services	(630) 593-5456

DO NOT LEAVE A MESSAGE

**YOU MUST REPORT AN INCIDENT IMMEDIATELY
DIRECT VERBAL CONTACT.**

Any allegation of abuse by an employee; any allegation of neglect by an employee, community agency or facility; and any injury or death of an individual that occurs within a facility or community agency program when abuse or neglect is suspected must be reported to the OIG hotline.

OIG Hotline: (800) 368-1463

Any employee, family member, guardian or volunteer who suspects, witnesses or hears of abuse, neglect, death or an injury of unknown origin of a Client must:

1. **IMMEDIATELY** report the incident to the Administrator and/or the staff member in charge at that time, by making **DIRECT VERBAL CONTACT**.
2. Provide Marklund with a written statement signed and dated detailing the alleged event.
3. Do his/her best to answer all pertinent questions (i.e. who, when, where, what, why and how) in regard to the alleged event.

The staff member in charge must **IMMEDIATELY**:

1. Notify the Administrator or designee by making **DIRECT VERBAL CONTACT**.
2. Initiate an internal investigation.

MARKLUND
HUMAN RESOURCES POLICY AND PROCEDURE

POLICY NO: 3.19 **PAGE: 1 OF: 1**
SUBJECT: HARASSMENT
DEPARTMENTS AFFECTED: ALL **APPROVED BY:** **ISSUED: 4-16-92**
REVISED: 7-7-98 **EFFECTIVE DATE: 12-1-90**
REVIEWED BY LEGAL COUNSEL 8-27-98 HUCK, BOUMA & MARTIN

PURPOSE:

This policy is part of Marklund's commitment to providing a professional work environment that maintains employee equality, dignity and respect.

POLICY:

Harassment of one individual by another will not be tolerated and will subject the offender to disciplinary action up to and including discharge.

Harassment for the purpose of this policy includes sexual harassment and any other conduct of an unwelcome nature, whether verbal, physical, or visual which has the effect of interfering with an individual's performance, or which creates an intimidation, hostile or offensive work environment. It is important to note that the offended employee should clearly indicate that the conduct has offended him/her and such conduct was not welcome. Conduct which is not viewed as normally acceptable in supervisory or working relationships will not be tolerated, especially when submission to such conduct is made a condition of employment or is used as a basis for employment decisions. All Staff are inserviced on this policy and on the organizations intolerance to harassment. Any employee who has a work place harassment complaint against a co-worker, supervisor or other individual must bring the complaint to Marklund's attention.

PROCEDURE:

1. Any incident of harassment should be reported in writing, to the employee's immediate supervisor or to the Human Resources Department as soon as possible.
2. The accused will be suspended without pay pending the results of an investigation conducted by the Human Resources department and/or the person's supervisor (see attached). While the investigation will be carried out by the person's supervisor and/or Human Resources Department - the final determination on the complaint and any necessary actions to be taken will be determined by the accused's divisional Vice President. Actions taken internally to investigate and resolve harassment complaints shall be conducted confidentially to the extent practicable and appropriate in order to protect the privacy of the persons involved. All individuals asked to participate in an investigation are expected to cooperate and to be truthful. Employees must keep their role in the investigation and all conversations in the strictest confidence. A lack of cooperation or a breach of confidentiality could result in discharge.
3. If the determination is made that no harassment occurred, then the accused will be returned to work and will be paid for any days missed due to the suspension.
4. If the determination is made that there was harassment, then the accused will receive what is determined to be the appropriate disciplinary action up to and including discharge.

MARKLUND
HUMAN RESOURCES POLICY AND PROCEDURE

POLICY NO: 3.2.3 **PAGE: 1 OF: 3**
SUBJECT: SMOKE- FREE/TOBACCO- FREE POLICY

DEPARTMENTS AFFECTED: ALL **APPROVED BY:**

ISSUED: 12/01/90 REVISION DATE: 10/31/96; 6/11/98 ; 8-01-11 EFF. DATE 12-01-90

PURPOSE:

To protect and promote the health and well being of employees, visitors, volunteers, and our clients. Marklund has an obligation to its employees and the public to take action known to protect peoples' health. The use of tobacco product by employees or visitors compromises the mission of Marklund.

