



VOLUNTEER HANDBOOK

Marklund Campuses

Elgin	
Marklund Wasmond Center 1435 Summit St. Elgin, IL 60120 (224) 523-7530	
Marklund Day School- Elgin 1435 Summit St. Elgin, IL 60120	Nathan Education Center 1210 Hunter Drive Elgin, IL 60120
Mary “Maria” Motta Volunteer Services Coordinator mmotta@marklund.org (224) 523-7562 <i>Elgin</i>	

Geneva	
Marklund Hyde Center 1S450 Wyatt Dr. Geneva, IL 60134 (630) 593-5500	Marklund Day School - Geneva 1S450 Wyatt Dr. Geneva, IL 60134 (630) 397-5680
to report an absence, call the home you are assigned to and ask for the TAA	
Marklund Haverkamp Home 1S394 Wyatt Dr. Geneva, IL. 60134 (630) 593-5438	Marklund Tommy Home 1S385 Wyatt Dr. Geneva, IL. 60134 (630) 593-5493
Marklund Sayers Home 1S383 Wyatt Dr. Geneva, IL. 60134 (630) 593-5496	Marklund Dreher Home 1S381 Wyatt Dr. Geneva, IL 60134 (630) 593-5168
Marklund Van Der Molen Home 1S406 Wyatt Dr. Geneva, IL 60134 (630) 593-5463	Marklund Richard Home 1S410 Wyatt Dr. Geneva, IL 60134 (630) 593-5161
Nikki Osterloh Volunteer Program Manager nosterloh@marklund.org (630) 593-5468	

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

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

Vision: A happy, safe, purpose-filled life for every individual with intellectual and developmental 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, community day services, or our day school being a Marklund volunteer will enrich your life just as you will enrich the lives of the individuals we serve.

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 Manager of Volunteer Engagement at (630) 593-5468.

How is Marklund funded? Approximately 90% of our \$27 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 gap, approximately 10% of our budget (3 million) which is principally subsidized through Marklund's development department via fund-raising activities, special events, and community support from corporations, foundations, and individuals.

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 Philip Center.

In 1958, Pat Wasmond, a registered nurse and mother, was working in a local doctor's office. This doctor had a child who had severe disabilities requiring 24 hour care. Her family had difficulty managing this challenging situation. Pat offered her assistance and the child came to live with Pat, Bob and their children. She and her husband decided to create a home for children with profound disabilities and Little Angels was founded. It all began with one family taking a child into their home.

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 for families who have children with severe and profound developmental disabilities.

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

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's Geneva Campus includes the Hyde Center building which houses the Community Day Services classrooms and administrative/development offices; six 16-bed homes; and Marklund Day School-Geneva (special education school for students age 3-22). Marklund's Bloomingdale Campus includes the Philip Center (skilled nursing facility for infants, children, and adults); Marklund Day School-Bloomingdale. Marklund's Elgin Campus includes the Wasmond Center (skilled nursing facility for infants, children, and adults); Community Day Services classrooms, and Marklund Day School-Elgin).

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
- ☺ Gardening
- ☺ Virtual activities via zoom (reading, spiritual devotion, demonstrations, etc.)

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.

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 an official record of hours volunteered.

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/students 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! For unexpected absences due to illness or other reasons, please contact the designated staff member at your campus.

Anticipated absences should be reported to the Volunteer department as far in advance as possible so you can be removed from the weekly schedule. 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. 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 any food or beverages 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 or shut them off while you are volunteering.

MARKLUND EMERGENCY PREPAREDNESS PROGRAM (at back of handbook)

Training to prevent, respond to, and recover from natural, man-made, or facility disasters.

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 resident has a variety of staff members responsible for his/her care and programming. Direct care staff are 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 (TAAs) 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 24-26 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

Some of the residents and students of Marklund pass away. 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, even if you are unsure if you need medical attention. An accident/incident report will need to be filled out.

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 and 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
HUMAN RESOURCES POLICY AND PROCEDURE

POLICY NO: 6.0		PAGE 1 OF 5
SUBJECT: Confidentiality and Privacy Rule (HIPAA)		
DEPARTMENTS AFFECTED: ALL		APPROVED BY:
ISSUE DATE: 6/21/93	REVISION DATES: 7/16/94; 8/9/96; 5/1/98; 3/4/05; 12/1/2016	EFFECTIVE DATE: 6/21/93

PURPOSE:

To maintain the confidentiality and privacy of persons served in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended.

POLICY:

Marklund, in accordance with federal and state laws, has developed a policy concerning all rights to confidentiality and privacy that is inherent to this right. HIPAA includes the Privacy Rule standards that address the use and disclosure of individuals' health information – referred to as Protected Health Information (PHI). PHI refers to individually identifiable health information that is transmitted by electronic media, or transmitted or maintained in any other form or medium. Marklund has developed a policy concerning all rights to confidentiality and the privacy that is inherent to this right. It is the goal of Marklund to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care.

PROCEDURES:**Responsibility of Staff and Others**

All staff employed by Marklund, as a condition of employment, will maintain the confidentiality and privacy of the person served. This includes not only regular employees of Marklund, but also consultants, interns and volunteers providing services. Failure to maintain confidentiality and privacy may result in developmental action.

Responsibility of Marklund

Upon Orientation, after being hired by any program within Marklund, each employee will be required to read the current Marklund Confidentiality Privacy Rule Policy and to sign an agreement to adhere to it. (See Attachment 1.) This procedure will also be followed for all interns and consultants who may be exposed to confidential Client information. Registered volunteers will receive confidentiality training and sign an agreement to adhere to such practices.

Marklund will provide additional, on-going training on confidentiality and privacy issues to all Marklund employees to ensure the continued implementation of confidentiality policies.

Marklund will designate one person to assume responsibility for ensuring the confidentiality of Protected Health Information (PHI). This person will be designated as the Security Officer. All staff and individuals served or their legal guardian will receive a Notice of Privacy Practices (Attachment 2.)

Marklund's Notice of Privacy Practices will be posted on the organization's website.

Marklund will provide the technical and training resources to protect PHI from compromise.

Release of Information

No information may be released about a person served by telephone, in person, or in writing unless there is a written release signed by the person served or the guardian if one has been appointed. (See Attachment 3.) The consent form will specify:

1. The person or agency to whom the disclosure is to be made
2. The purpose for which the disclosure is to be made
3. The nature of the information to be disclosed
4. The right to inspect and copy the information to be disclosed
5. The consequences of a refusal to consent, if any
6. The calendar date on which the consent expires (not to exceed one (1) year)

7. The right to revoke the consent at any time

Marklund will release only the minimum necessary information for the purpose stated in the release

Exceptions to Confidentiality

In cases in which there is a clear danger to the person served or others, and the person served and/or guardian are unable to give consent for release of information, confidentiality may be suspended. This would include but not necessarily be limited to:

- Emergency treatment at a hospital
- Notifying police or appropriate agencies for a missing person
- Notifying state department representatives (DCFS, DOA, DPH, OIG) or other appropriate agencies in suspected abuse cases
- Other circumstances where the safety of the individual or others is at risk

When an agency which provides services is being reviewed for purposes of funding, accreditation, reimbursement or audit by a state or federal agency or accrediting body, the record of the person served may be used by the surveyor and personally identifiable information may be disclosed without consent, provided that it is necessary to accomplish the purpose of the review.

For the purposes of statistical compilation, research, evaluation or other similar purpose, information will not be disclosed unless the person who consents to the disclosure specifically consents to the re-disclosure of the information.

Confidentiality regarding Faxes

Any confidential information regarding persons served that is faxed to another location will be accompanied with a cover sheet containing a Confidentiality Statement and reference to HIPAA (Attachment 4.)

Confidentiality regarding Tours and Visitors

Periodically, tours of Marklund programs are given to prospective service recipients and community members for the purpose of program observation, education, and public relations. Because of the mandated rights to confidentiality and privacy, all visitors will be informed regarding privacy and confidentiality at the beginning of each tour by the person conducting the tour.

Only first names of persons served may be given to tour members and persons served will be discussed only in very general forms. All tour members will be informed of Marklund's expectation that they will not divulge any personal or identifying information obtained inadvertently during the tour or observation.

Confidentiality regarding use of Photographs

Occasionally, photographs are taken of individuals or families participating in the programs at Marklund. Upon admission to the program, the person served or his/her guardian, if appointed, will be asked to sign a photo release stating whether or not the person will agree to be photographed. (See Attachment 5.)

Persons served or their guardians have the right to refuse permission for photos to be taken or to revoke consent by submitting the revocation in writing.

