

May 28, 2009

To: Case Managers and Guardians/Legal Representatives

Pursuant to the Consolidated Rule Standards (MN Statutes 2002, section 245.07B, subdivision 9) we are informing you of several policy and procedure revisions at the Harry Meyering Center.

Copies of the revised policies and procedures that directly affect individuals served in regards to service provision or rights protections are included with this letter as per clause 3 of the above mentioned standard.

- 1. On-Call**
 - a. Updates who to call and in which circumstances.
- 2. Incident Reports**
 - a. Updates who incident reports are routed to and in what order.
- 3. Protection of Vulnerable Adults**
 - a. Updates the internal reporting procedure.
- 4. Emergency Policies**
 - a. Updates who emergency situations are reported to and by whom.

The revised policies that do not directly affect individuals served are listed with this letter as per clause 4 of the above mentioned standard.

- 1. Dress Code Policy**
 - a. Clarifies that the dress code is enforced during all paid time.
- 2. Prohibited Harassment Policy**
 - a. Updates harassment definitions.
- 3. Use of Bulletin Boards and Solicitation and Distribution Policy**
 - a. A new policy explaining when and how solicitation and distribution can and can not occur.

Questions regarding any of the policy or procedure revisions can be directed to Judy Arzdorf, HMC Director of Program Services at 507.387.8281 or jarzdorf@harrymeyeringcenter.org .

Sincerely,

Judy Arzdorf
Director of Program Services
Harry Meyering Center

ON-CALL

Board Approved: May 27, 2009

Formal Adoption: July 1, 2009

Harry Meyering Center provides On-Call support to all programs. The practice of reporting incidents to the designated On-Call personnel is critical to the safety and welfare of individuals served, the effective management of HMC and our image in the community.

There are some set guidelines as to when the On-Call staff should be notified and there will always be gray areas. If unsure, contact On-Call.

Each program has a separate On-Call system. The individual systems are outlined in the following procedures.

SLS:

There is one cell phone for all SLS On-Call issues. This cell phone is used 7 days a week, 24 hours a day including holidays. The On-Call will make the determination to call the SLS Program Director, SLS Assistant Director, SLS Nurse, Director of Program Services, Executive Director or the SLC when they deem necessary. On-Call may be required to go to the house for several of the issues below, if they can not be resolved by phone.

Listed are the events that require shift staff to report to the On-Call (not an all-inclusive list):

1. Any incident as listed on the Incident Report Form
2. Scheduling issues/replacing staff.
3. Response to calls from the vocational provider.
4. Questions that the employee may have.
5. Emergency and bad weather concerns.
6. Med errors/issues including new med and dosage change.
7. Use of ECP.
8. If a site administers a behavior/PRN medication.
9. Family or legal representative issues.
10. Major facility emergency such as plumbing, heating, electrical.
11. Problems with visitors.
12. Anything the Executive Director or Board members may hear about through TV, radio, other community persons, etc., and may be expected to comment on.

Replacing SLS staff for reasons of illness or "no show".

SLS employees should find their own replacement if possible. In an emergency or if too sick (as determined by the person), the employee may call On-Call. On-Call will assist in finding replacement at the request of the "sick staff" or the house staff in the case of "no show". The On-Call may adjust the schedule, approve overtime, or require that an employee fill the shift. On-Call will also assist with schedule changes at the request of employees agreeing to fill-in in an emergency.

ICF (Homestead and Prairie's Edge):

There is one cell phone for Homestead and Prairie's Edge issues. This cell phone is used 7 days a week, 24 hours a day including holidays. When the person is in the building you can notify them of the following events. If not in the building, staff will phone the On-Call.

Listed are the events that require shift staff to consult with On-Call:

1. Incidents 1 – 10 as listed on the Incident Report Form.
2. Physical plant emergencies or major property damage to building or vehicles.
3. Questions with Policies and Procedures or interpretation of Personnel Policies.
4. Unresolved issues related to scheduling and staff shortages.
5. Supervision problems or conflicts with staff that need immediate resolution.
6. Anything the Executive Director or Board members may hear about through TV, radio, other community persons, etc., and may be expected to comment on.

In addition for Prairie's Edge:

7. Response to calls from the vocational provider.
8. Scheduling issues/replacing staff.

In addition, this person may be asked to assist in handling administrative, scheduling, personnel, community relations, personality conflicts, emergencies, family or legal representative problems, etc. in the absence of the person normally in charge of that function.

Replacing staff for reasons of illness or "no show" at Prairie's Edge.

Prairie's Edge employees should find their own replacement if possible. In an emergency or if too sick (as determined by the person), the employee will call the Home Coordinator or the Home and Health Assistant. If not available, they will call On-Call. Assistance will be given in finding a replacement at the request of the "sick staff" or the house staff in the case of "no show". Designees may adjust the schedule, approve overtime, or require that an employee fill the shift. Designees will also assist with schedule changes at the request of employees agreeing to fill-in in an emergency.

SILS/SLS In-Home:

Staff will generally be expected to be available by cell phone during their normal working hours (1:00 p.m. - 9:00 p.m.) Monday through Thursday and 1:00 p.m. - 6:00 p.m. on Friday and the day before a holiday.

A staff will be designated On-Call for each week night (hours of On-Call are 4:30 p.m. to 8 a.m.) and weekend (hours of On-Call are: 4:30 p.m. Friday to 8 a.m. Monday) and/or holiday (hours of On-Call are 4:30 p.m. the day before the holiday to 8 a.m. the day after the holiday). The other CLCs will keep their cell phones on and respond to calls from their respective clients as noted above. There is one cell phone for On-Call, which will be used specifically for weekends, holidays and nights (times noted above).

