

Training Packet for Respite Providers

Includes information on:

Blood Borne Pathogens

First Aid

Recipient Rights

&

Individual Specific Training Information

Please see the Respite Program Basic Fact Sheet for information on all requirements of the Respite Program, to include training requirements.

Training requirements must be met before respite services can begin. Services will not be reimbursed if training has not been completed.

What is the difference between the flu (influenza) and a common cold?

The flu and the common cold are both respiratory illnesses but they are caused by different viruses. Because these two types of illnesses have similar flu-like symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. Colds are usually milder than the flu. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

Because colds and flu share many symptoms, it can be difficult (or even impossible) to tell the difference between them based on symptoms alone. Special tests that usually must be done within the first few days of illness can be carried out, when needed to tell if a person has the flu. Influenza (also known as the flu) is a contagious respiratory illness caused by flu viruses. It can cause mild to severe illness, and at times can lead to death. The flu is different from a cold. The flu usually comes on suddenly. People who have the flu often feel some or all of these symptoms:

- Fever* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

**It's important to note that not everyone with flu will have a fever*

Flu Complications

Most people who get influenza will recover in a few days to less than 2 weeks, but some people will develop complications (such as pneumonia) as a result of the flu, some of which can be life-threatening and result in death.

Pneumonia, bronchitis, and sinus and ear infections are three examples of complications from flu. The flu can make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may have worsening of this condition that is triggered by the flu.

11 Natural Tips to Prevent a Cold or Flu

#1 Wash your hands or use hand sanitizer often.

#2 Don't cover your sneezes and coughs with your hands, use your elbows.

#3 Don't touch your face

- #4 Drink plenty of fluids
- #5 Use a Sauna
- #6 Do aerobic exercise (cardio) regularly
- #7 Eat foods containing phytochemicals, often found in dark green, red and yellow vegetables and fruits.
- #8 Eat yogurt
- #9 Don't smoke
- #10 Cut alcohol consumption
- #11 Relax

Who should get vaccinated?

On February 24, 2010 vaccine experts voted that everyone 6 months and older should get a flu vaccine each year starting with the 2010-2011 influenza season. CDC's Advisory Committee on Immunization Practices (ACIP) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people.

While everyone should get a flu vaccine each flu season, it's especially important the following groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

- Pregnant women
- Children younger than 5, but especially children younger than 2 years old
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
 - Health care workers
 - Household contacts of persons at high risk for complications from the flu
 - Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Overview and causes of the Common Cold

A cold usually includes a runny nose, sore throat, sneezing, and coughing. These symptoms can last for up to two weeks.

Over 200 viruses can cause the common cold but the rhinovirus is the most common type of virus that causes colds.

When germs that cause colds first infect the nose and sinuses, the nose makes clear mucus. This helps wash the germs from the nose and sinuses. After two or three days, the body's immune cells fight back, changing the mucus to a white or yellow color. As the bacteria that live in the nose grow back, they may also be found in the mucus, which changes the mucus to a greenish color. This is normal and does not mean you or your child needs antibiotics.

Signs and Symptoms of the Common Cold

- Sneezing
- Stuffy or runny nose
- Sore throat
- Coughing
- Watery eyes
- Mild headache
- Mild body aches

See a Healthcare Provider if You or Your Child has:

- Temperature higher than 100.4° F
- Symptoms that last more than 10 days
- Symptoms that are not relieved by over-the-counter medicines

Your healthcare provider can determine if you or your child has a cold and can recommend symptomatic therapy. If your child is younger than three months of age and has a fever, it's important to always call your healthcare provider right away.

Antibiotics are Needed When...

Antibiotics are needed only if your healthcare provider tells you that you or your child has a bacterial infection. Your healthcare provider may prescribe other medicine or give tips to help with a cold's symptoms, but antibiotics are not needed to treat a cold or runny nose. Since the common cold is caused by a virus, antibiotics will not help it get better. A runny nose or cold almost always gets better on its own, so it is better to wait and take antibiotics only when they are needed. Taking antibiotics when they are not needed can be harmful.

Blood Borne Pathogens

There are a number of diseases that are caused by exposure to blood borne pathogens (BBP's), which include HIV, and Hepatitis. As a result, the standard is to implement Universal Precautions, which is an approach to infection control that treats human blood and bodily fluids as if they are infectious with a BBP.

Blood and Other Potentially Infectious Materials (OPIMs)

It is a required practice to use Universal Precautions when handling these body fluids and materials.

- blood products (such as plasma or serum)
- semen
- vaginal secretions
- cerebrospinal fluid
- pleural fluid (or lung fluid)
- synovial fluid (or fluid from your joints)

- amniotic fluid (or uterine fluid)
- peritoneal fluid (or fluid that fills your body cavity)
- saliva in dental settings
- any body fluid that is visibly contaminated with blood
- any body fluid that you can't tell what it is

The following body fluids *are not* expected to be infectious sources of blood borne pathogens unless they are visibly contaminated with blood:

- urine
- feces
- vomit
- tears
- sweat
- sputum
- nasal secretions

Although these body fluids do not currently require universal precautions, good personal hygiene practices are highly recommended when handling these materials.

Transmission of Blood Borne Pathogens

BBPs can be transmitted through exposure to infected human blood or bodily fluid through a break in the skin or through mucous membrane exposure. Mucous membrane exposure includes contact with membranes in your eye, nose, or mouth. BBPs are also transmitted through sexual contact and from a mother to her child during childbirth and potentially through breast milk, although this is less likely.

Human Immunodeficiency Virus (HIV)

HIV is the virus that gradually weakens the immune system of the infected person, leaving that person unable to fight off other infections. This leads to acquired immunodeficiency syndrome (AIDS) and will ultimately cause death. Individuals infected with HIV may or may not demonstrate symptoms of the illness.

According to CDC statistics, HIV-related illness was the sixth leading cause of death among young adults between the ages of 25 and 44 years old in 2007. It is still the sixth leading cause of death for this age group today.

Medical advances have been made in recent years regarding HIV treatment. Several antiviral drugs, called protease inhibitors, have been found to slow the replication of the virus, but this is **NOT** a cure.

A protocol has been developed by the Public Health Service (PHS) for administering a series of drugs after a high-risk exposure to a known HIV-infected source. The series of drugs is expected to reduce the likelihood that the exposed person will become HIV-infected. This protocol has been adopted by LBNL as well as by many healthcare facilities nationwide.

Hepatitis B Virus (HBV)

HBV Hepatitis B virus (HBV) is a virus that causes an infection of the liver potentially leading to liver disease, liver cancer and possibly death.

Symptoms of HBV infection may range from no symptoms, to brief flu-like symptoms, to jaundice and serious illness. If symptoms do occur, they may not be evident until 2 to 6 months after the person is infected. However, studies have shown that an infected person can be infectious to others several weeks before the onset of symptoms.

CDC estimates that between 140,000 and 320,000 people become infected every year in the U.S. Approximately one-half of all people who become infected do not have any symptoms of infection. Approximately 10% of all people who become infected may become "carriers" of HBV. This means that they may suffer from infection at a later time (chronic infection). They can also be infectious to others for the rest of their lives while not necessarily demonstrating any symptoms of HBV infection themselves.

Individuals whose jobs involve handling blood and OPIM are at a much greater risk of becoming infected with HBV than HIV. This is because there are many more HBV-infected people than HIV-infected people in the community. Thus the chance of exposure to HBV is greater. Also Hepatitis B virus is much more infectious than HIV.

A 3-shot vaccination series is available for hepatitis B virus. The vaccination is highly effective and safe.

Hepatitis C Virus (HCV)

Hepatitis C virus (HCV), also formerly known as "non A-non B", is another pathogen that you need to be aware of if you have occupational exposure to human blood or other potentially infectious materials.

Hepatitis C virus has been found in all parts of the world. The virus appears to be transmitted most efficiently through parenteral exposure to blood from an infected individual. Common examples of transmission events are: receiving a blood transfusion from an infected source or sharing intravenous drug needles with an infected individual.