Inspection of Records

Persons served or their guardians have the right to inspect any information contained within their files and to have it photocopied. If copies are required, a written request must be filled out (see Attachment 6) and a fee of \$0.50 per page may be assessed on a case-by-case basis at the discretion of the Administrator and payable prior to distribution of records.

Only individuals specified on the Authorization for restricted access to psychotherapy notes will be allowed access to those records (see Attachment 7).

If the person or guardian asks for modification of the record because they believe the information is inaccurate or misleading, they are entitled to submit a written statement about any disputed or new information. This statement must be entered into the record. This addendum must be disclosed whenever the questioned portion of the record is disclosed.

If a person believes that their record contains inaccurate or incomplete Protected Health Information (PHI) a request for

amendment can be made. This is done by contacting the Medical Records Coordinator and requesting a Request to Amend Health Information Form (Attachment 8).

Whenever access or modification is requested, a note should be made in the record of the request and any actions taken.

Access to Records

Staff, Consultants and Interns

Besides the person served and/or his guardian, access to confidential records will be limited to Marklund staff, consultants, and interns hired to provide services to that individual. These persons will have access only to those portions of information necessary to provide effective responsive services to individuals.

Human Rights/Behavior Management Committee

Because the Human Rights/Behavior Management Committee includes persons who are not affiliated with Marklund and because the function of this committee is to ensure the rights of each person served are not violated, access to records is permissible only when a rights/behavior management issue is being reviewed. All committee members who are not Marklund employees will be required to sign a Business Associate Contract (Attachment 9) and to maintain privacy and confidentiality under HIPAA.

Volunteers

No personal information will be given to volunteers regarding persons served without the specific consent of the individual/guardian. Information regarding medical conditions or behavioral problems may be given to volunteers on a case specific basis at the discretion of the director of the program or designated program staff when that information disclosure may be necessary to ensure the safety of the person served and/or the volunteer.

Ensuring Confidentiality and Privacy within Records and Conversations

Records

Entries in an individual's record referring to actions with another individual will be worded in such a way as to protect the confidentiality of the persons served. At no time will the name of a person served be put on any report, document, or note which will be placed in the file of another person served. This would include progress notes, incident reports and data sheets.

Signs or notices regarding individuals served will not use last names and will be placed in a location which is not easily observable to visitors.

Conversations

Staff will be cautious in discussing persons served with anyone not entitled to information regarding the person. This includes, but is not limited to, conversations with parents, other persons served or persons in the community not connected to Marklund. Whenever it is necessary to discuss persons served with others, staff will ensure that the identity of the person served is protected. Marklund staff will also be discreet when discussing persons served with other Marklund staff when such conversations occur in a public place, e.g., a restaurant.

Safekeeping of Records

Marklund accepts responsibility for the safekeeping of each individual's record and for securing it against loss, destruction, or access by unauthorized persons.

In order to safeguard these records, all files will be kept in areas inaccessible to persons other than those authorized to use the files. Information such as behavior management programs, reports of unusual incidents and data sheets will be kept in a locked cabinet or in an area not easily accessible to unauthorized persons.

All documents containing information about persons served will be kept in a location which is not easily observable to visitors or other employees not entitled to the information.

Retention of Records

The Medical Records Coordinator is responsible for purging the oldest material for the active medical personal) charts. Oldest material is hereby defined as being four (4) months old in charts of persons served. Doctor's progress notes are kept for one (1) year in the active chart. All lab reports or miscellaneous medical records are left in the personal chart at the discretion of the Director of Nursing or Nurse Manager. Any Active Treatment, i.e.: IPP's, QIDP notes and assessments are also left in the charts for one (1) year at the discretion of the QIDP.

If a person served is discharged prior to his/her 18th birthday, their medical records will be placed in an inactive file until the client reaches, or would have reached, the age of 23. If a person served is discharged when he/she is 18 or older, the medical records will be maintained in an inactive file for five (5) years following the date of discharge.

Destruction of confidential information which contains PHI of a person served will be overseen by the Medical Records Coordinator, and must be destroyed in a manner that prevents reconstruction:

- *Paper/materials records:* shredding, burning, pulping or pulverizing so that PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed
- *PHI on electronic media:* clearing (using software or hardware products to overwrite media with non-sensitive data), purging (degaussing or exposing media to a strong magnetic field in order to disrupt the recorded magnetic domains), or destroying the media (disintegration, pulverization, melting, incinerating, or shredding)

Removal of Records

At no time will the records/files of persons served be removed from Marklund premises except with the permission of the appropriate Director, or by court order or subpoena.

MARKLUND
GENERAL POLICY AND PROCEDURE

POLICY NO.: 7.01		PAGE: 1-23
SUBJECT: Suspected Abuse, Neglect, Mistreatment of a Client or Injury of Unknown Origin		
DEPARTMENTS AFFECTED: Social Services		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, 12/16/15, 11/5/16, 01/10/19, 11/3/20; 5/14/21, 12/14/22; 06/05/2023; 10/10/2023; 04/25/2024; 05/01/2024	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.

- Physical abuse includes, but is not limited to, hitting, slapping, punching, biting, and kicking; or corporal punishment, which is physical punishment used as a means to correct or control behavior, includes, but not limited to pinching, spanking, slapping of hands, flicking, or hitting with an object.
- Sexual abuse refers to non-consensual sexual contact of any type with a resident.
 - o Sexual abuse includes, but is not limited to: unwanted intimate touching of any kind especially of breasts or perineal area; all types of sexual assault or battery, such as rape, forced oral copulation, and sodomy; coerced nudity; forced observation of masturbation and/or pornography; and taking sexually explicit photographs and/or audio/video recordings of a resident(s) and maintaining and/or distributing them (this would include, but is not limited to, nudity, fondling, and/or intercourse involving a resident.)
 - Generally, sexual contact is nonconsensual if the resident either: (a) appears to want the contact to occur but lacks the cognitive ability to consent; or (b) does not want the contact to occur.
- Mental abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.
 - Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability.
 - Examples of mental/verbal abuse include, but are not limited to, harassing a resident; mocking, insulting, ridiculing; yelling or hovering over a resident with the intent to intimidate; threatening residents, including but not limited to, depriving a resident of care or withholding a resident from

contact with family or friends; and isolating a resident from social interaction or activities.

NEGLECT is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

IDPH (Illinois Department of Public Health):

Abuse – any physical injury, sexual abuse, or mental injury inflicted on a resident other than by accidental means.

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.

Injuries of Unknown Source- an injury is one of “unknown source” when the following conditions are met:

- The injury is not the expected outcome of the Client’s condition or disease process; **and**
- “The source of the injury was not observed by any person **or** the source of the injury could not be explained by the resident;” **and**
- “The injury is suspicious because of the extent of the injury **or** the location of the injury (e.g., in an area not generally vulnerable to trauma) **or** the number of injuries observed at one particular point in time **or** the incidence of injuries over time.”

OIG (Office of Inspector General) definitions specific to Community Day Services sites—see addendum (pages 6-15)

GENERAL PROCEDURE

All employees will be inserviced on General Policy 7.01 Abuse and Neglect at minimum on an annual basis, and more often as deemed necessary (i.e., a substantive change in policy; need for retraining, etc.) Annual inservicing will include, at a minimum, a review of the full policy and procedure and a scored quiz and/or a documented interactive discussion to show understanding of the prevention, detection, and reporting of abuse and neglect. Failure to complete the annual training may result in developmental action, up to and including termination.

Failure of an employee to report the listed matters against our clients, or refusal to fully cooperate in an investigation may result in Developmental Action proceedings up to and including possible termination.

Risk Factors for Vulnerability to Abuse or Neglect

Persons with disabilities are particularly vulnerable to abuse and victimization due to their physical, intellectual, and emotional challenges and, in some cases, their dependence on others for basic needs. People with developmental disabilities are four to ten times more likely to be abused than their peers without disabilities. Success in identifying and intervening in situations that place persons with disabilities at risk requires an understanding of what makes them more vulnerable to becoming victims of crime, abuse, and neglect.

Common risk factors include, but are not limited to, the following:

- Dependence on others for personal care and/or lack of control over the nature of the care.
- Socialization to accept being touched by anyone, particularly someone labeled as ‘employee’ or ‘staff’.
- Difficulty differentiating between appropriate and inappropriate actions, leading to uncertainty as to what constitutes abuse/neglect.
- Difficulty in understanding the concept of ‘stranger’.
- Difficulty understanding/accepting someone they know would harm them.
- Lack of sex education or the inability to understand sex education.
- Communication skills deficits.
- Reliance on others for decision-making in their best interest.
- Required, in a living/work/educational/care environment, to be compliant.
- Disclosures of abuse being ignored because they may be seen as less credible when made by a person with a disability.
- Failure of others to recognize indicators of physical abuse, such as if unexplained bruises are associated with a person’s disability (e.g., history of self-harm or medication side-effects) instead of possible abuse indicators.
- Failure of others to recognize secondary indicators of abuse, such as if impaired social interactions are associated with a person’s disability (e.g., depression or behavioral changes) instead of possible abuse indicators.
- Failure to understand that persons with disabilities are harmed by abuse.