Each individual served will receive a listing of cell phone numbers and On-Call cell phone number in order to contact staff during emergency situations. Staff will review use of the cell

phone with individuals served upon admission, at a minimum of quarterly with the Quarterly Safety/Emergency Review and thereafter on an as needed basis.

The SILS Program Director, Director of Program Services or Executive Director is to be called in the following situations:

1. Incidents 1-10 as listed on the Incident Report Form.
2. Parental problems that the SILS Program Director, Director of Program Services or Executive Director may be required to handle when he/she returns.
3. Anything the Executive Director or Director of Program Services or Board Members may hear about through TV, radio, other community members, etc. and may be expected to comment on.
4. Major property damage to building or vehicles.
5. Intoxication of consumer.
6. Environmental health hazard.
7. Injury to staff.

REPLACING STAFF FOR ILLNESS:

SILS/LS In-Home staff should find their own replacement if possible. In an emergency or if too sick (as designated by the employee), the On-Call will assist in finding a replacement and/or ensuring that priority needs of the individual served are met.

INCIDENT REPORTS

Board Approved: May 27, 2009

Formal Adoption: July 1, 2009

VALUE: We value physical safety with a carefully determined balance of individuality, security, protection and choice.

This policy outlines the record keeping procedures for incidents and emergencies. Incident Report forms will be made available at all work sites.

Incident Reports are to be completed in the following circumstances:

1. Serious injuries that fall under the guideline for the State Ombudsman report.
*** Note:** Such incidents are to be reported to the Department of Human Services Licensing Division and the Ombudsman Office within 24 hours.
2. Death of an individual served.
*** Note:** Such incidents are to be reported to the Department of Human Services Licensing Division and the Ombudsman Office within 24 hours.
3. Medical emergencies, unexpected serious illnesses or accidents that require physician treatment or hospitalization.
4. Any absence of an individual served without employee knowledge of their location or whereabouts.
5. Fires or other events that require the relocation of services for more than 24 hours,
6. Circumstances involving a law enforcement agency or fire department related to the health, safety, or supervision of a consumer.
7. Physical aggression by an individual served against another individual served that causes physical pain, injury, or persistent emotional distress including, but not limited to, hitting, slapping, kicking, scratching, pinching, biting, pushing, and spitting. Include any injuries that are a result of the physical aggression.
8. Any sexual activity between individuals served involving force and coercion.
9. Unexplained injuries.
*** Note:** a Vulnerable Adults Maltreatment Report Form may also need to be filed.
10. Suspected incidents of maltreatment (abuse, neglect or financial exploitation).
*** Note:** a Vulnerable Adults Maltreatment Report Form must be filed within 24 hours.
11. Unwitnessed injuries.
12. Injuries that result from environmental hazards.
13. Any unusual occurrence, which did or could cause health related problems.
14. Aggression or inappropriate behavior requiring employee's intervention, which is not covered by a behavior management program.
*** Note:** if the use of an Emergency Controlled Procedure is used, an ECP Report would need to be filed instead of an Incident Report.
15. Infringement of rights.
16. Damage to property/possessions of individuals served, employees or HMC.
17. Client intoxicated.
18. Injury to client, staff or visitor.
19. Incident without apparent injury (which is not covered by other programming).
20. Damage to vehicles.
21. Other.

The employee handling the incident is to complete the Incident Report and/or required documentation and forward the report(s) to: Homestead (Building Charge), Prairie's Edge

(Emergency Designate), SLS (Program Director or SLAD or On-Call), SILS/SLS In-Home (Program Director or CLTF or On-Call as available) as soon as possible, but not later than the end of the shift. All Incident Reports are to be treated in a confidential manner. Only persons who need to be made aware of the incident will be notified.

Incidents indicated in points 1 through 10 above are to be reported to the legal representative, case manager and, if necessary, other licensed providers within 24 hours. The fact that this notification occurred will be documented. When the incident involves more than one consumer, personally identifying information about any other consumer must not be disclosed, when making the report to each consumer's legal representative, other licensed caregiver, if any, and case manager, unless consent has been given by the consumer or the consumer's legal representative.

Incident Reports are to be routed as follows:

FOR HOMESTEAD:

1. Incident Reports are to be completed and given to the Building Charge immediately after the event or upon discovery. The Building Charge will ensure the nurse completes their portion of the report.
2. Building Charge will contact On-Call to notify them of incidents 1 – 10 on Incident Reports and will follow any Instructions given by On-Call. On-Call, or their designee, will ensure that required notification happens within 24 hours. If the Program Director cannot be reached, On-Call becomes responsible for immediately initiating the investigation process.
3. The Building Charge will ensure that employees are informed of any action that needs to be taken and pass on the information.
4. The Building Charge is responsible for ensuring that the face page of the Incident Report is filled out completely and that all involved employees have dated and signed their portion. The Incident Report is then processed by Building Charge/On-Call.
5. The Program Director will investigate and/or review the incident and documentation and coordinate any follow-through necessary. The investigation and documentation must be completed within 5 working days. If the investigation and documentation cannot be completed in 5 working days, an explanation must be provided.
6. In the absence of the Program Director, a Program Manager/QMRP will review the incident and documentation and coordinate any follow-through necessary.
7. The original Incident Report is filed in the Incident Report Book by Building Charge/On-Call.