Comparing HBV and HCV

Like HBV, symptoms of HCV can range from no symptoms or flu-like symptoms to jaundice and even death in rare instances. Also similar to HBV, HCV has a carrier state which can lead to chronic infection and liver disease. Unlike HBV, there is currently no vaccine for HCV available and immune globulin administered after exposure does not appear to be very effective in preventing HCV infection.

Although the risk of HCV transmission is still being defined, the risk of transmission by the following routes appears to be low:

- regular household contact situations
- sexual contact
- passing the infection from mother to unborn child

Cases of transmission of HCV to health care workers have occurred through accidental needle sticks, cuts with sharp instruments, and splashes to the eye with human source material.

Recent studies have indicated that the risk of transmission for HCV through a parenteral exposure is ~ 2% or 20 in 1000, somewhere between HBV and HIV.

Because there is no treatment or vaccine for HCV, preventing exposures through dedicated use of universal precautions and safe lab practices is the most effective way to reduce transmission of HCV, as well as other BBP's, in the workplace.

Individuals should follow these infection control precautions at all times:

- Try to prevent contact with blood or other bodily fluids.
- Routinely use barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids.
- Do not wash or reuse gloves. Get a new pair each time, and change them in between people if working with more than one person.
- Immediately wash hands and other skin surfaces after contact with blood or body fluids.
- Remove any clothing as soon as possible that has been contaminated with blood or bodily fluids.
- Decontaminate the exposure area with an appropriate disinfectant.
- Bag items that could release blood or bodily fluids onto others into a sealed container that is marked appropriately with a biohazard symbol to identify the items inside, or use a red bag or red container.
- Report any situation to your Employer, and complete an Indicator Report.

This information was taken from CDC, OSHA and WHO internet sites.

www.cdc.gov/tb/faqs/default.htm

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

http://www2.lbl.gov/ehs/biosafety/BBP_Training/html/introduction.shtml

www.who.int/gtb/

<http://www.envcap.org/rmw/osha-bps.cfm>

Basic first aid treatment:

- **CALL 911 for medical assistance.** – Minutes could make a difference. If asking someone else to call, ask them by name, or point at them directly so that they know you are speaking to them.
- It is important to have a First Aid kit available stocked with appropriate supplies.
- Keep victim lying down.
- Do not move the injured person unless there is a fire or are explosives involved. If you have to move them, try to drag him or her by the clothing around the neck or shoulder area. If possible, drag the person onto a blanket, and then drag the blanket.
- DO NOT take out any object that is lodged in a wound; see a doctor for help in removal.
- If there are no signs of a fracture in the injured area, carefully elevate the wound above the victim's heart.
- Once bleeding is controlled, keep victim warm by covering with a blanket, continuing to monitor for shock.

Venomous Bite/Sting

- Bee Sting: If possible, remove stinger by scraping it off with a blunt edge (e.g. credit card). Another option is to apply sticky tape (medical adhesive or duct tape) to the sting, assure good contact, and then pull it off.
- Clean wound and apply cold compress to reduce swelling.
- Remove tight clothing and jewelry from areas near the bite in case swelling occurs.
- Check victim's Airway, Breathing, and Circulation (ABC's). If ABC's are impaired then call 911 and begin CPR.
- **IMPORTANT: only a trained & qualified person should administer CPR.**
 - **Anaphylactic shock** can occur if someone is allergic to bee/wasp stings (or is exposed to anything else they have a severe allergy to). This is a severe and sometimes fatal systemic reaction by respiratory symptoms, fainting, itching, and hives. *If someone knows they have a severe allergy, they may have an Epi-Pen. If they do, ensure you are trained in it's use and have it available at all times.*
 - **Remove any constricting items or rings/jewelry if swelling begins. If it a severe bite with immediate response, keep the bitten limb level with the heart.**

- **DO NOT cut the skin, DO NOT attempt to suck out the venom, DO NOT use ice, DO NOT use a tourniquet, DO NOT give aspirin, anti-inflammatory drugs or alcohol, Never try to capture the snake if a snake bite.**
- **Poison Control Center is available at 1-800-222-1222 for additional instructions. (This is only if 911 is not needed.)**

Bleeding:

- Wear Gloves, or some barrier between you and the blood to reduce the transmission of disease.
- Stop the flow of blood if possible.
- Cover the wound with a clean cloth and apply pressure with the palm of your hand until the bleeding stops. Do not remove the cloth after bleeding has stopped as it could start the bleeding again. (Please note: Do not take out any object lodged in a wound... see below)
- If possible, elevate the wound above the victim's heart to slow down the bleeding.
- If the bleeding is serious, apply pressure to the nearest major pressure point.
 - Located either on the inside of the upper arm between the shoulder and the elbow; or
 - In the groin area where the leg joins the body
- Direct pressure is better than a pressure point because it stops blood circulation only at the wound. Do not use a tourniquet except in response to an extreme emergency such as a severed arm or leg. Tourniquets can damage nerves and blood vessels that cause the person to lose their arm or leg.
- Wash your hands thoroughly with soap and water as soon as possible afterwards.

Cleaning and Bandaging Wounds:

- Wash your hands and cleanse the injured area with clean soap and water, then blot dry.
- Apply antibiotic ointment to minor wound and cover with a sterile gauze dressing or bandage that is slightly larger than the actual wound.

Shock:

- Shock can be life threatening.
- Shock is when the body does not circulate enough oxygen or blood.
- Symptoms include: pale or bluish skin color that is cold to the touch, vomiting, dull and sunken eyes, and unusual thirst.
- Shock requires medical treatment to reverse.

To prevent shock from getting worse while waiting for medical treatment:

- Maintain an open airway for breathing.
- Control any obvious bleeding.
- Elevate the legs about 12 inches, unless an injury makes it impossible.
- Cover the victim (over and under) with blankets.
- Do not give the victim anything to eat or drink, as this can cause vomiting.
- Try to keep the victim lying flat on their back, unless they are unconscious or bleeding from their mouth. If they are unconscious or bleeding from their mouth, have them lie on one side for easier breathing until medical help arrives.

Eye Injuries

- If an object is impaled in the eye, CALL 911 and DO NOT remove the object.
- Cover both eyes with sterile dressings or eye cups to immobilize.
- Covering both eyes will minimize the movement of the injured eye.
- DO NOT rub or apply pressure, ice, or raw meat to the injured eye.
- If the injury is a black eye, you may apply ice to cheek and area around eye, but not directly on the eyeball itself.

How to flush the eyes: If chemical is in only one eye, flush by positioning the victim's head with the contaminated eye down. . . to prevent flushing the chemical from one eye to another. Flush with cool or room temperature water for 15 minutes or more. Remove contact lenses after flushing.

Burns:

There are thermal burns, chemical burns, electrical burns or contact burns. Each of the burns can occur in a different way, but treatment for all but electrical burns is very similar. For thermal, chemical or contact burns, the first step is to run cold water over the burn for a minimum of 30 minutes. If the burn is small enough, keep it completely under water. **Flushing the burn takes priority over calling for help. Flush the burn FIRST.** Do not try to remove any clothing stuck to the burn. Remove clothing that is not stuck to the burn by cutting or tearing it. Cover the burn with a clean, cotton material. If you do not have clean, cotton material, do not cover the burn with anything. Do not scrub the burn and do not apply any soap, ointment, or home remedies. Also, don't offer the burn victim anything to drink or eat, but keep the victim covered with a blanket to maintain a normal body temperature until medical help arrives.

- **Electrical Burn:** Don't touch a victim who has been in contact with electricity unless you are clear of the power source. You can also get electrocuted if the person is still in contact with the power source. Once the victim is clear of the power source, your

priority is to check for any airway obstruction, and to check breathing and circulation. Administer CPR if necessary. **IMPORTANT: only a trained & qualified person should administer CPR.**

Once the victim is stable, begin to run cold water over the burns for a minimum of 30 minutes. Don't move the victim and don't scrub the burns or apply any soap, ointment, or home remedies. After flushing the burn, apply a clean, cotton cloth to the burn. If cotton is not available, don't use anything. Keep the victim warm and still and try to maintain a normal body temperature until medical help arrives.