Any of the factors in the above checklist may indicate an increased vulnerability; multiple factors place an individual at a higher risk for increased vulnerability to abuse. Individuals with a higher risk of abuse require staff to have an increased level of awareness for any potential indicators of potential abuse.

Possible indicators of abuse may be overt or they may be subtle. It can be especially challenging to recognize indicators in an individual with developmental disabilities as they may be masked or muted due to an individual’s cognition and communication methods. Staff working with an individual should be familiar with how they communicate, and their normal moods, habits, and health status. Any exhibited behavioral indicators of potential abuse should be reported immediately to the Director of Nursing/Administrator. Any physical indicators of potential abuse or neglect or allegations of abuse or neglect should be reported immediately to the Administrator as outlined in this policy.

Below are some potential physical and behavioral indicators of physical and/or sexual abuse:

Physical indicators of possible abuse

- Non-accidental bruises or bruises of unknown origin, or bruises in suspicious areas and/or in suspicious shapes (e.g., bruises that are shaped like fingers)
- Head or facial injuries
- Burns
- Binding marks indicating choking or restraint
- Human bites
- Fractures
- Injury to internal organs
- Unusual weight loss or gain

Physical indicators of sexual abuse

- Pregnancy
- Significant weight gain or loss
- Recurrent urinary tract infections
- Difficulty walking or sitting
- Psychosomatic complaints
- Pain or discomfort in the genital area
- Sexually transmitted disease
- Genital bruising
- Changes in bowel or bladder habits
- Evidence of trauma or unexplained bleeding to genital or rectal area
- Unusual or offensive odors
- Torn or blood-stained clothing (bed linens)
- Missing undergarments

Behavioral Indicators of possible abuse

- Hostility/defiance
- Withdrawal from friends or usual activities
- Anger/hyperactivity
- Change in appetite
- Self-harm
- Developmental regression
- Reluctance to go to a particular place or be with a particular person
- Compulsive behavior (such as constant washing)
- Over-compliance/extreme docility
- Sleep disturbances
- Denial of problem with marked lack of expression
- Reluctance to go to school/day services or reluctance to come home

Behavioral indicators of sexual abuse

- Unusual interest in and/or knowledge of sexual acts
- Sexually inappropriate behaviors
- Excessive masturbation
- Attempts to touch people's genitals
- A negative view of their own body, especially the genital area
- Depression, severe anxiety, panic attacks, irritability, aggressiveness, feelings of shame and guilt, irrational fear, and/or self-destructive/self-harming behavior including suicide attempts.
- Substance abuse
- Psychosomatic symptoms such as stomachaches, headaches, seizures, and problems with sleep
- Inability to focus
- Crying spells
- New fear of specific people or places
- Changes in usual habits or mood, such as withdrawal from relationships/activities
- Unusual emotional attachment to a particular staff member or individual
- Refusal to communicate
- Reluctance to undress/change and/or resists physical exams
- Avoidance of bathrooms (if able to toilet)

Direct Witness of Abuse:

If an employee witnesses someone abusing (physical, sexual, and/or mental abuse) a client, they should immediately do the following:

1. Yell “STOP” and “CALL 911”
2. Facility staff should then call 911, hit the facility’s panic button, and/or pull the fire alarm if unable to do one of the first two actions.
3. The witness should evaluate if the situation is safe for them to intervene directly (no weapons, perpetrator moves away or leaves and does not threaten to harm the client(s) or staff), or if the situation is dangerous for client(s), themselves, and other staff (perpetrator has a weapon, threatens to harm client(s) or staff, or attacks client(s) or staff.)
 - a. If situation appears **safe** to staff and clients make sure the perpetrator is physically separated from the client and:
 - i. the witnessing staff should secure the safety of the resident:
 1. Stop the bathing/changing/other activity that is occurring;
 2. Assess client for fractures or potential head/spinal injuries – do not move client in this case unless they are in immediate danger.
 3. Provide emergency medical care as needed.
 - ii. The senior staff member and/or staff nurse should initiate a facility lockdown procedure immediately by paging throughout the building to secure other clients and staff.
 - iii. Ensure the perpetrator is separated from all clients and supervised one-on-one at all times until the authorities arrive.
 1. Do not attempt to restrain the perpetrator if they try to leave the building/facility.
 - iv. The senior staff member and/or staff nurse should initiate a campus-wide lockdown procedure by paging to all campus sites.
 - v. Notify Administrator of event.
 - vi. Wait for police/emergency services to arrive and follow their instructions.
 - b. If the situation appears **dangerous** to staff and/or clients:
 - i. Senior staff/staff nurse should initiate facility lockdown or evacuation procedure, based upon the specific situation.
 - ii. Do not attempt to restrain the perpetrator if they attempt to leave the facility. In this case:
 1. Secure the safety of the resident:
 - a. Assess client for fractures and/or potential head/spinal injuries – do not move client in this case unless they are in immediate danger
 - b. Provide emergency medical care as needed.
 - iii. Senior staff/staff nurse should initiate campus-wide evacuation or lockdown procedure, based on the specific situation.
 - iv. Notify Administrator if safe to do so. If unable, notify Administrator once the facility is secure.
 - v. Wait for police/emergency services to arrive and follow their instructions.

Follow the below instructions on conducting an internal investigation, in conjunction with any investigations being conducted by police and/or a regulatory agency (IDPH, OIG, DHS, DCFS, etc.)

Verbal or Written Report of Abuse/Neglect:

1. If the abuse/neglect was not directly witnessed or there is an injury of unknown origin, the staff person receiving the report should immediately secure the safety of the client, and determine if they require medical care. The Nurse should either (a) provide medical care on-site, or (b) arrange transport to a hospital, either by calling 911 or transporting through other services, depending on the severity of the injury/potential injury.
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, MWC, and 16 bed homes within 24 hours; for CDS 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 so that they have no access to clients until the investigation is resolved. 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. Provide immediate medical care to the client if needed and able, or call 911 if unable to provide comprehensive care for any injuries. 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. The involved resident(s) should also be interviewed, and if unable to respond verbally or provide information through an alternate means (nodding, eye gazing, blinking, non-word verbalizations, etc., if applicable), such should be documented as part of the investigation.
- d. In the case of an unknown source, potential witnesses who had credible access to the alleged victim during the estimated time of the injury as well as anyone prior to and/or after the estimated time of the injury should be interviewed. The interviews will go back at a minimum 72 hours prior to the report, but the timeframe may be expanded as needed in order to complete a thorough investigation. 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 CDS 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. Any employee who is deemed through investigation to have abused or neglected a client, will be terminated and will not be eligible for rehire at Marklund.
6. General procedure for the CDS sites—see addendum pages 6-15.

SPECIFIC PROCEDURES:

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

1. If the Client needs immediate medical help and/or it is a clear case of abuse, the Investigator and/or Administrator will call 911 to notify the local authorities and to obtain medical services for the resident. 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 or longer as necessary to the report should 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 physical or behavioral signs of abuse.
 - a. If suspected abuse is sexual, the Doctor (either facility Medical Director, designee, or hospital physician) conducts the exam. An RN may conduct the initial exam if the MD is unavailable. The exam and its findings should be thoroughly documented. If any indication, physical or behavioral, of sexual abuse is found during the exam or interviews, the investigator or designee should 911 and transporting the resident to an ER for a forensic sexual assault exam.
4. If the Client asserts the abuse or neglect, the psychologist will be contacted and an assessment will be done in conjunction with the client's QIDP.
5. If allegations are founded, then long-range counseling and medical services will be offered to the Client, and the appropriate legal action will ensue.
 - a. If the Client chooses to return to the facility, the Administrator will offer the following options to the guardian/client if available:
 - i. Movement to another Marklund facility with an open bed; or
 - ii. Movement to another bedroom in the same facility if feasible.
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.
3. Occurring at CDS—see addendum pages 6-15.

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 ProcedureF. Notification Of Local Law Enforcement Authorities:

1. Contacting local law enforcement: Local law enforcement authorities shall be immediately (within two hours) contacted if, upon investigation:
 1. It is suspected that physical abuse involving physical injury has been inflicted upon a resident by a staff member or visitor; or
 2. It is suspected that sexual abuse has been inflicted upon a resident by a staff person, another resident or a visitor; or
 3. It is suspected that a crime has been committed in the facility by a person other than a resident; or
 4. 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. Facilities may be evacuated or placed on lockdown to help ensure resident and staff safety if the situation becomes dangerous. (Please see Emergency Operations Plan and Rapid Response Guides for evacuation/lockdown procedures.)