FOR PRAIRIE'S EDGE:

1. If an injury or an event that may later present as an injury occurs, the Emergency Designate will contact Prairie's Edge nurse/Home and Health Assistant.
2. The Emergency Designate will contact On-Call to notify them of incidents 1 – 10 on Incident Reports and will follow any instructions given by On-Call. On-Call, or their designee, will ensure that required notification happens within 24 hours. If the Program Director cannot be reached, On-Call becomes responsible for immediately initiating the investigation process. Incident Reports are to be completed immediately after the event or upon discovery.
3. The Emergency Designate will ensure that employees are informed of any action that needs to be taken and pass on the information.

4. The Emergency Designate is responsible for ensuring that the face page of the Incident Report is filled out completely and that all involved employees have dated and signed their portion by the end of the shift. By the end of shift the Incident Report is processed by the Emergency Designate/On-Call.
5. The Program Director will investigate and/or review the incident and documentation and coordinate any follow-through necessary. The investigation and documentation must be completed in 5 working days. If the investigation and documentation cannot be completed in 5 working days, an explanation must be provided.
6. In the absence of the Program Director, a Program Manager/QMRP will review the incident and documentation and coordinate any follow-through necessary.
7. The original Incident Report is filed in the Incident Report Book by the Emergency Delegate/On-Call.

FOR SILS/SLS IN-HOME:

1. Completed reports are to be turned into the Program Director or Designate (CLTF or CLC On-Call) within 24 hours of the incident.
2. Program Director or Designate (CLTF or CLC On-Call) will ensure that required notification happens within 24 hours (CLC may also complete 24 hour notification to guardian, case manager and licensed provider) and that the investigation process is initiated if required.
3. The Program Director or CLTF will investigate and/or review the incident and documentation and coordinate necessary follow-through. The investigation and documentation must be completed within 5 working days. If investigation and documentation cannot be completed in 5 working days, an explanation must be provided.
4. The Program Director or Designate will follow up with necessary person(s) to determine any action(s) that may need to be taken in the future to reduce the likelihood of future incidents.
5. The Program Director or Designate will ensure that employees are informed of any action that needs to be taken.
6. Incidents will also be noted in the progress notes summarizing the incident and actions taken by employees.
7. The Program Director or CLFT is responsible for ensuring the Incident Report is filled out completely and that all involved employees have dated and signed their portion.
8. The original Incident Report Form is placed in the file of the individual served and a copy is filed in the Incident Report Book kept in the Program Director's office.

FOR SLS:

1. Completed reports are to be turned into the Program Director or Designate (SLAD or On-Call) within 24 hours of the incident.
2. Program Director or Designate will ensure that required notification happens within 24 hours and that the investigation process is initiated if required. SLAD or On-Call may also complete 24 hour notification to guardian, case manager and licensed provider.
3. The Program Director or Designate will investigate and/or review the incident and documentation and coordinate necessary follow-through. The investigation and documentation must be completed within 5 working days. If investigation and documentation cannot be completed in 5 working days, an explanation must be provided.
4. The Program Director or Designate will follow up with necessary person(s) to determine any action(s) that may need to be taken in the future to reduce the likelihood of future incidents.

5. The Program Director or Designate will ensure that employees are informed of any action that needs to be taken.
6. Incidents will also be noted in the progress notes summarizing the incident and actions taken by employees.
7. The Program Director or Designate is responsible for ensuring the Incident Report is filled out completely and that all involved employees have dated and signed their portion.
8. The original Incident Report Form is placed in the file of the individual served and a copy is filed in the Issues Book kept in the Program Director's office

FOR ALL PROGRAMS

The Executive Director and the Director of Program Services will be notified of required incidents as indicated on the Incident Report Form. Other incidents will be reported to the Executive Director and Director of Program Services at the discretion of the Program Director. At the discretion of the Executive Director, the Board President and other board members will be notified.

PROTECTION OF VULNERABLE ADULTS

Board Approved: May 27, 2009

Formal Adoption: July 1, 2009

Value: *We value respectful communication which promotes and protects the interests of individuals served, employees, and the agency.*

Value: *We value an emotionally-safe environment which promotes security and a sense of well-being for all.*

Any individual receiving services from the Harry Meyering Center is designated a vulnerable adult by Minnesota State Law under the Vulnerable Adults Act. Vulnerable Adults have the right to live in an environment that protects them from maltreatment. A report must be made if the mandated reporter has reason to believe that a vulnerable adult is being or has been maltreated or who has knowledge that the vulnerable adult has sustained a physical injury which is not reasonably explained. An internal investigation of all reported incidents or conditions will occur.

A mandated reporter who fails to make a report of maltreatment is guilty of a misdemeanor. A mandated reporter, who negligently and intentionally fails to report, is liable for damages caused by the failure. A person filing such a report "in good faith", is protected from civil liabilities and from any retaliatory action of the facility. Mandated reporters are required to cooperate in any investigation. To the extent possible, the identity of the reporter will not be disclosed.

In addition to employees, any person such as relatives, legal representative and friends, may and should report incidents of maltreatment. These persons are encouraged to report any incident to the same authorities as employees. The facility staff will answer questions and provide information to mandated reporters regarding reporting procedures and contracting authorities.

If a false report of maltreatment is filed by an individual, that individual shall be liable in a civil suit and punitive damages are set by judge or jury. The reporter's name is also released in the case of false reporting.