POLICY: All areas of the workplace and Marklund owned or leased properties are now tobacco-free, without exception. This includes the building, grounds, parking lots, Marklund owned vehicles at all times, and any vehicles on the property. As an employee the use of any tobacco product is prohibited while working. In addition, this policy prohibits the use of tobacco products on any Marklund property or while participating in any Marklund outing and/or event. This includes employee, volunteer, student intern, visitor, family member or vendor, etc.

PROCEDURE:

Effective 7-31-11, at 11 p.m. all ashtrays will be removed from all areas of Marklund property. Signs stating this policy will be clearly posted on the perimeter of the property, at all entrances, and other prominent places. All employees, volunteers, student interns, vendors, and families will be made aware of this new policy prior to 7-31-11. All new employees will receive this information as part of their orientation, new families will receive this information as part of the admission packet, all others will receive this information from the Administrator or Director before services or internships begin.

Copies of a document acknowledging this new tobacco-free policy will be kept as follows:

- Employee copies will be kept by the Human Resources Department
- Volunteer copies will be kept by the Volunteer Manager
- Student Intern copies will be kept by the respective department director
- Vendor copies will be kept by the Finance Department
- Family's copies will be kept by the Social Service Coordinator.

The enforcement of this policy is the shared responsibility of all Marklund employees. All employees are authorized and encouraged to communicate this policy with courtesy, respect, and diplomacy, especially with regard to families and visitors. If difficulties arise with compliance of this policy, please notify the Human Resources Director. For purposes of this policy, normal developmental action will not apply. Any employee that violates this policy will receive only one written warning (see attached). The next violation may result in immediate termination. Marklund encourages all employees who use tobacco to quit. The Marklund EAP program provides assistance with smoking cessation. Smoking cessation programs are also available through the Marklund health insurance program.

HR Policy 3.23

MARKLUND
HUMAN RESOURCE POLICY AND PROCEDURE

POLICY NO: 3.26.1

PAGE: 1 OF 2

SUBJECT: Personal Cell Phones

DEPARTMENT AFFECTED: All

APPROVED

BY:

ISSUED: 5/01/01

Revised: 4/08/09, 5/01/10, 11/14/11

EFF DATE: 5/01/01, 11/14/11

PURPOSE: To regulate and monitor personal cell phone use.

POLICY: Marklund respects that staff members have personal, as well as work lives, and may, on occasion, need to be contacted from home. However, while an employee is at work and on Marklund paid time, they must focus on their job responsibilities at all times. Because client safety is our utmost priority, the use of cell phones for any means of personal communication is prohibited while staff is working with, or in the presence of a client(s). Personal cell phones may be used by staff only during assigned break times, and not in the presence of a client(s). Cell phone usage for the purpose of this policy is defined as talking on the cell phone, listening to voicemails, sending or reading text messages, sending or reading emails, and internet usage. Staff who receive a personal message of any kind on their phone may return the message during their scheduled break time from either the employee break room or an area outside of the building which has been approved by the employee's supervisor (see GP Policy 15.3).

Should a direct care staff member receive an urgent message that cannot wait to be addressed until their scheduled break time, they must notify their supervisor, and make sure that the clients they are responsible for are safe and have adequate supervision before leaving the area to return the message.

Supervisory or management staff may use their personal cell phones for the purpose of relaying business matters in a timely fashion. This may include text, email, and/or phone conversation. This may not be conducted in front of clients.

All staff must communicate the need to respond to a message to their supervisor and may use a Marklund phone to return the call. Violations of this policy will result in developmental action up to and including termination. First time violation of this policy will result in a one (1) day unpaid suspension. The second violation of this policy may result in termination.