COMMUNITY DAY SERVICES ADDENDUM

It is the policy and the responsibility of Marklund to report all allegations of abuse/neglect and deaths to the Office of the Inspector General in the Illinois Department of Human Services within the required time frames in an appropriate and thorough manner. All employees (which includes owners/operators, contractors, subcontractors and volunteers) of Marklund shall adhere to the standards set forth in this policy directive. Nothing in this policy directive precludes the agency's responsibilities as outlined in Illinois Administrative Code, Chapter 1, Title 59, Part 50, herein referred to as "Rule 50."

Objective

To describe the procedures for reporting and responding to allegations of abuse, neglect, death, and other reportable incidents to the Office of the Inspector General (OIG).

Responsibilities

The Marklund Administrator or his/her designee shall ensure that all employees (which includes owners/operators, contractors, subcontractors and volunteers) are trained upon hire, and at least biennially thereafter, and are held responsible for carrying out the designated duties set forth in Rule 50 and this policy. The Rule 50 training should 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's Health Care Worker Registry except when any appeal is pending or successful.

DEFINITIONS:

Abuse: See definitions 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.

Aggravating circumstance: 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 or 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 or 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 personnel, 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 summarizes 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 resources through deception, intimidation, or conversion for the employee's, facility's, or agency's own advantage or benefit.

Finding: 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/).

Imminent Danger: A preliminary determination of immediate, threatened or impending risk of illness, mental injury, or physical injury or deterioration to an individual's health that requires immediate action.

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

Insulting and provoking: Conduct that offends a reasonable sense of personal dignity.

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

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 or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.

Mitigating circumstance: A condition that is attendant to a finding, and 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, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, causes 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 for the Illinois Department of Human Services.

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 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, sexual behavior or intimate physical behavior. Sexual abuse also includes:

- An employee's actions that result in the sending or showing of sexually explicit images to an individual(s) via computer, cellular telephone, electronic mail, portable electronic device, or other media with or without contact with the individual; OR
- An employee's posting of sexually explicit images of an individual online or elsewhere whether or not there is contact with the individual.

Sexual abuse does not include allowing individuals to, of their own volition, view movies or images of a sexual nature, or read text containing sexual content unless the individual's guardian prohibits the viewing of such movies or images or reading of such material.

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 description or narrative accounts of sexual excitement, sexual conduct, or sadomasochistic abuse.

Sexually Explicit Images do not include those images contained in sex education materials used by employees to educate individuals.

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

Unfounded: There is no credible evidence to support the allegation.

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

Procedure

A. Reporting

1. If an employee witnesses, is told of, or suspects an incident of physical abuse, sexual abuse, mental abuse, financial exploitation, neglect or a death has occurred, the employee or agency shall report the allegation to the OIG Hotline (1-800-368-1463). The employee or agency shall report the allegation immediately, but no later than the time frames specified herein.
2. Nothing precludes the employee from reporting the allegation to the agency according to its procedures. The employee must report any allegation of physical abuse, sexual abuse, mental abuse, financial exploitation, neglect or a death 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.
3. The agency shall then ensure that allegations of abuse, neglect and deaths are reported to OIG no later than the time frames specified herein.

B. Reporting to OIG

1. All allegations of abuse/neglect and death shall be reported to the OIG within the following required time frames:
 - a. Four-hour reporting - Within four hours after the initial discovery of an incident of alleged abuse or neglect, all allegations shall be reported to OIG's Hotline number: 1-800-368-1463. Four-hour reporting includes the following:
 - i. Any allegation of abuse, including financial exploitation;
 - ii. Any allegation of neglect; and
 - iii. Any injury or death of an individual that occurs within the agency's programs when abuse or neglect is suspected.
 - b. At a minimum, the following details must be reported to the OIG Hotline concerning the allegation or death:
 - i. Information about the victim, including name, date of birth, sex, disability, and identification number and/or social security number (if known);
 - ii. Information about the incident, including what happened, when it happened, where it happened, how it happened and the identification of all witnesses;
 - iii. Information about the accused (if known), including name, contact information and the accused is presently working with or will be working with the victim, and
 - iv. Information about the person initiating the complaint, including name, contact information, and relationship to the victim.

- c. Deaths: The following reports of death shall be made to the OIG Hotline within 24 hours after initial discovery:
 - i. Any death occurring within 14 calendar days after discharge or transfer from a residential program;
 - ii. Any death occurring within 24 hours after deflection from a residential program; and
 - iii. Any other death of an individual occurring within a residential program or at any DHS funded site even though not alleged to be a result of abuse or neglect.
 - d. Screening, delaying or withholding reports of incidents or allegations of abuse or neglect from OIG is strictly prohibited. The Authorized Representative or his or her designee shall not delete, delay, withhold, limit or otherwise restrict any information contained in the report. Information may be added for clarification purposes only.
 - e. It is a violation of the Act to take retaliatory action against an employee who acts in good faith in conformance with his or her duties as a required reporter.
2. **OIG Hotline:** The OIG Hotline telephone number (1-800-368-1463) shall be communicated to individuals and guardians at the time of admission and the number shall be posted in plain sight at each community agency location where individuals receive services.

C. Process for Notification of Alleged Victim and Guardian

After OIG notifies the Marklund OIG Liaison that an allegation of abuse or neglect has been received, the Marklund Administrator or his/her designee shall notify the victim or his/her legal guardian, if applicable, of the allegation within 24 hours. If Marklund Administrator or his/her designee is unable to reach the guardian by phone, a letter of notification shall be sent within 24 hours.

D. Incident Management/Investigation

- 1. If an allegation would meet the definition of abuse or neglect in OIG Rule 50, the Marklund Administrator or his/her designee shall:
 - a. Ensure the immediate care and protection of the victim;
 - b. Obtain medical examinations, when applicable, and fully document the findings;
 - c. Remove accused employees from having contact with any individuals at the agency, when there is credible evidence supporting an allegation of abuse, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.
 - d. Report for emergency response when necessary:
 - 1. When the Marklund Administrator or his/her designee determines that a medical emergency exists, immediately contact 911 for assistance;
 - 2. When the Marklund Administrator or his/her designee determines that law enforcement assistance is needed, immediately contact the appropriate local law enforcement authority, and notify OIG within one working day of the date and time the local law enforcement authority was notified and the name of the officer who took the report.
- 2. If there is an allegation or indication of a physical injury, sexual assault or any situation where a victim's health is in question, the agency shall immediately seek appropriate medical attention.
- 3. The Marklund OIG Liaison shall ensure that OIG is notified of any changes in the alleged victim's condition, the nature of the injury or allegation, the involvement of any law enforcement authority, or the work status

of the accused.

4. Pursuant to statute, agencies are prohibited from conducting their own complete abuse/neglect investigations. However, the agency shall initiate the preliminary steps of the investigation by a designated employee who has been trained in the OIG-approved methods, delineated under Rule 50.30(f), to gather evidence and documents and for whom there is no conflict of interest, unless otherwise directed by OIG or a law enforcement authority.
5. Response and examination of scene of incident: Unless otherwise directed by OIG, ensure appropriate responses to the allegation, which may include the need to secure the scene of the incident and preserve evidence, when applicable:
 - e. Securing the scene entails cordoning off and preventing access to and removal of objects from the area where the incident occurred. When there may be physical or visual evidence, the scene should be photographed from several angles, and nothing in the scene will be altered (e.g., floors washed, furniture moved, clothing laundered) until directed to do so by the appropriate investigating entity.
 - f. Immediately securing and preserving all relevant physical evidence.
3. After securing the scene and if either directed by law enforcement or OIG to secure evidence or if the agency has an approved investigative protocol for the current fiscal year, then diagram the location of, clearly photograph, and collect all evidence placing it in a separate and appropriate container (e.g., paper bag or envelope). Under no circumstance should any item of evidence be placed in a plastic bag.
4. In an allegation of sexual abuse, ensure that the victim has a complete medical examination before the victim showers or bathes, unless the victim objects.
5. Identify and separate potential witnesses, when applicable.
6. Copy and/or impound relevant documents as directed by the appropriate investigating entity.
7. 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. The chain of custody must be maintained and documented for all evidence collected.