The vulnerable adult shall receive orientation to the Internal Reporting Procedure within 24 hours of admission. The orientation shall include the telephone number of the license holder's common entry point. Representatives of the individuals served shall be offered the opportunity to attend this orientation. If, for some reason, the person would benefit from a later orientation, the reason shall be documented, and the orientation shall be completed within 72 hours.

The Internal Reporting Procedure shall be available to the individual, individual's representatives and mandated reporters upon request. The policy for protection of vulnerable adults shall be reviewed annually by employees and the Harry Meyering Center Board of Directors.

The license holder shall post a copy of the internal and external reporting policies and procedures, including the telephone number of the common entry point in a prominent location in the program and have it available upon request to mandated reporters, persons receiving services, and the person's legal representatives.

DEFINITIONS:

Mandated Reporters: Those individuals who must report any maltreatment. This includes all employees, students and volunteers of Harry Meyering Center while engaged in the performance of their job. More broadly, it includes police officers, teachers, all medical personnel, social services and licensing agencies.

Vulnerable Adult: Is any individual 18 years old or more who receives services from the Harry Meyering Center.

Caretaker: Is an individual or facility that has responsibility for the care of a vulnerable adult as a result of family relationship or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily or by contract or agreement.

Minnesota Statutes, section 626.5572 – Definitions

Bulletin #00-50-1, effective August 1, 2000

Bulletin #01-50-1, effective July 1, 2001

Subd. 15. Maltreatment. “Maltreatment” means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

Subd. 2. Abuse “Abuse” means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

(2) the use of drugs to injure or facilitate crime as defined in section 609.235;

(3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and

(4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451. A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

(3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary

seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and

(4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.

(c) Any sexual contact or penetration as defined in section 609.341, between a facility staff person providing services in the facility and a resident, patient, or client of that facility.

(d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult’s will to perform services for the advantage of another.

(e) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable

adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 525.539 to 525.6199, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:

(1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

(2) a caregiver to offer to provide or refuse to offer or provide therapeutic conduct.

(f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

(g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual conduct with:

(1) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the care giving relationship; or

(2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship.

Subd. 17. Neglect. “Neglect” means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult’s physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult’s health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

c) For purposes of this section, a vulnerable adult is not neglected for the sole reason that:

(1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or section 253B.03 or 525.539 to 525.6199, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:

- (1a) vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
- (1b) a caregiver to offer or provide or refuse to offer or provide therapeutic contact; or
- (2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
- (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in sexual contact with:
- (3a) a person including a facility staff person when a consensual sexual personal relationship existed prior to the care giving relationship; or
- (3b) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship; or
- (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does NOT result in injury or harm which reasonably requires medical or mental health care;
- (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician; and;
- (5a) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
- (5b) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's pre-existing condition;
- (5c) the error is not part of a pattern of errors by the individual;
- (5d) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally;
- (5e) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and
- (5f) if in a facility, the actions required under items (5d) and (5e) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.
- (d) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.
- (e) If the findings of an investigation by a lead agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c.) clause (5), item (5d), (5e) or (5f), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c.), clause(5), item (5d), (5e) or (5f). This must not alter the lead agency's determination of mitigating factors under section 626.557, subdivision 9c, paragraph (c.).

Subd. 9. Financial exploitation. "Financial exploitation" means:

- (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person;

(b) In the absence of legal authority a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit of advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Accident: Is a sudden, unforeseen, and unexpected occurrence or event which is not likely to occur and which could not have been prevented by exercise of due care. The facility and staff are in compliance with rules and laws relevant to the event.

Therapeutic Error: Is an occurrence or event in which an employee makes an error in the provision of therapeutic conduct which:

- a. does not result in harm or injury which reasonably requires medical attention or mental health care, if it reasonably requires care, the care is sought and provided in a timely fashion as dictated by the condition of the vulnerable adult; and the injury or harm that required care does not result in substantial acute, or chronic injury or illness, or permanent disability above and beyond the vulnerable adult's preexisting condition;
- b. is immediately reported to a supervisor;
- c. has sufficient documentation of review and evaluation;
- d. and is not part of a pattern of errors by the individual. (Pattern is defined as more than one incident made by the same employee while in their employment with the facility.)

NOTE: Even if a – d do occur, the incident is to be reported as neglect to the CEP. The HMC designated investigator will provide documentation to the CEP to prove that the conditions, a – d above, were met to establish therapeutic error.

Reportable Therapeutic Error: Is an occurrence or event in which an employee makes an error in the provision of therapeutic conduct which:

- a. does result in injury or harm which reasonably requires the care of a physician;
- b. the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
- c. if after receiving the care, the health status of the vulnerable adult can be reasonable expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;
- d. the error is not part of a pattern of errors by the employee;
- e. is immediately reported to the supervisor and recorded internally;
- f. the facility takes corrective action and implements measures designed to reduce the risk of further occurrence of this error or similar errors; and
- g. has sufficient documentation of review and evaluation.

NOTE: If any of the above from b to g under Reportable Therapeutic Error do not occur the incident is to be reported as neglect.

Common Entry Point: “CEP” means the entity designated by each county responsible for receiving all reports of maltreatment.

Immediately: Refers to as soon as possible, but no longer than 24 hours from the time of the initial knowledge that incident occurred.

Reporting: Reports are to be filed immediately (as defined above) when a mandated reporter:

1. has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected or financially exploited.
2. has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained.
3. has knowledge that a vulnerable adult has harm or injury which required medical attention and/or adverse side effects which interfered with their normal daily routine and activities as a result of a medication/treatment error.
4. has knowledge of an incident which constitutes a reportable therapeutic error.