HEAT EXHAUSTION OR STROKE

Heat exhaustion can occur anywhere there is poor air circulation, such as around an open furnace or heavy machinery, or even if the person is poorly adjusted to very warm temperatures. The body reacts by increasing the heart rate and strengthening blood circulation. Simple heat exhaustion can occur due to loss of body fluids and salts.

Symptoms are usually excessive fatigue, dizziness and disorientation, normal skin temperature but a damp and clammy feeling. To treat heat exhaustion, move the victim to a cool spot and encourage drinking of cool water and rest.

Heat stroke is much more serious and occurs when the body's sweat glands have shut down. **Some symptoms** of heat stroke are mental confusion, collapse, unconsciousness, fever with dry, mottled skin. **A heat stroke victim will die quickly, so don't wait for medical help to arrive--assist immediately.** The first thing you can do is move the victim to a cool place out of the sun and begin pouring cool water over the victim. Fan the victim to provide good air circulation until medical help arrives.

Sunburn:

- Avoid any further exposure to direct sunlight.
- Be aware that some medications cause people to be more sensitive to the sun.
- Drink plenty of water to prevent dehydration.
- Do not apply cold water or ice to a severe burn.
- Use over-the-counter remedies to remove discomfort.
- If burn is severe and blisters develop, seek medical attention.

Unconsciousness:

- Do not leave an unconscious victim alone except to call 911 for medical help.
- Assess victim's state of awareness by asking if they are OK.
- Check the victim's Airway, Breathing, and Circulation (ABC's).

- If the victim's ABC's are not present, perform CPR. **IMPORTANT: only a trained & qualified person should administer CPR.**
- If ABC's are present and spinal injury is not suspected, place victim on their side with their chin toward the ground to allow for secretion drainage.
- Cover the victim with blanket to keep warm and prevent shock. If victim communicates feeling warm, remove blanket.

Choking:

- Ask the victim, "Are you OK?"
- Do not interfere or give first aid if the victim can speak, breathe, or cough.
- If the victim cannot speak, breathe, or cough, ask for someone to call 911 and then perform the Heimlich maneuver (abdominal thrust).
- How to perform the Heimlich maneuver: Position yourself behind the victim with your arms around victim's stomach. Place the thumb-side of your fist above the victim's navel and below the lower end of the breastbone. Take hold of your fist with your free hand and pull fist upward and in, quickly and firmly. Continue with thrusts until the object is dislodged or airway is clear.

Infant Choking

- Place infant face down on your forearm supporting the head and neck with your hand. Rest your hand on your knee with the infant's head lower than its body.
- With the heel of your hand give four blows between the infant's shoulder blades.
- Turn infant over, place two fingers on the center of the infant's chest (just below the nipples) and perform up to five chest thrusts.
- Repeat until obstruction is clear.
- Seek medical attention after any choking incident, since complications may arise.

Poison

- First, get the individual away from the poison and then provide appropriate treatment.
- Call your local Poison Control Center at **1-800-222-1222** or 911 for immediate medical attention.
- Antidotes on labels may be wrong!! Do not follow them unless instructed by a physician.
- Never give anything by mouth (milk, water, Ipecac, etc.) until you have consulted with a medical professional.
- If the poison is on the skin, flush skin with water for 15 minutes, then wash and rinse with soap and water.

- If poison is in the eye, flush with lukewarm water for 15 minutes. Adults can stand under the shower with eyes open. Always consult medical professionals after any eye injury has occurred.

Animal Bites:

- Control any bleeding by applying direct pressure or with elevation. To avoid risk of infection, do not close wound.
- Rinse the bite thoroughly, holding it under running water. Cleanse with soap and water and hold under water again for five minutes.
- Do not put ointments or medicines on wound. Cover with dry sterile bandage or gauze.
- Seek medical assistance immediately.
- Note: report animal and human bites to local police and/or health authorities.

Report all injuries to your Supervisor

Recipient Rights

This course covers the rights guaranteed to all citizens and will give you an understanding on what you can do to promote and protect these rights. The course is not complete until you have taken the quiz.



Page 1 of 67

Recipient Rights

Course Objectives

As a result of this training you will:

- Have a basic understanding of the rights guaranteed to all citizens.
- Have a basic understanding of the rights guaranteed to all persons receiving public mental health services in Michigan.
- Have a basic understanding of your responsibilities to promote and protect the rights of recipients.
- Understand how to access Recipients Rights policies and procedures and how to obtain more specific information about your responsibilities to protect the rights of recipients.
- Understand how and when to report a rights violation.
- Understand how to contact the CEI-CMHA Office of Recipient Rights.

Page 2 of 67

Recipient Rights

Protecting Rights is Your Responsibility

As an employee, contract employee, respite/CLS provider, or volunteer of CEI-CMHA or of any of its contracted providers you are obligated to safeguard the rights of individuals receiving public mental health services.

In legal terms, these individuals are referred to as "recipients." You may sometimes hear other staff refer to them as "consumers," "clients," "patients," "residents," or by their diagnostic label, but in truth they are human beings, fellow citizens, and our neighbors – real people with real lives. Treating recipients with the dignity and respect they deserve by protecting their rights is your first responsibility.



Page 3 of 67

Recipient Rights

The Rights Protection System

Each Community Mental Health Services Program must establish an Office of Recipient Rights to ensure that the rights of recipients are promoted and protected.

The Office of Recipient Rights has the legal authority and responsibility to:

- **Investigate** reports and complaints of apparent or suspected rights violations and determine whether or not a rights violation occurred.
- **Monitor** all services provided by or under contract with CMH to ensure that the rights of recipients are being protected;
- **Prevent** rights violations by acting as a consultant to the CMH Executive Director, the Board of Directors, the Recipient Rights Advisory Committee, and to providers of services;
- **Enforce** the Michigan Mental Health Code by assuring that remedial action is taken when rights violations are substantiated.

You should contact the Office of Recipient Rights whenever you have questions about Recipient Rights or when you witness any occurrence or situation that could be a rights violation.

Page 4 of 67

Recipient Rights

ORR Contact Information

CEI-CMHA
812 East Jolly Road
Lansing, MI 48910

To contact ORR
517-346-8200
Ask for Recipient Rights

Page 5 of 67

Recipient Rights

What is a Right?

When we talk about "rights" we mean an individual is guaranteed by law, within limits prescribed by law:

All rights fall into one of three categories shown below.

- 1 Something an individual can **DO** by law (freedom to... or freedom of...).
For example, the right to vote or freedom of speech.
- 2 Something an individual can **HAVE** or **RECEIVE** by law (entitlements).
For example, the right to a free and public education.
- 3 A **PROTECTION** under law (freedom from...).
For example, the right to freedom from abuse.

A right can be freely **EXERCISED** (that is, it can be used or applied) and it can be legally **ENFORCED**.

Page 6 of 67

Recipient Rights

Constitutional Rights

A recipient has all of the same rights afforded to any citizen by the Constitution of the United States and the Constitution of the State of Michigan. The fact that a recipient is receiving mental health services does not nullify these rights.

Some of the civil rights guaranteed to recipients include:

- *The right to freedom of speech.*
- *The right to freedom of religion.*
- *The right to freedom of association.*
- *The right to complain.*
- *The right to privacy.*
- *The right to vote.*
- *The right to receive, own and use one's personal property.*
- *The right to equal protection under law.*
- *The right to be paid for one's labor.*
- *The right to due process of law.*
- *The right to a free public education.*



Page 7 of 67

Recipient Rights

Other Important Federal and State Laws

A recipient also has rights guaranteed by any other law, rule, or regulation. See what some of these laws of special importance to persons with disabilities include on the following pages

[Federal Laws](#)

[Michigan Laws](#)

Page 8 of 67

Recipient Rights

Federal Laws

- Americans with Disabilities Act (ADA) of 1990 – prohibits discrimination on the basis of disability and requires accommodations in employment, education, housing, and public transportation.
- Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination on the basis of disability in programs receiving Federal financial assistance.
- Fair Housing Act of 1988 - prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin.
- Voting Accessibility for the Elderly and Handicapped Act of 1984, the National Voter Registration Act of 1993, and the Help America Vote Act (HAVA) of 2002 – all of these laws reinforce the voting rights of persons with disabilities.
- Civil Rights of Institutionalized Persons Act (CRIPA) of 1997 - authorizes the U.S. Attorney General to investigate conditions of confinement at State and local government institutions such as prisons, jails, pretrial detention centers, juvenile correctional facilities, publicly operated nursing homes, and institutions for people with psychiatric or developmental disabilities.
- Individuals with Disabilities Education Act (IDEA) – guarantees a free and appropriate public education to children with disabilities in the least restrictive environment.
- Section 42 of the Code of Federal Regulations - governs the provision of services to and the rights of Medicaid beneficiaries.