- Cell phones must be kept on vibrate
- Improper/Inappropriate photos/videos that infringe on the personal rights of clients and staff are prohibited
- Conducting Marklund business while operating a vehicle is strongly discouraged:
 - a. Only hands-free use of cell phone
 - b. Follow all applicable State laws
- All HIPAA rules are applicable (see GP Policies 20.1 thru 20.20)

MARKLUND
GENERAL POLICY AND PROCEDURE

POLICY NO.: 7.3.1	PAGE: 1 of 1
SUBJECT: WORKPLACE MONITORING POLICY	
DEPARTMENTS AFFECTED: All	APPROVED BY: GF
ISSUE DATE: 5/14/12	REV. DATE: 4/5/13
	EFFECTIVE DATE: 5/14/12

PURPOSE: This policy provides detailed direction concerning the context, procedures, and protocols within which Marklund will engage in workplace monitoring.

POLICY/PROCEDURE:

Policy

Workplace monitoring may be conducted by Marklund to ensure quality control, employee and client safety, conformity with company policies, and client satisfaction. Marklund may conduct video surveillance of any and all workplace areas, excluding locker rooms and bathrooms. The company may also monitor telephone and electronic resource usage without advance notice and on a random or selective basis. Therefore, be aware that you may be subject to monitoring, including but not limited to video surveillance, while on Marklund properties and/or facilities.

All employees and persons that are on, or about Marklund properties and/or facilities, will be subject to the terms and provisions of the policy. The policy is set forth below.

Specific Directives

1. Placement of video surveillance equipment will be based on the presumptive belief that clients, parents, staff, employees, and visitors have no reasonable expectation of privacy in common areas or while outside of the buildings on Marklund properties.
2. Signs will be posted at entrances and inside facilities to notify employees, volunteers, clients, parents, and visitors that video cameras will be in use.
3. Immediate access to surveillance footage is limited to the following positions
President/CEO – Full access to all locations
Director of Facility Services – Full access to all locations
Director of Adult Services – Limited access to their facilities
Director of Children’s Services – Limited access to their facilities
4. The President/CEO will determine if an individual requesting to review the recording is considered authorized pursuant to federal and state law and this policy. The facility will maintain a log of the date and names of all individuals who view a recording.

5. If access to a video surveillance record is required for the purpose of law enforcement, subpoena, or court order, Marklund will contact the corporate attorney before releasing any information so requested. Under no circumstance will any video recording be released to any entity without the express consent of the President/CEO or designee. When recorded images from cameras must be viewed for law enforcement, investigative reasons or other approved purposes, this must only be undertaken through approval of the President/CEO or designee, and in a private, controlled area that is not accessible to other staff/and or visitors. The viewing will be supervised by the Marklund President/CEO or designee.

Continuing to work for Marklund after you have become aware or should have become aware of this policy constitutes your acknowledgement of and consent to our monitoring policy.

Outing/Safety Checklist

Individual Client Safety Restraint Function Review:

- Removing and replacing wheelchair trays
- Applying and releasing wheelchair brakes
- Removing and applying chest harness

When transporting a client:

- Ensure the client is in a safe location
- DO NOT** let go of the wheelchair handles
- When pushing a wheelchair, 2 hands should be used at all times
- When you **STOP**  **LOCK** the wheelchair brakes

If you must step away from a client (to use the restroom, accept an emergency phone call/text/page, etc.):

- Ensure the client is in a safe location
- When you **STOP**  **LOCK** the wheelchair brakes
- Notify outing staff you are stepping away
- Please wait for acknowledgment from outing staff

Wear:

- Comfortable and safe clothing
- Flat, closed toe and closed heel shoes

No smoking:

- Marklund is a smoke-free campus
- Smoking is prohibited on all outings

Marklund Bus/Supervision:

- 2-person assistance (one with Marklund Staff) with bus lift at all times
- Lock wheelchair brakes when using the bus lift
- Wheelchair properly strapped via floor bus straps and tracking **checked by a Marklund Staff** before moving the bus
- Volunteers will be supervised by Marklund staff at all times while on an outing

If you notice something out of the ordinary:

- Notify outing staff **Immediately**



You can be Marklund ambassadors on social media!

FIND US, **LIKE US**, FOLLOW US ON



www.facebook.com/MarklundCharity



<https://twitter.com/MarklundCharity>



www.youtube.com/TheMarklund



<https://www.linkedin.com/company/marklund>



<https://instagram.com/marklundcharity>

Please help spread the word about Marklund! Share our posts and photos in your networks and invite others to follow us as well!