Exemptions: Reports are not required if one of the following conditions exists:

1. verbal or physical aggression which occurs between vulnerable adults of a facility, or self-abusive behaviors by these individuals, UNLESS the behavior causes serious harm.
2. the circumstance is an “accident” as defined.

Reporting Procedures:

Reports can be made either externally or internally. When the suspected maltreatment is reported internally, the facility remains responsible for immediate reporting to the CEP is deemed necessary.

External Reporting Procedure:

A mandated reporter shall report immediately and directly to the CEP (Common Entry Point) or law enforcement. The responsibility to ensure that the report reaches the outside investigative authority remains with the mandated reporter. Reports must be made to CEP within the county in which the incident has occurred. (Example: If you are on vacation in Duluth, you must call CEP in St. Louis County.)

Common Entry Point Numbers:

Blue Earth County

(507) 304-4444 (Monday - Friday 8 a.m. - 4:30 p.m.)

(507) 625-9034 (Evenings, weekends, holidays)

FAX: 304-4387

Nicollet County

(507) 934-8559 (Monday - Friday 8 a.m. - 4:30 p.m.)

(507) 931-1570 (Evenings, weekends, holidays)

(800) 247-5044 Sheriff

Internal Reporting Procedure:

1. Mandated reporters are requested to fill out HMC's Vulnerable Adult Maltreatment Report.
2. Notify the appropriate persons. If designee is involved in or suspected of maltreatment, another appropriate person (On-Call, Program Director, Program Manager, Director of Program Services, QMRP, Assistant Program Director, CLTF, SLC, Home Coordinator or CLC) will be responsible for receiving the report. The report is NOT given to the alleged perpetrator.
3. Transfer document to personnel notified in confidential manner.
4. The person receiving report will either call the CEP or fax the report to the CEP at the above mentioned phone numbers, if appropriate. If designate is involved in or suspected of maltreatment, another appropriate person listed above will be responsible for completing the internal review and reporting to the CEP. The report is NOT given to the alleged perpetrator.
5. Within 24 hours of the reporting of maltreatment, the Program Director or their designee will notify the consumer's legal representative and case manager of the report unless there is reason to believe the legal representative or case manager is involved. The information must include the nature of activity, agency that received the report and the DHS Division of Licensing phone number.
6. Within two working days, written notice will be given to mandated reporter stating whether the facility has reported the incident to CEP. The mandated reporter will be informed of their rights under the law if CEP has not been reported. The notice will be given in a manner that protects the reporter's identity. The notice further states that if the reporter is not satisfied with the facility decision on whether or not to report externally, the reporter may still make an external report to the CEP and that the reporter is protected against any retaliation for a good faith report made to CEP.

Procedure for Internal Investigation:

1. It shall be the responsibility of the Program Director or their designee to coordinate the investigation of any case of maltreatment or suspected maltreatment within 5 working days. If the Program Director or their designee is suspected of maltreatment the Director of Program Services will coordinate the investigation. If the occasion should arise in which the Director of Program Services is suspected of committing the maltreatment, the Executive Director will coordinate the investigation.
2. Careful records of the investigation shall be maintained which will contain a summary of the findings, persons involved, persons interviewed, persons and investigation authorities notified, conclusions, and actions taken.
3. The records shall be authenticated by signature and identification of the person doing the investigation.
4. The initial "HMC Vulnerable Adult Maltreatment Report" form, the results of the internal investigation, resolution of the issue and all other pertinent data are to be kept in a locked file in the designated office.
5. All records of reports which upon initial investigation cannot be substantiated or disproved to the satisfaction of the appropriate agency shall be kept for a period of four years. Those reports which are substantiated by appropriate agency shall be maintained for seven years. Reports found to be false shall be destroyed two years after the case is resolved.
6. The report will remain confidential within the agency and through the course of legal action as the law allows.
7. Throughout the course of investigation, the agency and mandated reporter will cooperate and

communicate with the Department of Human Services and/or other investigation agencies and make documentation available to the Commissioner of DHS upon request. Documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.

8. When the investigation has been completed, the Director of Program Services or their designee will review and evaluate the investigation to:

- a. whether related policies and procedures were followed;
- b. whether the policies and procedures are adequate;
- c. whether there is a need for additional staff training; and
- d. whether the reported event is similar to past events with the vulnerable adults or the services involved;
- e. whether there is a need for corrective action by the license holder to protect the health and safety of individuals served.

9. Based on the results of this review, the license holder must develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

10. The accused shall be notified promptly of the results of the investigation in a manner deemed appropriate.

President, Board of Directors

Date

Copies of VA report forms available at every worksite.

EMERGENCY POLICIES

Board Approved: May 27, 2009

Formal Adoption: July 1, 2009

VALUE: We value physical safety with a carefully determined balance of individuality, security, protection, and choice.

VALUE: We value the best health possible given the unique characteristics of each person. The Harry Meyering Center has procedures in place to promote the safety of individuals served in emergency situations. These procedures outline the plan for responding to and reporting of such emergencies.

Emergency Procedures include:

1. Death of an Individual Served
2. Medical Emergencies (Serious Illness, Injury or Accidents)
3. Missing Individual
4. Bomb Threats
5. Law Enforcement Involvement
6. Fire (drills and actual fires)
7. Severe Weather and Natural Disaster (Cold Weather, Hot Weather, Thunderstorms and Tornadoes, Natural Disasters)
8. Alarm Systems (FOR Homestead and Prairie's Edge ONLY)

For SLS and SILS/SLS In-Home - All applicable emergency procedures are reviewed with individuals served on a quarterly basis. Documentation of this review will be a part of the record of the individuals served. Employees will assist individuals served or get in touch with needed social and medical services available within the community.