6. **Photographs**

- a. When injuries are alleged to be the result of abuse or neglect, the Marklund OIG investigator shall ensure that they are photographed immediately, even if the injury is not evident at the time.
 8. Each photograph taken with 35mm film will be annotated by a label on the reverse with identifiers including the victim's name, date and time of the photograph, location of the injury, name of the person taking the photograph, and OIG case number, when known.
 9. Each photograph taken with a digital camera must be identified with the information above and submitted both as a hard copy and in electronic file format such as JPG or PNG.
 10. Take photographs both with and without an item of standard measurement, such as a ruler.
 11. Always include an identifying photo, one which shows both the alleged victim's face and injury site in the same photograph.
 12. List all photographs taken on a photographic log.
- b. The privacy of the individual must be considered in all photographs. 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 every effort should be made to ensure that the photograph is taken by a person of the same gender as the alleged victim.

7. **Initial written statements**

- a. When accused persons and potential witnesses are separated pursuant to (VI)(E)(5)(a)(2)((3)) above, the Marklund OIG investigator may require written statements from each person, detailing what he or she knows about the alleged abuse/neglect or other incident. The statement must be written in a quiet and private location and be secured for delivery to OIG.
- b. The statement shall be obtained immediately upon the report of an allegation.
- c. The person providing the statement may also be required to draw a diagram of the location of the allegation, identifying all persons present.

8. **Additional responsibilities**

- a. If, at any point, OIG determines, and informs the agency that there is credible evidence of a possible criminal act, the agency shall notify the appropriate law enforcement authority immediately, but no later than 24 hours after such discovery, and shall notify OIG of that notification and any report/complaint number(s) within one working day.
- b. Confidentiality of Information
 13. Any allegation(s) or investigations of reports of abuse and neglect shall remain confidential until a final report is completed and approved by OIG.
 14. Information concerning diagnosis and treatment for alcohol or drug abuse shall be disclosed to OIG in accordance with federal regulations. OIG investigations are exempted from restrictions under the federal Health Information Portability and Accountability Act (HIPAA).
 15. Information concerning tests for human immunodeficiency virus (HIV) and diagnosis and treatment for acquired immune deficiency syndrome (AIDS) shall be disclosed to OIG only in accordance with the AIDS Confidentiality Act.
 16. All personal health-related information contained in investigative reports shall remain confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

F. **Processing Investigative Reports**

1. The Marklund OIG Liaison shall maintain a local investigative case file containing copies of all investigatory materials. This includes all evidence, such as photographs, surveillance video, written statements and records. The file shall also include documentation of all corrective actions taken as a result of the case.
2. Notifications, Final Report Findings: After receiving a final report if the alleged victim is an individual with a guardian, the Marklund Administrator or his/her designee shall inform the individual and the guardian, in an appropriate manner, whether the allegation was substantiated, unsubstantiated or unfounded.
3. Confidentiality of Final Reports
 1. Final reports of substantiated investigations shall be released only in accordance with Section 1-17 of the DHS Act, Section 6 of the Abused and Neglected Long Term Care Facility Residents Reporting Act, federal confidentiality statutes, the Illinois Mental Health and Developmental

Disabilities Confidentiality Act, the Freedom of Information Act (OIG investigations are governed by this Act), and court orders.

2. Final reports of unsubstantiated or unfounded allegations shall remain confidential except that final reports shall be released pursuant to Section 6 of the Abused and Neglected Long Term Care Facility Residents Reporting Act (210 ILCS 30/6), Section 1-17(m) of the Department of Human Services Act (20 ILCS 1305), or a valid court order.
3. The identity of any person as the complainant shall remain confidential in accordance with the Freedom of Information Act or unless authorized by the complainant.

**OIG HOTLINE:
(800) 368-1463**

I have read and understand Marklund's General Policy and Procedure No. 7.01 – Suspected Abuse, Neglect, Mistreatment of a Client or Injury of Unknown Origin. I have also received a copy of Marklund's General Policy and Procedure No. 7.01 – Suspected Abuse, Neglect, Mistreatment of a Client or Injury of Unknown Origin

SIGNATURE_____

DATE_____

PRINTED NAME_____

SUSPECTED ABUSE, NEGLECT OR MISTREATMENT OF A CLIENT AT COMMUNITY DAY SERVICES

If an employee witnesses, is told of, or has reason to believe an incident of abuse, neglect, financial exploitation, or a death has occurred, the employee must report this immediately to the Director in charge of the program or other designated individual.

Report immediately to:

Primary Contacts: Kayla Clifton, CDS Program Manager, MHC
630-953-5495
or
Thomas Straza, CDS Program Manager, MWC/MPC
224-523-7550
or
Kevin Gatto, CDS Program Manager, NEC
630-953-5234

If you cannot make direct verbal contact with Kayla, Thom or Kevin, then call:

Secondary Contact: Kimberly Kahl, Director of Community Day Services
630.953.5271

If you cannot reach any of the above, contact the site Administrator.

DO NOT LEAVE A MESSAGE

**YOU MUST REPORT AN INCIDENT IMMEDIATELY BY
MAKING DIRECT VERBAL CONTACT**

Any allegation of abuse, any allegation of neglect, any allegation of financial exploitation, 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 by the designated contact to the OIG hotline within 4 hours.

OIG Hotline: (800) 368-1463

REPORT ABUSE AND NEGLECT

The Department of Human Services OIG investigates

NEGLECT,

PHYSICAL ABUSE,

MENTAL ABUSE,

SEXUAL ABUSE, and

FINANCIAL EXPLOITATION

If you or someone you know has been abused or neglected, call the OIG Hotline at

1-800-368-1463

Obstructing an OIG investigation is against the law and could result in being banned from working as a health care worker in Illinois.

(20 ILCS 1305/1-17(s))

INFORMAR ABUSO Y NEGLECTO

El Departamento de Servicios Humanos OIG investiga

NEGLECTO,

ABUSO FÍSICO,

ABUSO MENTAL,

ABUSO SEXUAL, y

EXPLOTACIÓN FINANCIERA

Si usted o alguien que conoce ha sido abusado o descuidado, llame a la línea de la OIG al

1-800-368-1463

Obstruir una investigación de OIG es ilegal y podría resultar en ser prohibido de trabajar como trabajador de atención médica en Illinois.

(20 ILCS 1305/1-17(s))

Any employee, family member, guardian, or volunteer who suspects, witnesses or hears of abuse, neglect, financial exploitation, 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.

IF YOU WITNESS PHYSICAL, SEXUAL OR MENTAL ABUSE OF A CLIENT:

YELL LOUDLY:

“STOP!” AND “CALL 911!”

FACILITY STAFF:

CALL 911 * HIT PANIC BUTTON * PULL FIRE ALARM

IS IT **SAFE TO INTERVENE?**

1. SECURE CLIENT AND PHYSICALLY SEPARATE FROM PERPETRATOR
 - Stop bathing/changing/activity
 - Do not move client until assessed for fractures, head injury, etc., unless in immediate danger
 - Provide emergency medical care
2. SENIOR STAFF INITIATE FACILITY LOCKDOWN PROCEDURE
3. SEPARATE PERPETRATOR FROM ALL CLIENTS AND MONITOR 1-ON-1 UNTIL AUTHORITIES ARRIVE.
 - DO NOT ATTEMPT TO RESTRAIN IF THEY TRY TO LEAVE FACILITY.
4. SENIOR STAFF INITIATE CAMPUS-WIDE LOCKDOWN PROCEDURE.
5. NOTIFY ADMINISTRATOR.
6. WAIT FOR POLICE TO ARRIVE AND FOLLOW THEIR INSTRUCTIONS.

POLICE: INCIDENT COMMANDER

ARE STAFF AND CLIENTS IN **DANGER?**

1. SENIOR STAFF INITIATE FACILITY LOCKDOWN OR EVACUATION PROCEDURE.
2. IF ABLE, PHYSICALLY SEPARATE CLIENT FROM PERPETRATOR:
 - stop bathing/changing/activity
 - Do not move client until assessed for fracture, head injury, etc., unless in immediate danger
 - Provide emergency medical care
3. DO NOT ATTEMPT TO RESTRAIN PERPETRATOR IF THEY LEAVE THE FACILITY.
4. SENIOR STAFF INITIATE CAMPUS-WIDE LOCKDOWN PROCEDURE.
5. NOTIFY ADMINISTRATOR IF ABLE TO DO SO SAFELY.
6. WAIT FOR POLICE TO ARRIVE AND THEIR FOLLOW INSTRUCTIONS.

POLICE: INCIDENT COMMANDER

MARKLUND

Loss/Theft Report

Date of Incident: _____ Time: _____ a.m./p.m.