Page 9 of 67

Recipient Rights

Michigan Laws

- Michigan Persons with Disabilities Act of 1976 - defines the civil rights of persons with disabilities and prohibits discriminatory practices, policies, and customs in the exercise of those rights.
- Michigan Estates and Protected Individuals Code of 1998 – defines and guarantees the rights of persons found to be legally incapacitated; allows a person to execute “advances directives,” specifically a durable power of attorney for medical care and/or for mental health care.
- Michigan Mental Health Code.

Page 10 of 67

Recipient Rights

Review

CEICMH Office of Recipients Rights has the legal authority to....

... prevent, monitor, investigate and enforce, to ensure the rights of recipients are protected.

A right is something that an individual is guaranteed by...

...law.

A right is something that can be freely exercised and...

... legally enforced.

Page 11 of 67

Recipient Rights

Michigan Mental Health Code

Michigan's law governing public mental health services is called the Michigan Mental Health Code (Public Act 258 of 1974, as amended). This law specifies how mental health services must be provided by or under contract with the Department of Community Health, a Community Mental Health Services Program, or a Licensed Psychiatric Hospital. It also creates law governing guardianship for persons with a developmental disability and for voluntary or involuntary commitment of adults and minors in a psychiatric hospital or center.

Chapter 7 of the Mental Health Code is titled, "Rights of Individuals Receiving Mental Health Services."

Many of these rights are further defined in Chapter 7 of the Michigan Department of Community Health Administrative Rules, which have the force of law

Page 12 of 67

Recipient Rights

Treatment and Support Rights

Chapter 7 of the Mental Health Code guarantees that in addition to other legal rights, recipients have additional rights pertaining to their mental health treatments and supports.

These include:

- *The right to access services*
- *The right to be treated with dignity and respect.*
- *The right to a safe, sanitary, and humane treatment environment.*
- *The right to be free from abuse or neglect.*
- *The right to consent or refuse to consent to treatment*
- *The right to receive services suited to condition.*
- *The right to receive services in the least restrictive environment and in the least restrictive manner.*
- *The right to an individualized written plan of services.*
- *The right to a person centered planning process*
- *The right to protection from a rights violation*

Page 14 of 67

Recipient Rights

A Closer Look

As we reviewed earlier, a right is something guaranteed by the law. A right is not a privilege, a gift, or something that the recipient must earn, nor is it something that staff have the option to honor or not honor.

Some rights are inalienable: A right that can not be taken away, restricted, or limited.

Example: A provider cannot legally restrict or limit a recipient's right to be treated with dignity and respect.

Other rights are limitable: a right that may be restricted or limited but only under certain circumstances and conditions specified by law.

Example: A provider may legally restrict or limit a recipient's right to confidentiality in certain situations.



Page 15 of 67

Recipient Rights

A Closer Look

As a general guideline, a recipient's limitable rights may only be restricted or limited:

- If authorized by the recipient's Behavioral Support Plan, or in an emergency safety situation;
- if necessary to prevent immediate or imminent harm to the recipient or others or to prevent substantial property damage;
- only when positive approaches have been tried but are unsuccessful;
- using the least restrictive strategies;
- with legal justification documented in the recipient's record,
- when efforts are made to reinstate the recipient's rights as soon as the restriction is no longer justified.

The law recognizes a delicate balance between your obligation to honor the freedoms of a recipient with your obligation to protect the recipient and others from harm. It is essential that you understand if, when, and how a recipient's rights may legally be restricted or limited in order to avoid committing a rights violation.

Page 16 of 67

Recipient Rights

Whenever a recipient's rights are limited in a Behavioral Support Plan, the plan must first be approved by the CEI-CMH Behavior Treatment Committee

Page 17 of 67

Recipient Rights

Notification of Rights

A recipient has the right to be given information about his or her legal rights, both in writing (a copy of the blue "Your Rights" booklet must be given to the recipient) AND through an oral and understandable explanation. This must occur at the time the recipient first applies for services and, at minimum, annually thereafter.

Individuals with limited English proficiency and/or sensory impairments have the right to be provided material about their rights in their own language or by other means. Alternative formats include Spanish, Arabic, Audio, CD ROM, Braille, and translation services.

Page 20 of 67

Recipient Rights

Access to Services

Individuals who have a right to receive community Mental Health Services include:

- Adults and minors who have diagnoses of **Serious Mental Illness**
- Children and adults with **Developmental Disabilities**
- Minors with **Serious Emotional Disturbances**

Priority is given to persons with the most serious impairments.

Applicants for services and current recipients who have been denied a request for services or for hospitalization have the right to a **Second Opinion by a qualified health professional and to be notified of this right both orally and in writing.**

Recipients cannot be denied services based on their **ability to pay.**

Page 21 of 67

Recipient Rights

Dignity and Respect

A recipient and his or her family members have an inalienable right to be treated with dignity and respect.

Dignity is defined as the unconditional value of an individual.

Respect is defined as a demonstrated attitude and communication that promotes an individual's dignity.

You are expected to conduct yourself in a professional and courteous manner at all times when interacting with recipients and their family members. This sometimes means having to be mindful of your personal reactions, beliefs and values.

Examples of staff not treating recipients or their family members with respect include:

- rudeness,
- sarcasm,
- teasing,
- making judgmental comments about a recipient's characteristics,
- ignoring or showing disregard for a recipient's requests,
- not honoring a recipient's culture or beliefs,
- applying negative stereotypes to a recipient.

Page 24 of 67

Recipient Rights

Treatment Environment

A recipient has the right to a safe, sanitary, humane, and least restrictive treatment environment.

Safe You must act to ensure the welfare and safety of recipients by carefully monitoring the treatment or support environment for potential hazards and by assessing a recipient's potential for harm to self or others and taking appropriate and legal protective action.

Sanitary You must maintain good personal hygiene and ensure that all treatment and support environments are maintained in accordance with public health standards.

Humane Services must be provided in a way that honors the personhood and equal citizenship of each recipient.

Least restrictive Services must promote the full inclusion of recipients in the community and not be used as punishment or confinement.

Page 25 of 67

Recipient Rights

Civil Rights

A recipient has the right to conduct any personal or business affairs exercise any legal right that has not been limited or taken away by a court of law. A violation of any of a recipient's civil rights is also a violation of his or her recipient rights.

You may not do any of the following under any circumstance:

- Prevent a recipient from engaging in a religious practice of his or her choice or require the recipient to participate in a religious practice
- Interfere with the right of any recipient to enter into a marriage contract or obtain or oppose a divorce under any circumstance
- Discriminate against a recipient on the basis of age, color, height, national origin, physical or mental disability, sex, religion, race, weight, or on any other basis

You must:

- Ensure that recipients have access to accommodations for their disabilities
- Offer assistance to an adult recipient in registering to vote and to participate in the electoral process

Page 26 of 67

Recipient Rights

Civil Rights Continued

Definitions

Legal Competency An adult recipient who has not been appointed a guardian is PRESUMED LEGALLY COMPETENT. This means the person has legal authority to make all life decisions.

Guardianship A recipient with a full or limited guardian has the right to make any decision outside of the guardian's authority as stated in a court order. You are prohibited from petitioning a recipient for any form of guardianship unless it has been determined that the recipient is unable to make informed decisions and there are no alternatives to guardianship available.

Court-Ordered Treatment A recipient who is ordered by a court to receive services is not legally incompetent. The recipient can still make any decision about their life even if this involves choosing to violate the court order. You are not an agent of the court. However, you may be required to notify the court if the recipient is not complying with the order.