For Homestead and Prairie's Edge - A review of emergency procedures will occur with all employees on a quarterly basis. Documentation of this review will be maintained on individual employee Inservice Records.

EMERGENCY RELEASE OF INFORMATION:

It should be noted that in the event of an emergency, information can be released to law enforcement or paramedics without prior consent. In the event such a release of information is made, this should be documented on a Disclosure Form as per HIPAA requirements. The information needed includes the following:

- What information was released, either verbally or copied?
- Who received the released information?
- When was the information released?
- Why was the information released?
- Questions regarding this process should be directed to the HIPAA Privacy and Security Officer.

Death of an Individual Served:

Employees trained in CPR will be available on all shifts.

1. When an individual served is found and is not breathing and/or has no pulse, follow recommended techniques of CPR and First Aid (The exception to this would be if there is a DNR order for that individual. DNR orders are discussed below.)

2. When the ambulance crew arrives, the crew will make a determination as to the level of medical attention warranted.

If the individual is to be transported to the hospital and two employees are present, one will accompany the individual. If only one employee is present, the employee will arrange for the individual to be met at the hospital. If the ambulance crew decides hospitalization is not appropriate, a call to the coroner will be made by the ambulance personnel to obtain a release to remove the body. The body shall be released to the coroner by On-Call or their designee. On-Call is to be summoned to the site as quickly as circumstances allow.

The following persons will be notified within 24 hours:

- a. the Program Director
- b. the family, if appropriate. (If appropriate, a copy of the letter from the Office of the Ombudsman for Mental Health and Mental Retardation will be sent to the family within 24 hours.)
- c. the individual's legal representative
- d. the Director of Nursing Services (not applicable for SILS)
- e. the Physician
- f. the Director of Program Services
- g. the Executive Director
- h. the Chair of the Board (to be notified by the Executive Director)
- i. the case manager and the rest of the individual's team, including, but not limited to, other licensed services, and/or day services
- j. the Ombudsman and the Department of Human Services Licensing Division. The Death Report Form with corresponding cover sheets is to be completed and faxed to the Ombudsman Office at 651-296-1021 and to DHS at 651-297-1490.
- k. the funeral home

After consultation with the family or legal representative, other phone calls to assist can be made.

3. Personal belongings shall be left as they are and the room closed until employees can comply with the wishes of the family. If there is no family, the individual's legal representative (case manager if there is no legal representative) will be contacted to direct the facility regarding what should be done with the personal belongings. Anything that is of value that employees feel may be removed or lost shall be inventoried, taken from the room and placed in a locked storage area.

4. The entire procedure regarding notification, family wishes, inventory of personal belongings, employees involved, and any other relevant information shall be documented carefully in the progress notes of the individual's permanent record.

5. Complete a written Incident Report describing the date, time, place, and circumstances of death to the best of your knowledge and procedures following the incident. A Vulnerable Adults Maltreatment Report Form will also be completed if the death was the result of suspected maltreatment.

6. A copy of the deceased individual's record shall be given to the local social service agency.

OTHER SPECIFIC CIRCUMSTANCES:

Autopsies:

An autopsy shall be performed upon death unless permission is refused by legal representative, parents or Department of Human Services Licensing Division (if individual is under public guardianship.)

Permission obtained by phone must be witnessed and signed by two people and will be obtained by the Program Director or their designate. The autopsy finding will be reported to the family, legal representative, the Commission of Human Services and a copy placed in the permanent file.

DNR (Do Not Resuscitate) ORDERS

Executive Committee Approved: January 24, 2008

Board Approved: March 25, 2008

Do Not Resuscitate (DNR) orders refer to a request by an individual served or the individual's legal representative that no lifesaving measures be administered if the individual served is found to be in respiratory arrest (breathing has ceased) or full cardiopulmonary arrest (no pulse and is not breathing.) In the case of public guardianship, Minnesota statute dictates that DNR orders require judicial consent.

When HMC receives a DNR order, the individual served or the individual's legal representative will be notified that should the individual experience a respiratory arrest or a full cardiopulmonary arrest, NO resuscitation measures will be initiated. 911 will be called and the DNR order will be presented to the emergency responders. The individual served or the individual's legal representative will also be notified that should the individual experience an obstructed airway, emergency measures, which include abdominal thrusts and back blows, will be taken to prevent or reverse acute airway obstruction while the person is conscious. If the individual becomes unconscious, 911 will be called and chest compressions and rescue breathing will be provided until the arrival of emergency medical responders. The DNR order will be presented to the emergency responders upon arrival. If the legal representative does not want the above mentioned first aid performed in the event of a choking incident, specifics will be indicated in writing on the DNR order. DNR orders can not be honored by medical personnel without a dated, signed DNR order.

If present at the time of the emergency, HMC employees are responsible for notifying emergency medical personnel that a DNR order exists and providing them with the DNR order. DNR orders will accompany an individual served each time they go to the hospital or emergency room. HMC is NOT responsible for actions taken or not taken by emergency medical personnel or other licensed providers.

In the event of a DNR order for an individual served by HMC, employees will provide active and appropriate first aid treatment (including performing the Back Blows/Abdominal Thrusts for conscious choking or CPR for unconscious choking.).