Location: _____

Involved Party (ies): _____

Notified Supervisor: _____

Description of Incident:

Approximate Value of Missing Item(s): _____

Actions Taken:

Results:

Police Notified: _____ a.m./p.m. Date Called: _____

Police Officer's Name: _____

Reviewed at Safety Committee: _____



MARKLUND
RESIDENT OCCURRENCE INVESTIGATION REPORT
(For All Occurrences)

24-Hours Initial Report Sent to IDPH? ☐ Yes ☐ No		Date Submitted: ____/____/____	Via: ☐ Fax ☐ Phone ☐ Email ☐
Mail			
Resident	Occurrence Date	Injury Type ☐ Abrasion ☐ Bruise ☐ Burn ☐ Head Trauma ☐ Laceration ☐ R/O Fx ☐ Swelling ☐ Other ☐ Potential for Injury ☐ No Injury	Occurrence Type ☐ Serious Injury ☐ Non-Serious Injury ☐ Injury of Unknown Source ☐ Alleged Mistreatment (Abuse/Neglect/Theft) ☐ Resident Death

What Happened? (Provide summary of occurrence description from initial report)

Follow-up Report (Provide summary of facility actions and an update on resident status since initial report)

When Was Resident Last Seen Without the Injury?

Date: ____/____/____ Time: ____ A.M./P.M. Location: _____

Comments:

Staff Who Had Contact with Resident within 72 Hours Prior to Injury:

Name	Date/Day of Contact	Shift

Excluding Staff, List Others Who Had Contact with Resident Within 72 Hours Prior to Injury:

Name	Relationship	Date/Day of Contact	Time of Contact

Did Resident Leave Facility Within 72 Hours Prior to Injury: ☐ No ☐ Yes If yes, describe:

Resident Status Prior to Injury: (Provide a detailed description of the resident's medical diagnosis, functional capacity, and behavioral issues)

Care Plan/Nursing Interventions at Time of Injury: (Provide pertinent details of residents nursing needs, assistive/safety devices and any special handling techniques outlined in care plan)

SUMMARY OF INTERVIEWS			
Name (Position or Relationship)	Date/Time Resident Last Seen	Injury Present at That Time?	Cause of Injury Known? Comments

SUMMARY OF FACTS

Investigation and interviews have uncovered the following facts:

-
-
-
-
-
-
-
-
-
-

CONCLUSIONS

Root Cause Analysis:

Policy/Systems Factors	Human Resource Factors	Environmental Factors	Resident Characteristics/Internal Risk Factors
☐ Written policy/procedure not in place	☐ Human Error	☐ Unsafe Equipment	☐ Resident behavior
☐ Policy/procedure not effectively communicated	☐ Staff did not follow care plan/policy/procedure	☐ Improper housekeeping or maintenance	☐ Resident abnormal movement patterns
☐ Policy/procedure not carried out as intended	☐ Physical or mental impairment	☐ Uncontrollable external factors	☐ Resident medical condition
☐ Plan of Care not in place	☐ Lack of training or skill	☐ Other:	☐ Other:
☐ Care plan not communicated	☐ Staffing levels not sufficient		
☐ Other:	☐ Lack of supervision		

Additional Conclusions:

- Abuse/neglect was suspected: ☐ YES ☐ NO
-
-
-
-
-
-
-
-
-

CORRECTIVE MEASURES TO REMEDY AND/OR PREVENT RECURRENCE			
Recommendation	Person Assigned	Deadline	Date Completed

☐ Report Closed Date: ____/____/____ Signature/Title: _____



RESIDENT OCCURRENCE REPORT
WITNESS STATEMENT

Witness Name	Title/Position	How long employed here?
Resident Name Involved in Occurrence	Occurrence Date	Occurrence Time

Describe what the resident and/or caregiver was/were doing, (Include any equipment, supplies, orthotics, and/or personal items that were being used)

Describe what you saw and/or heard:

Describe who or what caused the accident (include any observation of an unsafe act, unsafe equipment, unsafe environment, etc.)

Describe the caregivers and/or resident's response immediately after the accident:

☐ This statement was written by the person witness identified above ☐ This statement was recorded by facility staff interviewing the witness identified above

Signature/Date of Witness	Signature/Date of Interviewer

MARKLUND
HUMAN RESOURCES POLICY AND PROCEDURE

POLICY NO:
3.19

POLICY NO: 3.19

PAGE: 1 OF 2

SUBJECT: HARASSMENT & DISCRIMINATION

DEPARTMENTS AFFECTED: ALL

APPROVED BY:

ISSUED: 4-16-92

REVISED: 7-8-16

EFFECTIVE DATE: 12-1-90

PURPOSE:

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

POLICY:

Harassment, and all forms of discrimination, 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 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 intimidating, hostile or offensive work environment. It is important to note that the offended employee is encouraged to clearly indicate that the conduct has offended him/her and such conduct was not welcome.

Conduct which is not viewed as reasonably acceptable 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 workplace harassment and discrimination complaints against a co-worker, supervisor or other individual must bring the complaint to management's attention.

It is the policy of Marklund to maintain a work environment free of unlawful harassment and discrimination for all employees. Harassment and discrimination based on a person's race, creed, religion, color, age, national origin, pregnancy, gender, sexual orientation, genetic information, ancestry, marital status, military discharge status, veteran status, citizenship status, mental or physical disability will not be tolerated.

Harassment includes (but is not limited to) name-calling, letters, jokes, e-mail, cartoons, graffiti, pictures, posters, gestures, ethnic slurs, racial epithets, and other conduct, which is aimed at a particular employee or group of employees.

Sexual harassment is also unacceptable conduct, which violates this policy. Sexual harassment encompasses a wide range of unwanted, sexually directed behavior, and has been defined in the following manner:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or such conduct has the purpose or effect of unreasonable interference with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Harassment applies to the conduct of a supervisor toward a subordinate, an employee toward another employee, a non-employee toward an employee or an employee toward an applicant for employment. Harassment can apply to conduct outside the workplace as well as on the work site.

All allegations of harassment and discrimination will be investigated thoroughly. The facts will determine the response of the Marklund to each allegation. Substantiated acts of harassment will be met with appropriate disciplinary action by the Marklund up to and including termination. All information regarding any specific incident will be kept confidential within the necessary boundaries of the fact-finding process. No reprisal or retaliation against the employee reporting the allegation of harassment will be tolerated.

COMPLAINT PROCEDURE:

1. Any incident of harassment or discrimination should be reported to the employee's immediate supervisor, or to his or her immediate supervisor's supervisor or to the Director of Human Resources.
2. The accused may be suspended without pay pending the results of an investigation conducted by the Human Resources Department and/or the person's supervisor (see attached). The investigation will be carried out by the person's supervisor and/or Director of Human Resources. The final determination on the complaint and any necessary actions to be taken will be determined by The Director of Human Resources and the President/CEO. Actions taken internally to investigate and resolve harassment and discrimination complaints shall be conducted confidentially to the extent reasonably possible. All individuals asked to participate in an investigation are expected to cooperate and to be truthful.
3. If the determination is made that no harassment or discrimination 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 or discrimination, then the accused will receive what is determined to be the appropriate disciplinary action up to and including discharge.

PROTECTION AGAINST RETALIATION:

Any employee who, in good faith, reports an alleged incident of sexual harassment will under no circumstances be subject to reprisal or retaliation of any kind. Any employee who feels he or she has been subjected to such adverse actions should report those actions to his or her supervisor, or to the Human Resources Department. Any employee, however, who is found to have knowingly made a false accusation of sexual harassment or retaliation may be subject to appropriate disciplinary action up to and including termination.

MARKLUND
HUMAN RESOURCES POLICY AND PROCEDURE

POLICY NO: 3.2.3 **PAGE:** 1
SUBJECT: SMOKE;TOBACCO;VAPOR FREE POLICY

DEPARTMENTS AFFECTED: ALL **APPROVED BY:** _____

ISSUED: 12/01/90 **REVISION DATE:** 10/31/96; 6/11/98 ; 8-01-11 ; 7-01-2015 **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, nicotine, or vapor products by employees or visitors compromises the mission of Marklund.

POLICY: All areas of the workplace and Marklund owned or leased properties are now smoke, tobacco, and vapor-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 of these products is prohibited while working. In addition, this policy prohibits the use of these 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 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. 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.

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
10/16/17

POLICY STATEMENT: In an effort to maintain a safe environment for all clients, employees, volunteers, visitors and families by minimizing unnecessary distractions, Marklund's policy is to limit the use of personal cell phones and other portable communication devices during worked time. Cell phones and other portable communication devices should never be used in any way that would distract from client care or customer service. Portable communication devices include one that makes or receives phone calls, leaves messages, texts messages, accesses the Internet or allows for the reading of and responding to email.