Page 27 of 67

Recipient Rights

Informed Consent

A recipient has the right to give their informed agreement about decisions involving their services, treatments, and supports. This requires staff to engage in an informed consent process at many stages throughout the course of providing services such as:

- ✓ When services are first initiated.
- ✓ When an preliminary plan of services is developed.
- ✓ When an individual plan of services is developed.
- ✓ When medication is prescribed.
- ✓ When authorization is obtained to the disclosure of confidential information.
- ✓ When any other agreement is made with the recipient.
- ✓ When circumstances substantially change risks, consequences or benefits.

Page 28 of 67

Recipient Rights

Informed Consent Continued

You must understand and follow the basic elements of informed consent:

Competency	It must be determined who has the legal authority to grant or refuse consent (a legally competent adult recipient, the guardian of a recipient with mental health decision-making authority, the parent with legal custody of a minor, or a designated patient advocate for an incapacitated recipient).
Knowledge	An individual or his or her legally empowered representative must be given detailed information in an understandable manner about the benefits, risks, and alternatives in order to make an informed decision. When a recipient is prescribed psychotropic medication he or she must be given written and oral information about side effects and adverse effects.
Comprehension	An individual must be able to appreciate the personal implications of granting or refusing consent.
Voluntariness	Consent must be freely given without coercion or threats. A recipient may withdraw consent at any time without negative consequences.

Page 29 of 67

Recipient Rights

Informed Consent Continued

In most cases, consent must be documented by a written agreement from the recipient or his legally empowered representative. Verbal consent is only valid if there is a third party witness (other than the person seeking consent) who documents that verbal consent has been granted. Verbal consent can not be used as a substitute for written consent, except in the case of life-threatening emergencies.

Important



A person who is receiving services under a court order must be offered the opportunity to consent or refuse to consent. Only those treatments specifically required by the court order may still be provided even if the recipient refuses.

Page 30 of 67

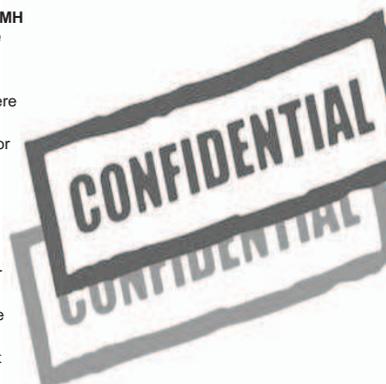
Recipient Rights

Confidentiality

A recipient has the right to expect that his or her mental health information will be kept confidential. In most cases, information in the record of or known about a recipient (including any personally identifying treatment information or other data) cannot be disclosed (given out) to anyone without the express consent of the recipient or his or her legally empowered representative. This consent must be documented on an approved authorization to disclose confidential information form.

You may disclose confidential recipient information outside of CEI-CMH or its contracted provider network without prior consent ONLY in the following situations:

- During emergencies - to health providers or law enforcement – when there is substantial risk of harm to a recipient or others
- When making a legally required report of child or venerable adult abuse or neglect to the Department of Human Services or when reporting criminal abuse of a recipient to law enforcement
- When a court has ordered the information to be released
- To a prosecuting attorney for civil commitment proceedings
- When a mental health professional has a duty-to-warn
- If needed for reimbursement to CEI-CMH or a provider under contract for the cost of treatment
- If the recipient dies and his or her surviving spouse or other close relative needs the information to apply for and receive benefits
- To Michigan Protection and Advocacy Services, Inc. for abuse or neglect investigations



Page 31 of 67

Recipient Rights

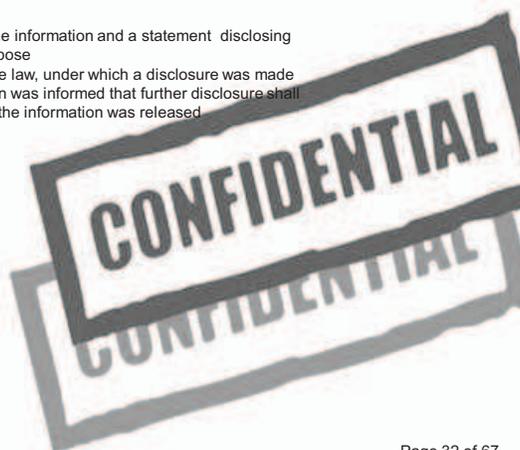
Confidentiality Continued

You must document each instance when confidential information is disclosed, including:

- The information released
- To whom the information is released
- The purpose claimed by the person for requesting the information and a statement disclosing how the disclosed information is germane to the purpose
- The section of the Mental Health Code, or other state law, under which a disclosure was made
- A statement that the receiver of disclosed information was informed that further disclosure shall be consistent with the authorized purpose for which the information was released

You also have the obligation to ensure that confidential information is secure and not open to inspection by persons not authorized to see it.

Family members have the right to provide information about a recipient, but information about the recipient may not be shared with them without the consent of the recipient or their legally empowered representative.



Page 32 of 67

Recipient Rights

Access to Record

An adult recipient who does not have a guardian appointed for mental health treatment decisions has the right access his or her mental health records. This request must be honored in accordance with CEI-CMH policy and procedures. If you receive a request from a recipient for access to or copies of his or her record you should refer to CEI-CMH policy and procedures.

If a recipient objects to anything in the record he or she has the right to insert a statement into the record correcting or amending it.



Page 33 of 67

Recipient Rights

Review

Hear are some examples of staff members not treating recipients or their family members with respect:



- rudeness,
- sarcasm,
- teasing,
- making judgmental comments about a recipient's characteristics,
- ignoring or showing disregard for a recipient's requests,
- not honoring a recipient's culture or beliefs, applying negative stereotypes to a recipient.

Page 34 of 67

Recipient Rights

Person Centered Planning

A recipient has the right to be an active partner in designing an individual plan of services to plan the achievement of his or her valued outcomes. This process is called "Person-centered Planning" or "PCP."

Person-centered Planning is a process that supports the recipient and honors his or her ability to be part of his or her community by focusing on the recipient's strengths, abilities, and preferences. Person-Centered Planning starts by helping the recipient identify his or her hopes and dreams and results in the development of a plan to overcome obstacles to achieving them.



Page 35 of 67

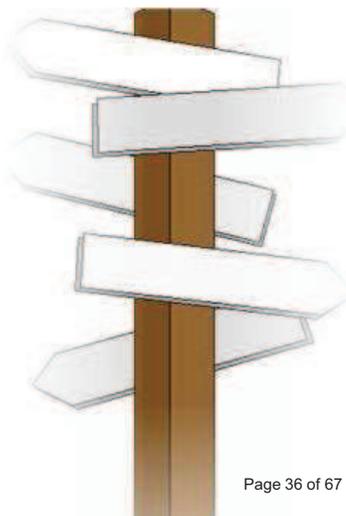
Recipient Rights

Person Centered Planning

The recipient has a right to determine who he or she would like to attend person-centered planning meetings, such as family members, friends, and professionals. The only time any of these persons may be excluded is if there is a documented, substantial risk of harm to the recipient or to others or a substantial disruption of the planning process. The recipient also has the right to decide when and where these meetings will be held, what topics are discussed, and who will record them. Recipients have the right to "independent facilitation" of the person-centered planning process

Right to choice of Providers

A recipient has the right to a choice of providers and to change providers upon request, within certain limits established by CEI-CMH policy and procedure.



Recipient Rights

Rights of Minors

Minors under the age of 18 also have the right to person-centered planning, but this also involves the minor's family and focuses on the minor as part of his or family through "family-centered practice."

Services provided to minors must be delivered in a way that does not undermine the values of the minor's parents.

Minors age 14 years of age or older may receive certain mental health services (except for psychotropic medications and family planning services) for a certain period of time (12 sessions or 4 months) without the knowledge or consent of their parent or legal guardian, except in certain circumstances where the recipient is at substantial risk of harm.