Copies of DNR orders (including a copy of the court order for individuals under public guardianship) are readily accessible to employees (see below for specific locations for these

documents). QMRPs, in conjunction with nursing, will ensure that copies of DNR orders are given to the office of the primary physician, the legal guardian, the day services provider, and the county case manager.

LOCATION OF DNR ORDERS:

For SLS:

In the SLS Program sites, COPIES of DNR orders are kept:

1. in the individual's program books
2. in the car file attached to the face sheet
3. in the On-Call reference book
4. copy to Activities Coordinator

The ORIGINAL will be kept in the individual's Permanent File.

DNR orders are explained in the individual's Risk Management Plan which is part of orientation for all new employees.

For SILS/SLS In-Home:

In the SILS/SLS In-Home Program, COPIES of DNR orders are kept:

1. in the individual's program book(s)
2. in a drawer nearest to the phone in the individual's home (exact location will be posted on the front page of the face sheet)
3. in the On-Call reference book
4. copy to Activities Coordinator

The ORIGINAL will be kept in the Permanent File.

The individual will have a bracelet stating that they have a DNR order and, as possible, the individual will carry a reduced copy of the order in their wallet.

DNR orders are explained in the individual's Risk Management Plan which is part of orientation for all new employees. The fact that a DNR Order exists is noted on the front page of the face sheet and on the front of the permanent file for that individual.

For HOMESTEAD:

At Homestead, COPIES of DNR orders are kept:

1. in the individual's program book (under a separate tab)
2. in each vehicle with the First Aid Kit
3. copy to Activities Coordinator

The ORIGINAL will be kept in the individual's Medical File.

DNR orders are explained in the individual's Risk Management Plan which is part of orientation for all new employees and reviewed by all staff with Quarterly Emergency Procedures.

For PRAIRIE'S EDGE:

At Prairie's Edge, COPIES of DNR orders are kept:

1. in the individual's program book (under a separate tab)
2. in each vehicle with the First Aid Kit
3. copy to Activities Coordinator

The ORIGINAL will be kept in the individual's Medical File.

DNR orders are explained in the individual's Risk Management Plan which is part of orientation for all new employees and reviewed by all staff with Quarterly Emergency Procedures.

Medical Emergencies:

SERIOUS ILLNESS, INJURY OR ACCIDENTS

For SILS/SLS In-Home:

1. If an individual served by the SILS Program becomes ill or injured and contacts the On-Call, On-Call will assist the individual in obtaining the necessary medical care.
2. When a medical emergency or a serious situation is suspected, staff are authorized to call 911 without approval from a management staff person or a facility health professional.
3. Notify the Program Director within 24 hours when an individual served by the SILS/SLS In-Home Program is taken to the clinic or Emergency Room for emergency care.
4. If the individual served is going to be admitted to the hospital, the designated HMC employee will provide the requested information to the receiving nurse.
5. Document the nature of the illness or injury and action taken on an Incident Report, also documenting that the legal representative, case manager, other licensed providers, Director of Program Services and Executive Director were notified within 24 hours.

The Ombudsman's Office and DHS Division of Licensing is to be notified in the event of a serious illness, injury or accident that would meet one of the following criteria:

- a. fractures
- b. dislocations
- c. evidence of internal injuries
- d. head injuries with loss of consciousness
- e. lacerations involving injuries to tendons or organs and those for which complication are present
- f. extensive second degree or third degree burns and other burns for which complications are present
- g. extensive second or third degree frost bite and others for which complications are present
- h. irreversible mobility or avulsion of teeth
- i. injuries to the eyeball
- j. ingestion of foreign substances and objects that are harmful
- k. near drowning
- l. heat exhaustion or sunstroke
- m. all other injuries considered serious by a physician

The Program Director or designee will be responsible for faxing the report to the Ombudsman Office and the DHS Division of Licensing within 24 hours of the incident. (Ombudsman Office at 651-296-1021 and DHS Division of Licensing at 612-297-1490)

For ICF and SLS:

If an individual served becomes ill or injured, the following steps should be taken:
Homestead and Prairie's Edge: notify the nurse or Program Manager (or On-Call in the absence of the nurse or Program Manager.) SLS: notify On-Call. Follow their instructions.

If unable to reach the designated individuals:

1. Provide necessary First Aid and treatment.
2. Gather as much information as quickly as possible and as training allows:
 - a. current temperature and pulse
 - b. blood pressure
 - c. facts about the symptoms or injury
3. Continue efforts to contact designated individuals. If it is a major medical emergency, call as soon as it becomes possible.
- 4a. If the individual's condition is assessed to be serious, transport them to the nearest clinic or Emergency Room for medical intervention or, if deemed to be necessary, call 911 for an ambulance. (When a medical emergency or a serious situation is suspected, staff are authorized to call 911 without approval from a management staff person or a facility health professional.)
- 4b. If individual is being transported by ambulance, employees should either accompany the individual or meet the individual at the Emergency Room.
- 4c. When accompanying an individual to the clinic or Emergency Room, take along the individual's medical file, MA Card and Medicare Card (if applicable).
5. The Program Director, Director of Program Services and Executive Director will be notified within 24 hours.
6. The Program Director or their designee will be responsible for notifying the legal representative, case manager and other licensed providers within 24 hours.
7. Document the nature of the illness and action taken on an Incident Report, also documenting all people notified.
8. If the individual served is going to be admitted to the hospital, the designated HMC employees will provide the requested information to the receiving nurse. The Ombudsman's Office and DHS Division of Licensing is to be notified in the event of a serious illness, injury or accident that would meet one of the following criteria:
 - a. fractures
 - b. dislocations
 - c. evidence of internal injuries
 - d. head injuries with loss of consciousness
 - e. lacerations involving injuries to tendons or organs and those for which complication are present
 - f. extensive second degree or third degree burns and other burns for which complications are present
 - g. extensive second or third degree frost bite and others for which complications are present
 - h. irreversible mobility or avulsion of teeth
 - i. injuries to the eyeball