GUIDELINES:

- During work time, the use of personal cell phones (including texting, internet usage, etc.) is not appropriate and can interfere with the care provided to clients, productivity, and can be distracting to others.
- Employees are expected to use personal cell phones on non-worked time only. Employees may use their phones during their normal break times, and only in designated areas. Personal cell phones should never be used in front of the clients for any reason, unless for official purposes and approved by supervisor
- Employees are expected to inform family and friends of the policy to help insure compliance.
- In general, personal cell phones should not be kept with the employee during their paid work time, except in extreme situations and approved by supervisor.
- If employees should choose to keep their phones on them, they need to be turned off
- Management staff are expected to serve as role models for proper compliance and to ensure employees understand and they follow the expectations related to cell phones.

PROCEDURES:

- First time offense: Employee will be given a first written warning, coached on the guidelines of this policy and advised that any further infractions may result in termination.
- Second offense: Employee will be suspended and may be terminated.*

** This corrective action is determined on an individual basis and will be in proportion to the nature of and circumstances surrounding the violation. To not terminate would require a statement from the supervisor/manager making the determination and agreement by the HR Director and CEO.*

MARKLUND
GENERAL POLICY AND PROCEDURE

POLICY NO.: 7.3.1		PAGE: 1 of 3
SUBJECT: WORKPLACE MONITORING POLICY		
DEPARTMENTS AFFECTED: All		APPROVED BY: GF
ISSUE DATE: 5/14/12	REV. DATE: 5/16/17	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

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.

Signs will be posted at entrances and inside facilities to notify employees, volunteers, clients, parents, and visitors that video cameras will be in use.

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

Administrator of Marklund Hyde Center and Community Based Services –Full Access to responsible areas.

Administrator of Marklund Philip Center – Full access to responsible areas.

Director of Education – Full access to responsible areas.

Administrator of Marklund Wasmond Center — Full access to responsible areas.

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.

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.

Consent to video monitoring for all residential and Developmental training participants (or applicable guardians) will be obtained upon admission to respective programs. Consents shall remain on file in all participant files.

MARKLUND EMERGENCY PREPAREDNESS PROGRAM

Training to prevent, respond to, and recover from natural, man-made, or facility disasters.

Emergency preparedness allows Marklund to:

- Plan for both natural and man-made disasters, and coordinate with local, regional, state and Federal emergency response systems.
- Prepare to meet the needs of our clients, staff, volunteers, and visitors during disasters and emergency situations.
- Safeguard our people (clients, staff, volunteers, visitors, etc.); maintain our business operations and protect our facilities and resources.

What is required in an Emergency Preparedness Program?

- An all-hazard risk assessment based on the facility's geographic location and special client needs
- Emergency planning for likely events based on the risk assessment
- A Communication Plan for the organization to follow during times of crisis
- Policies and procedures to support the plan
- An annual program for testing your plan and training your employees and other stakeholders

What are Marklund's Top Five Likely Emergencies based on our Current Hazard Vulnerability Analysis?

- Tornado
- Ice Storm
- Blizzard
- Lightning
- Infectious epidemic

What does our Emergency Plan to respond to incidents such as this Include?

- Use of the "Incident Command System" to assign roles and responsibilities during crisis -> the Incident Commander assumes control and authority during an emergency.
- Rapid Response Guides to give staff/volunteers a checklist of instructions for immediate response in time of crisis
- Continuity of Operations Plan to allow for the continuation of operations during long-term crisis (12hrs to 30 days)
- Resource Management to make sure vital resources are available during an emergency (evacuation sites, food, water, medication, data, power, communication tools, etc.)
- Collaboration with other emergency response agencies to coordinate during emergency (CHUG, Healthcare Coalitions, County EMS, Fire and Police, etc.)

What is the Key Volunteer Information I Should Know?

- Accessing the Emergency Operations Plan – where is it located?
 - o In all facility Administrators' offices (hard copy)
 - o At all facility nursing stations (hard copy)
- Emergency Alerts – Plain Language Alerts that Include the category of emergency, the alert, location and directions
 - o Medical Alert – "Medical Alert, Code Blue, Room 200, All Nurses Respond"
 - o Facility Alert – "Facility Alert, Fire, Nurse's station, Evacuate Clients"
 - o Security Alert – "Security Alert, Active Shooter, DT Dining Room, Begin Safety Protocol"
 - o Weather Alert – "Weather Alert, Tornado Watch, County alerts, Report to Nurse's station for instructions"

- Rapid Response Guides – to help guide on-site response during the onset of an emergency situation
 - o Medical – Infectious Disease
 - o Facility – Hazardous Material/Waste, Utility Failure, Fire, Shelter-in-Place, Evacuation
 - o Security – Workplace Violence, Active Shooter, Bomb Threat, Missing Resident
 - o Weather – Thunderstorm/Tornado, Blizzard/Ice Storm, Earthquake, Extreme Heat/Cold
- Incident Command System – allows for a standardized response to crisis, with assigned roles and responsibilities.
 - o **INCIDENT COMMANDER (IC) IS ALWAYS ACTIVATED** (Order: Administrator -> DON -> Senior Nurse on site); IC will decide if they need to activate other positions
- Sheltering-in-Place – ALWAYS Marklund’s first choice when we can provide a safe environment for clients, staff, volunteers, and visitors following an incident
 - o When? Small fire, Severe Weather, Power Failure, Infectious Disease and other such incidents
 - o Where? If a portion of the facility is unusable or you need to congregate clients, relocate to DT areas/dining or multi-purpose rooms, Snoezelen rooms, classrooms, alternate resident wings/pods.
 - o Who? Clients, staff, immediate family (clients or staff), visitors/volunteers
 - o What? Food, water, medication, safety supplies, personal supplies. Structural integrity of the building and necessary utilities (power, etc.). Marklund residential facilities have enough food, water, and generator fuel to remain operational for 3-5 days without resupply.
 - o **It is unsafe or are you unable to provide vital resources??? EVACUATE!!!**
- Evacuation – when sheltering-in-place would put our residents at greater risk than evacuation or when given a mandatory evacuation order by appropriate authorities
 - o 1st Choice – Evacuate to another Marklund facility
 - o 2nd Choice – Utilize CHUG (Collaborative Healthcare Urgency Group) to relocate to a “like” facility
 - o Phase I – transport the highest acuity clients via ambulance
 - o Phase II – transport all other clients via buses, vans, cars
 - o Staff/Volunteers may be asked to accompany clients during evacuation if able.

What are Expected Volunteer Roles During an Emergency Situation?

- Marklund will rely on Medical Volunteer Corps to provide any medical/Client care volunteer needs
- Marklund volunteers that are offsite should wait to be contacted in times of emergency and can check the Marklund website for further details
- On-site volunteers may be asked to help with certain tasks as able, such as moving/sorting supplies, running activities for Clients, or other such non-medical tasks.

If you have any questions about Marklund’s Emergency Preparedness Program, please contact the Volunteer Department or Wendy Berk, at wberk@marklund.org or 630.593.5433.

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**

General Policy 12.5

Former Employees as Volunteers

Purpose:

Marklund values the contributions of its former employees and recognizes their potential to continue supporting the organization through volunteer service. This policy outlines the conditions under which former employees may participate in the Volunteer Services program to ensure alignment with organizational standards and expectations.

Procedure:

Policy Guidelines

1. Eligibility and Onboarding Requirements

- Former employees who ended their employment with Marklund in good standing are eligible to apply for volunteer service after a minimum waiting period of 30 days from their final date of employment.
 - All former employees must complete the full volunteer onboarding process, which includes:
 - o Submission of a volunteer application
 - o Attendance at a volunteer orientation
 - o Completion of a background check

2. Volunteer Role Limitations

- Former employees accepted into the Volunteer Services program may not perform the same specific job duties they held while employed by Marklund.
- Exceptions may be made for participation in resident outings and assistance with recreational or social activities, provided they comply with all guidelines in the Volunteer Orientation and Volunteer Handbook.
- Former employees must adhere to all applicable volunteer conduct and performance expectations.

3. Ineligibility

- Individuals who were terminated from employment or who separated under adverse conditions are not eligible to return to Marklund in a volunteer capacity.

Scheduling Procedure

- All volunteers must be scheduled in advance through the Volunteer Department. Volunteers may not report for service unless they are on the official schedule.
- If a Marklund staff member identifies a volunteer opportunity after the weekly schedule has been distributed, they must notify the Volunteer Department via email with the following information:
 - o Volunteer's full name
 - o Date and time of the activity
 - o Description of the volunteer duty
- The Volunteer Department will update the schedule accordingly and distribute the revised version to all relevant teams, including classroom, home, and therapy staff.