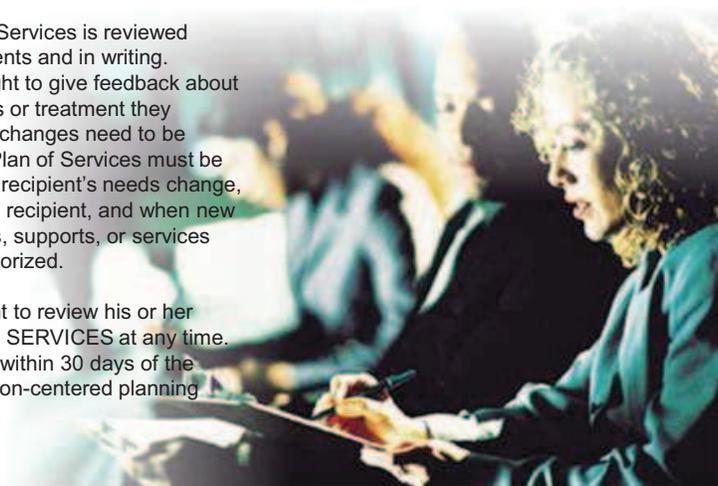


Recipient Rights

Individual Plan of Services Continued

The Individual Plan of Services is reviewed periodically with recipients and in writing. Recipients have the right to give feedback about their supports, services or treatment they receiving and whether changes need to be made. The Individual Plan of Services must be updated whenever the recipient's needs change, when requested by the recipient, and when new treatment interventions, supports, or services are agreed to and authorized.

A recipient has the right to review his or her INDIVIDUAL PLAN OF SERVICES at any time. This must be provided within 30 days of the request through a person-centered planning process.



Page 38 of 67

Recipient Rights

Treatment Suited to Condition

A recipient has the right to receive Mental Health services appropriate to his or her individual condition and that are provided in accordance with all standards of care or treatment.

In Community Mental Health Services, the standard of care or treatment means the diagnostic, treatment, and support process that mental health providers must follow for each recipient, applicable to the unique needs and mental health condition of the recipient, and the clinical circumstances surrounding services provided to the recipient.

Specific standards of care or treatment are found in and required by law, rules, policies, procedures, written guidelines, written directives, and each recipient's individual plan of services.

Examples

Examples of not providing treatment suited to condition are:

- Failing to develop an individual plan of services for a recipient based on the recipient's needs
- Failing to provide services to a recipient as specified in a recipient's Individual Plan of Services
 - Not documenting services in a timely manner

Page 39 of 67

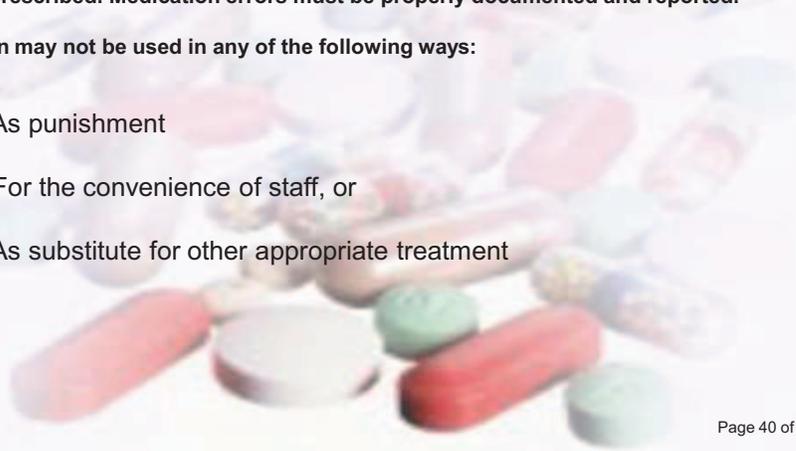
Recipient Rights

Medication

A recipient has the right to receive medications as ordered by his or her physician(s). Only those medications ordered by a physician may be given to a recipient and they must be given as prescribed. Medication errors must be properly documented and reported.

Medication may not be used in any of the following ways:

- As punishment
- For the convenience of staff, or
- As substitute for other appropriate treatment



Page 40 of 67

Recipient Rights

Freedom from Abuse and Neglect

Abuse:

A recipient has the right to be free from any type of physical, emotional, sexual, or verbal abuse or exploitation.

Staff that engages in any abuse of a recipient will receive appropriate discipline, up to and including termination.

All staff is expected to understand how to recognize, avoid, and respond to a situation involving the apparent or suspected abuse of a recipient.



Page 41 of 67

Recipient Rights

Freedom from Abuse and Neglect

Recognizing and avoiding recipient Abuse:

Exact legal definitions are found in the CEI-CMH Policy and Procedure Manual, but for the purposes of this training you should understand Recipient Abuse as any of the following

1. Any action (non-accidental) that causes or contributes to death, serious or non-serious physical harm, or emotional harm to a recipient
2. Sexual abuse or Sexual Harassment from a recipient
3. Emotional harm to a recipient
4. Unreasonable force on a recipient, with or without harm
5. Exploitation of a recipient's property or funds.
6. Treating a legally competent recipient as if he or she is incompetent that results in substantial economic, material, or emotional harm to the recipient
7. Using language or other communication to threaten, degrade, or sexually harass a recipient.

Page 42 of 67

Recipient Rights

Definitions

Sexual Abuse/Sexual Harassment

Sexual Abuse:

- Any intentional touching of a recipient's or an employee's intimate body parts or clothing for the purpose of arousal or gratification OR for revenge, to humiliate, or in anger.

Sexual Harassment

- Sexual advances, requests for sexual favors, or conduct or communication of a sexual nature to a recipient.

Page 43 of 67

Recipient Rights

Examples

- Hitting, slapping, poking, kicking, pushing, pulling, grabbing, tripping, or using weapons on a recipient or provoking someone to do the same
- The use of inappropriate physical management
- Yelling, screaming, badgering, swearing at, making fun of a recipient
- Engaging in sexual acts with any recipient under your care with or without their consent
- Touching a recipient's bodily parts or the clothing covering them for reasons other than to provide personal care to the recipient for the purpose of your or their gratification.
- Making sexual advances or sexual comments to a recipient
- Making remarks or exposing a recipient to a situation that could cause the recipient to suffer emotional distress
- Any other criminal act perpetrated on a recipient.

Page 44 of 67

Recipient Rights

Freedom from Abuse and Neglect Continued

Recognizing and avoiding recipient **Neglect**:

For the purposes of this training you should understand Recipient Neglect as any of the following:

- 1 Acting or Failing to act as required by a law, rule, policy, procedure, written guideline, written directive, or a recipient's individual plan of services that causes or contributes to:
 - Death of a recipient
 - Serious or non-serious physical harm to a recipient
 - Emotional harm to a recipient
 - Sexual abuse of a recipient
 - What could reasonably be construed as pain
- 2 Acting or Failing to act as required by a law, rule, policy, procedure, written guideline, written directive, or a recipient's individual plan of services in that places or could place a recipient at risk of physical harm
- 3 Failing to report apparent or suspected abuse or neglect

Page 45 of 67

Examples

Examples of **neglect** include:

- Leaving a recipient, who has been assessed as requiring supervision, unattended
- Not administering the proper medication, or the correct dosage of a medication to a recipient
- Not developing an individual plan of services for a recipient
- Not providing a service as agreed to and required by recipient's Individual Plan of Services, putting the recipient or other recipient at risk of harm
- Being aware of an abusive or neglectful situation and not immediately reporting it to the Office of Recipient Rights

Page 46 of 67

Recipient Rights

Rights in Residential and Other Programs

Freedom of Movement

A recipient's freedom of movement may only be restricted if necessary to prevent injury to the recipient, staff, or others or to prevent substantial property damage.

Community Mental Health Service settings are not institutions or prisons. Recipients have the right to move freely within, to and from a residential or other program except when a restriction is authorized in the recipient's individual plan of services, behavioral support plan, or by a program's rules.

Mechanical or Chemical Restraint of a recipient is strictly prohibited (except in licensed psychiatric hospitals or units and licensed Child Caring Institutions).

Physical management and keeping a recipient alone in a room or other area and preventing him or her from exiting by any means (Seclusion) is strictly prohibited through our service provision.