Nursing Policy

Acute Respiratory Illness_Volunteer Guidelines

Purpose:

Guidelines for Marklund Volunteering during Acute Respiratory Illness (ARI) community transmission to ensure essential services are provided to our residents and that volunteers, employees and residents are safe within the workplace. Marklund is committed to providing authoritative information about the nature and control of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak. Marklund policy and procedure regarding the control of infectious diseases is in accordance with the latest CMS, CDC & IDPH guidelines.

Procedure:

Volunteers are required to follow the same PPE, testing, quarantine, and isolation policies and procedures as Marklund employees.

Volunteering may be temporarily suspended when a facility is in outbreak status until the facility has completed a minimum of three rounds of testing without an additional positive, or if any of the ARI safety guidelines are unable to be implemented due to a shortage of staffing, PPE, testing supplies, changes in regulations regarding volunteers, changes in Marklund policy regarding volunteers, or other such considerations. In addition, volunteering may be suspended if the respiratory virus activity levels are HIGH or VERY HIGH per IDPH and/or Centers for Disease Control and Prevention (CDC) data.

Volunteers who do not follow the required guidelines will be retrained prior to their next volunteer assignment and/or may temporarily be suspended from volunteering. Per IDPH Policy, volunteers engaging with residents and/or clients are expected to follow the same guidelines regarding safety as regular Marklund employees in regard to:

- Self-Screening for ARI symptoms
- Infection Control/Standard Precautions
- PPE (personal protective equipment) usage
- Outbreak Investigation testing
- Reporting of:
 - Exposure (close personal contact) to an individual with known COVID
 - A positive COVID test
 - A combination of two or more ARI symptoms

- Fever greater than 100°F/37.8°C (or more than two degrees above a resident's established baseline)
- Cough (productive or nonproductive)
- Runny nose or nasal congestion
- Sore throat
- Muscle aches
- Shortness of breath or difficulty breathing (may manifest as increased fatigue)
- Low oxygen saturation in blood (normal levels are between 95-100%, but normal levels may vary for individuals with certain medical conditions)

Symptoms consistent with Acute Respiratory Illness

Acute Respiratory Illness is an illness characterized by concurrent onset of any two of the following signs and symptoms that are new or worsening in a resident's or HCP's normal state: Samples of ARI or Viral Respiratory Diseases may include SARS_CoV-2 (COVID-19), Influenza, Respiratory Syncytial Virus [RSV], Parainfluenza, Human Metapneumovirus, Respiratory Adenovirus, Rhino/Enterovirus, or other viral respiratory diseases meeting the outbreak definition. An illness is not required to have a positive diagnosis to be considered an ARI as long as it fits the definition above.

Promoting Safety in the Workplace

Marklund will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, break rooms, conference rooms, door handles and railings. Marklund's Staff Response Team has been and will continue to monitor and coordinate and create work rules that could be implemented to promote safety.

It is each volunteer's responsibility to follow the CMS/CDC/IDPH guidelines for safety in the workplace. Not following these safety guidelines may result in termination of further volunteer opportunities. All volunteers are expected to cooperate in taking steps to promote safety in the workplace which also includes frequent hand washing with warm, soapy water; covering your mouth whenever you sneeze or cough, discarding used tissues in wastebaskets, social distancing and wearing face masks as indicated. We also have hand sanitizing stations with alcohol-based hand sanitizers throughout the workplace and in common areas.

Other steps Marklund is taking include, but are not limited to:

Reporting

Volunteers should report any combination of two or more concurrent ARI symptoms (within the prior 7 days), a positive COVID test result, or known exposure to a person with COVID (within the past 7 days) as soon as possible, but at least 24 hours prior to a volunteer assignment to Nikki Osterloh or her designated volunteer contact for each site/facility. Their Marklund contact will let them know if they are able to complete their volunteer assignment, or if they need to isolate/quarantine prior to returning to Marklund.

- At least 7 days have passed since COVID diagnosis or ARI symptom(s) first appeared; AND
- At least 24 hours have passed since last fever (if applicable) without the use of fever-reducing medications; **AND**
- Symptoms (if applicable) have improved. [For discontinuation of isolation, exclude cough as a criterion unless the cough produces purulent sputum, as a non-infectious post-viral cough may continue for several weeks following resolution of other respiratory symptoms.]

Any volunteer with two or more concurrent ARI symptoms should be tested for COVID, and if negative for other possible causes as determined by their health care provider and report their symptoms and test results to Marklund.

Outbreak Investigation Testing

Volunteering may be suspended during an outbreak, and volunteers who had close contact with a COVID-positive individual at Marklund should contact their physician to determine if they should be tested. Asymptomatic exposed volunteers must refrain from volunteer assignments for a minimum of 7 days after their last exposure to the positive individual.

Symptom Testing

Volunteers who report an onset of two or more ARI symptoms while at Marklund should be tested immediately for COVID and sent home to isolate for a period of at least 7 days. (See Acute Respiratory Illness_Isolation Guidelines)

Isolation for COVID Diagnosis or COVID-like Symptoms

Any Volunteer reporting a documented COVID diagnosis or two or more concurrent ARI symptoms must complete a minimum ten-day isolation prior to returning to Marklund. Volunteers may not return to Marklund until:

Exposure/Quarantine

Volunteers should refrain from volunteer assignments for a minimum of 7 days following a known exposure to an individual with COVID-19. Volunteers should self-monitor for symptoms and report any onset of two or more concurrent ARI symptoms to their Marklund Volunteer Contact immediately and isolate per the guidelines. It is recommended that asymptomatic volunteers with a COVID exposure, regardless of vaccination status, should have a series of three viral tests (antigen or NAAT) for SARS-CoV-2 infection. Testing is recommended immediately (but not sooner than 24 hours following exposure) and, if negative, again 48 hours after negative test and, if negative, again 48 hours after second negative test. Volunteers should contact their physician to determine if testing should be done.

Screening prior to Volunteer Assignment

Volunteers are required to participate in self-screening prior to the beginning of the shift. This includes reporting two or more concurrent ARI symptoms (specific symptoms to report are displayed at the facility), a recent diagnosis of COVID for which they did not complete the appropriate period of isolation, or if they had prolonged, close contact with a person with COVID-19 while not using appropriate PPE during the prior 7 days. Any volunteer reporting ARI symptoms upon arrival to Marklund or with an onset of two or more concurrent ARI symptoms while at Marklund, will be tested for COVID by a Marklund nurse, and required to leave the facility. The facility representative (front desk employee, TAA, QIDP, Nurse, etc.) will email Nikki Osterloh (nosterloh@marklund.org) or her designated site/facility contact within 1 hour of the volunteer being sent home with the volunteer's name and the reason they are being sent home.

Social Distancing

Marklund will implement and follow social distancing guidelines in accordance with state and federal laws and/or recommendations of the Centers for Disease Control (CDC), the Illinois Department of Public Health (IDPH), the Illinois Department of Human Services, the Illinois State Board of Education and/or other applicable licensing/regulatory agencies. Restrictions will

be reduced based on a phased approach, until they can be discontinued.

Social distancing guidelines apply to employees, contractors, volunteers and any other agents of Marklund on-site at a Marklund facility. Social distancing is a public-health protection measure meant to reduce and slow transmission of disease. The CDC describes social distancing (also called physical distancing) as keeping a space of at least 6 feet between yourself and others if you are not wearing personal protective equipment (approved face masks).

Personal Protective Equipment (PPE)

Marklund volunteers will be inserviced by a Marklund employee prior to their first volunteer assignment on the proper use, storage, and cleaning/disinfection (if applicable) of all required PPE. Volunteers will be required to wear the following PPE as noted:

Facemasks (surgical face masks provided by Marklund prior to each volunteer assignment or if damaged or soiled during use) when respiratory viral activity levels are HIGH/VERY HIGH, or at the discretion of the facility based on rising respiratory viral activity levels, positive cases of ARI at Marklund, or other applicable factors as determined by the facility.

Training

In addition to general volunteer training/orientation, Marklund volunteers will be inserviced at a minimum on the following ARI-specific policies and procedures prior to their first volunteer assignment. Additional training may be done on an as-needed basis. All such training will be documented and filed with the Volunteer Program Manager [Att. 1]

- Acute Respiratory Illness_Volunteer Policy
- Volunteer Use of Surgical Masks
- ARI Illness_Activities and Outings Policy
- ARI Inservice_Volunteers

Marklund's overall volunteer plan is included in this policy, however volunteer programs may maintain stricter social distancing guidelines than indicated based on factors including, but not limited to departmental function, staffing levels, current resident/employee illness, and/or recommended guidelines.



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