Page 49 of 67

Recipient Rights
Rights in Residential and Other Programs, continued
Communication Rights
A recipient has the right to private, unimpeded, and uncensored communication by mail and telephone and to have visitors. You are prohibited from restricting these rights except as may be allowed by a recipient's individual's Behavioral Support Plan or by a residential program's posted rules.
Entertainment Materials, information and News
A recipient has the right to watch TV, videos, or use other media devices, buy and read magazines, books, or use other entertainment materials of his or her choice and to have a newspaper provided, unless limited by his or her Behavioral Support Plan as generally restricted by program rules. You are prohibited from preventing a recipient's use of these materials as censorship. Minors may be restricted from using materials prohibited by law.
Page 50 of 67

Recipient Rights
Rights in Residential and Other Programs, continued
Personal Property and Money
A recipient has the right to receive, use and possess all personal property and have access to his or her money. You are required to protect the property of a recipient from theft or loss. Certain property may be excluded from a residential facility by posted program rules or restricted by a recipient's Behavioral Support Plan. A recipient's person, living area, or property cannot be searched or taken unless there is a good reason to believe that he or she is in possession of any of the excluded or restricted items.
Voluntary Paid Labor
A recipient cannot be required to perform labor. A recipient also has the right to be paid for any labor that contributes to the operation and maintenance of a facility.
Page 51 of 67

Recipient Rights

Duty to Report Violations

This means any occurrence that you directly witnessed, received a report of, or heard any information about that is or could be a Recipient Rights violation.

It is not your responsibility to determine whether or not a violation actually occurred but rather to report those situations or events where a recipient's rights may have been violated. You must also immediately report serious injury or unexplained death to the Office of Recipient Rights.

As an employee, contract employee or volunteer of CEI-CMH or of a contract provider, you are a mandated reporter of Recipient Rights violations. Failure to report a rights violation may result in administrative and potentially disciplinary action, up to and including termination.

You have a duty to recognize and immediately report to the Office of Recipient Rights any apparent or suspected rights violation.

Page 54 of 67

Recipient Rights

Duty to Report Violations

These three simple steps will help you protect the rights of recipients when you see or hear about a possible violation: *(click each)*

- 1 Take action to prevent or stop the rights violation from occurring (especially when involving the abuse or neglect of a recipient); and
- 2 Provide care, comfort and assistance to the recipient; and
- 3 Immediately make a verbal report the apparent or suspected rights violation directly to the Office of Recipient Rights. The verbal report may be made in person or by phone. A written incident report including all relevant factual details must also be submitted to the Office of Recipient Rights within 24 hours of the incident. If reporting suspected abuse or neglect, an incident report must be faxed to ORR following the immediate verbal report to ORR.

Page 55 of 67

Recipient Rights

Other Duties to Report

Duty to report criminal abuse, child abuse or neglect, and vulnerable adult abuse -
 In addition to your duty to report recipient rights violations you are also a mandated reporter of other types of abuse and neglect to other public agencies. The threshold for reporting these types of abuse or neglect is higher than for recipient rights violations. Instead of "apparent or suspected" you must determine that there is "reasonable cause to suspect" the abuse or neglect before you make a report

Criminal Abuse of a recipient –
 The Mental Health Code mandates that you have a duty to make an immediate oral and written report to law enforcement if you have reasonable cause to suspect that a recipient has been the victim of criminal abuse. Criminal abuse includes homicide, assault and battery, and criminal sexual conduct. Criminal abuse does not include an assault of a recipient by another recipient. After filing the written report you must place a copy of it in the in the record of the allegedly abused recipient with your name and the name of the alleged perpetrator removed.

Child Abuse or Neglect –
 Michigan Child Protection Law mandates that you make an immediate oral and written report to the Department of Human Services if you have reasonable cause to suspect that any minor has been abused or neglected by any person. Child Abuse or Neglect means harm, threatened harm, sexual abuse, or exploitation of a child, or negligent treatment of a child by any person responsible for the child's welfare.

Vulnerable Adult Abuse or Neglect –
 The Michigan Social Welfare Act mandates that you make an immediate oral report to the Department of Human Services if you have reasonable cause to suspect the abuse or neglect of a vulnerable adult. A vulnerable adult is someone who is unable to protect him or herself from abuse, neglect, or exploitation because of a mental or physical impairment or because of advanced age.

Page 56 of 67

Recipient Rights

Recipients Rights Complaint

A recipient or any person on his or her behalf may file a Recipient Rights Complaint alleging that a recipient's rights have been violated. Rights Complaint forms are available at all service locations and must be immediately and confidentially forwarded to the Office of Recipient Rights if received by staff. You are required to assist recipients in filing a recipient rights complaint and/or in accessing the Office of Recipient Rights



Page 59 of 67

Recipient Rights

Freedom from Retaliation and Harassment

Everyone has the right to participate in the rights protection system without fear of retribution, intimidation, or persecution. You are prohibited from retaliating against or harassing any person who makes a report of a recipient rights violation, files a rights complaint, or provides information or evidence to the Office of Recipient Rights and no one is allowed to do the same to you.

Any staff who retaliates against or harasses any person participating in recipient rights activities will receive disciplinary action, up to and including termination.



Page 60 of 67

Recipient Rights

Recipient Rights Investigation

After receiving a report or a complaint of an apparent or suspected rights violation the Office of Recipient Rights will determine if it warrants investigation. If the complaint includes an allegation of a right protected by the Mental Health Code and it is within the jurisdiction of the office, an investigation will be immediately initiated.

The office is required to conduct a fair, impartial, and thorough investigation into the facts pertaining to allegations made in a rights complaint in a manner that protects both the rights of recipients and of staff. The investigation will seek to find all evidence available in order to make a determination about whether a recipient's rights were violated using a preponderance of the evidence as the standard of proof.



Page 61 of 67

Recipient Rights

Duty to Cooperate with the Office of Recipients Rights

The Mental Health Code gives the Office of Recipient Rights unimpeded access to ALL staff, service sites, recipients, and evidence necessary to conduct an investigation or to monitor services. You have a responsibility to make yourself available in a timely manner and to answer questions posed to you orally and in writing as requested by staff of the Office of Recipient Rights.



Page 62 of 67

Recipient Rights

Duty to Cooperate with the Office of Recipients Rights

REMEDIAL ACTION

Upon completion of an investigation the Office of Recipient Rights will submit a Report of Investigative Findings to your employer with recommendations for actions that must or should be taken to correct the violation and to prevent it from recurring. The CEI-CMH Executive Director will then submit a Summary Report of the investigation to the complainant and to the recipient, if different, and to the recipient's guardian or the parent with legal custody of a minor recipient, if applicable. If the Office of Recipient Rights substantiated a rights violation the Summary Report will specify what remedial actions have been taken or are planned.

APPEAL RIGHTS

A complainant, recipient or his or her guardian or parent has the right to appeal the findings and conclusions of the Office of Recipient Rights or the adequacy and effectiveness of the remedial action proposed or taken in response to a substantiated complaint. The CEI-CMH Recipient Rights Appeals Committee will hear the appeal. In some cases, a second level appeal can be filed to the Michigan Department of Community Health Administrative Tribunal

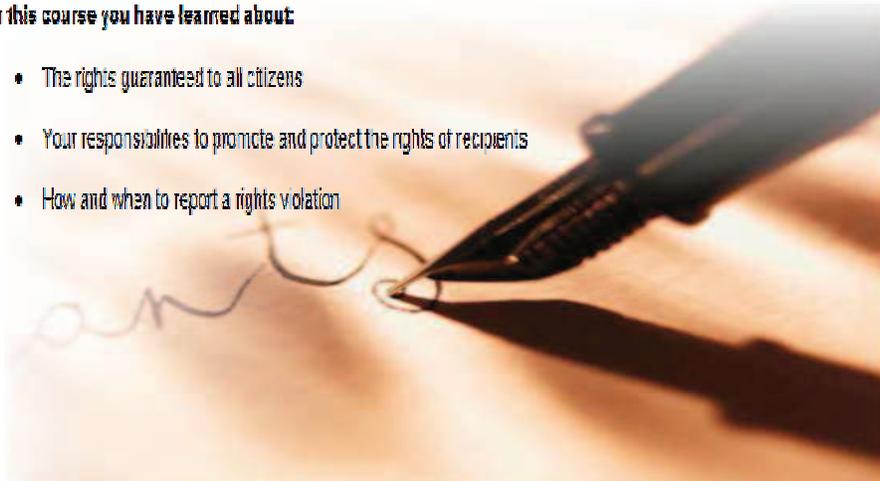
Page 63 of 67

Recipient Rights

Summary

In this course you have learned about:

- The rights guaranteed to all citizens
- Your responsibilities to promote and protect the rights of recipients
- How and when to report a rights violation



Page 66 of 67

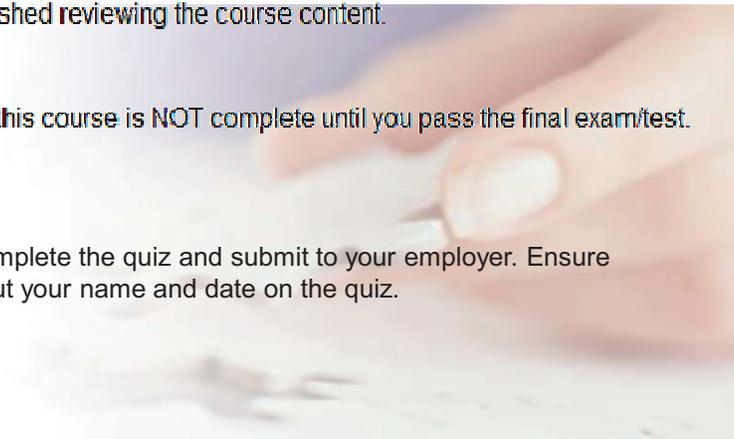
Recipient Rights

Congratulations

You have finished reviewing the course content.

Remember: this course is NOT complete until you pass the final exam/test.

Please complete the quiz and submit to your employer. Ensure that you put your name and date on the quiz.



Page 67 of 67

Blood Borne Pathogens Answer Sheet

1

Name: _____

Date: _____

Employer Name: _____

Score: _____

- 1. A B C D E
- 2. A B C D E
- 3. A B C D E
- 4. A B C D E
- 5. A B C D E
- 6. A B
- 7. A B
- 8. A B C
- 9. A B C
- 10.A B C D E

Blood Born Pathogens Quiz

Name: _____

Date: _____

Employer Name: _____

Score: _____

1. What is the difference between the flu and a common cold?
 - a. Caused by different viruses
 - b. Cold is worse than flu
 - c. Fever is more common and intense in flu
 - d. All of the above
 - e. Both a and c

2. Common symptoms of influenza
 - a. Comes on suddenly
 - b. Fever/chills
 - c. Muscle or body aches
 - d. Cough/sore throat
 - e. All of the above

3. Common symptoms of the common cold
 - a. Stomach ache
 - b. Heartburn
 - c. Sneezing or runny nose
 - d. Rash
 - e. Sore feet

4. When do most people recover from influenza?
 - a. One day
 - b. One month
 - c. Few days to less than 2 weeks
 - d. In the fall
 - e. Two months

5. Who should get vaccinated against flu?
 - a. All your pets
 - b. Everyone 6 months and older
 - c. Newborn babies
 - d. Two month old babies
 - e. All of the above

6. Urine is considered a Blood Borne Pathogen.
 - a. True
 - b. False

7. Blood Borne Pathogens are transmitted through hugging.
 - a. True
 - b. False

8. A 3-shot vaccination series is available for what disease transmitted through BBPs?
 - a. HIV
 - b. Hepatitis B
 - c. Hepatitis C

9. Universal Precautions includes doing what?
 - a. Avoiding all contact with anyone who is sick
 - b. Washing your gloves
 - c. Assuming that all human blood and certain bodily fluids are infected with a Blood Borne Pathogen

10. When should you see a healthcare provider if you have a cold?
 - a. If a child is younger than 3 months of age and has a fever
 - b. If your temperature is higher than 100.4
 - c. Symptoms lasting more than 10 days
 - d. Symptoms that are not relieved by over-the-counter medicines
 - e. All of the above

First Aid Answer Sheet

2

Name: _____

Date: _____

Employer Name: _____

Score: _____

- 1. A B C
- 2. A B C
- 3. A B
- 4. A B
- 5. A B C
- 6. A B
- 7. A B
- 8. A B
- 9. A B C
- 10.A B

Name: _____

Date: _____

Employer Name: _____

Score: _____

1. If you need to ask someone else to call 911, you should do the following...
 - a. Yell out while running toward the person you are helping.
 - b. Ask them by name, or point at them directly so that they know you are speaking to them.
 - c. Don't worry about asking anyone. Wait to help the person, and call 911 yourself to make sure it gets done.
2. If someone is injured, do not move them unless you absolutely have to (such as because of a fire). If you have to move them, how do you do it?
 - a. Have 3 people help you move them.
 - b. Roll them until they get to a safe space.
 - c. Drag him or her by the clothing around the neck or shoulder area.
3. Do not take out any object lodged in a wound.
 - a. True
 - b. False
4. Direct pressure is better than a pressure point because it stops blood circulation only at the wound.
 - a. True
 - b. False
5. Which of the following statements is NOT true about Tourniquets?
 - a. They are a good option to stop the bleeding at any point in time.
 - b. They should only be used in an extreme emergency such as a severed arm or leg
 - c. They can damage nerves and blood vessels that cause the person to lose their arm or leg.
6. Symptoms of Heat Exhaustion are usually excessive fatigue, dizziness and disorientation, normal skin temperature but a damp and clammy feeling.
 - a. True
 - b. False
7. Do not try to remove any clothing stuck to the burn.
 - a. True
 - b. False
8. Do not apply cold water or ice to a severe burn.
 - a. True
 - b. False
9. When checking someone who is unconscious, the ABCs stand for
 - a. Airway, Bleeding, Consciousness
 - b. Airway, Breathing, Circulation
 - c. Adjustment, Basics, Cold
10. If someone is choking, do not interfere or give first aid if the victim can speak, breathe, or cough.
 - a. True
 - b. False

Recipient Rights Answer Sheet

2

Name: _____

Date: _____

Employer Name: _____

Score: _____

- 1. A B C
- 2. A B
- 3. A B
- 4. A B
- 5. A B C
- 6. A B
- 7. A B
- 8. A B
- 9. A B
- 10.A B

Name: _____

Date: _____

Employer Name: _____

Score: _____

1. Michigan's law governing public mental health services is called the
 - a. Michigan Mental Health Code
 - b. Michigan Public Services
 - c. Code of all codes
2. The rights described in the Michigan Mental Health Code are rights to which recipients of mental health services are entitled.
 - a. True
 - b. False
3. A recipient with Limited English proficiency will have to find someone to help them understand.
 - a. True
 - b. False
4. Applicants who are denied services have the right to a second opinion.
 - a. True
 - b. False
5. Who has the right decide when and where a recipient's person-centered planning meetings will be held, what topics are discussed, and who will record them.
 - a. The Physician
 - b. The Consumer/Recipient
 - c. The Caseworker
6. A recipient's freedom to go out in the community can be withheld because they have not done their housework.
 - a. True
 - b. False
7. One way to demonstrate respect for someone is to offer them choices and then to honor their choices.
 - a. True
 - b. False
8. It is never okay to reveal confidential information without written consent.
 - a. True
 - b. False
9. Threatening someone is an example of abuse and must be reported to Recipient Rights.
 - a. True
 - b. False
10. A recipient reporting that they have money missing and accusing staff might be exploitation and must be reported to Recipient Rights.
 - a. True
 - b. False

Individual Training and Emergency Procedures Statement

Employee _____ Date _____

Training by Employer: _____

Individual Specific Training Information:

Special Needs: _____

Emergency Procedures: _____

Contacts: _____

Training has been provided on this date for all care needs, to include any emergency procedures specific to the child/adult receiving respite.

By signing this form, both the Employer and Employee are attesting that they feel confident in the Employee's ability to provide all necessary care, and provide any and all emergency procedures that may be required for the child/adult receiving respite. Further, their signatures are attesting that the Employee meets all criteria for employment identified in the Respite Program Basic Fact Sheet, and they will notify CEI-CMH if at any point during employment the Employee no longer meets said criteria.

Employee Signature

Employer Signature

Date

Date