- j. ingestion of foreign substances and objects that are harmful
- k. near drowning
- l. heat exhaustion or sunstroke
- m. all other injuries considered serious by a physician

Designated individuals (Building Charge and nurse for Homestead, Home and Health Assistant and nurse for Prairie's Edge, and On-Call for SLS) will be responsible for faxing the report to the Ombudsman Office and the DHS Division of Licensing, within 24 hours of the incident. (Ombudsman Office at 651-296-1021 and DHS Division of Licensing at 612-297-1490)

NEED FOR PSYCHIATRIC SERVICES:

A psychiatric emergency would include, but is not limited to: the immediate need for a check of medications or side effects, an emergency that has significant risk to health or safety including suicide or homicide (where calling 911 is not imminent) or any acute psychotic illness in which an individual may need to be observed in an inpatient/hospital setting, or as the Program Director or nursing employees deem necessary.

A. During regular business hours: A call should be made to the clinic where the individual's primary psychiatrist is on duty. If that psychiatrist is unavailable, a request to speak to the psychiatrist On-Call should be made. Full explanation of the events at hand and medical information should be available for that conversation.

B. During non-business hours: With a psychiatric emergency, an assessment should be made as to the need for police intervention in order to protect the health and safety of the individual and others.

If risk is imminent, 911 should be contacted first. If imminent risk to self or others is not present, a call should be placed to the clinic that serves the individual; request to speak to the On-Call clinician, having a full explanation of the topic at hand. The On-Call clinician will make a determination as to whether the individual would need to be seen in the Emergency Room at the hospital. Admission to a hospital would take place from the Emergency Room. If, for some reason, the behavioral health unit at the hospital is not available, the individual may require transport to another hospital. Harry Meyering Center personnel should assist in this transport (by HMC vehicle) only as a last resort.

For any psychiatric emergency, notify the On-Call in the program in which the individual is served. Notify legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours.

Only nurses can take physician orders for medication or treatment over the phone. Other staff may obtain written orders by paper or fax. ICF and SLS staff then need to notify a nurse. All Rule 40 guidelines are to be followed in the midst of a psychiatric emergency. Fully document all Emergency Use of Controlled Procedures used and the episode in general in the individual's medical, psychiatric and programmatic files as necessary. Documentation will include details of incident, efforts to support the individual, all notification/actions and summary of outcomes.

NEED FOR DETOX SERVICES:

The Program Director and On-Call should be notified prior to admission to detox if at all possible. The need for detox services would be appropriate if any of the following conditions are present:

1. If an individual consumes mood altering chemicals that detrimentally influence their physical condition (i.e. blood pressure, pulse, breathing) and it is determined that their safety is at risk.
2. When alcohol or other mood altering chemicals are contraindicated in the individual's medication regime or compromises other physical treatments.
3. When an individual behaves in a manner that poses risk to their own safety, the safety of others or property, and it is determined that the behavior is secondary to chemicals.

If any of these criteria are met, a call should be made to the Emergency Room at the hospital with a request to have the individual seen immediately. If the individual will go voluntarily, transport them with a minimum of 2 employees to the Emergency Room.

If the individual refuses to go and the emergency cannot be handled by an employee, a call to 911 should be made with a request that the Police assist in the transportation to the Emergency Room.

If, for some reason, the hospital in Mankato does not serve severely intoxicated persons, the individual may require transport to another hospital. Harry Meyering Center personnel should assist in this transport (by HMC vehicle) only as a last resort. Document the circumstances and the outcome of such an occurrence in the individual's file and in the medical file. Notify legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours.

Missing Individual:

For PRAIRIE'S EDGE:

In those instances where employees have reason to believe an individual served is missing for a period of time that is cause for concern, the employee will contact the Program Manager or their designee for advice as to necessary action. In general the procedure will be as follows:

1. Employees will search the house including storage closets, offices, etc. as well as the yard and the neighborhood.
2. If unable to locate after the search, file a missing person report with local authorities - an explanation of the individual's vulnerabilities, physical description, etc. will be given to the authorities to assist them in the search.
3. Notify On-Call
4. Notify legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours if the individual is not immediately found.
5. When individual is found and circumstances are confirmed, notify relevant people.

If individual is lost in the community:

1. Use resources on hand to assist in the search (PA system, security, etc.)
2. If there are two employees, one will search and the other will take other individuals served and go get help.
3. Program Manager or their designee should be notified as soon as possible.

4. If deemed to be necessary, contact Law Enforcement for assistance -- an explanation of the individual's vulnerabilities, physical description, etc. will be given to the authorities to assist them in the search.

5. Notify On-Call

6. Notify legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours if the individual is not immediately found.

7. When individual is found and circumstances are confirmed, notify relevant people.

Documentation will include details of incident, efforts to locate, all notification/actions and summary of outcomes.

For SILS/SLS In-Home and SLS:

In those instances where employees have reason to believe an individual served is missing for a period of time that is cause for concern, the employees will contact the SILS Program Director or the SLS On-Call for advice as to necessary action. In general, the procedure will be as follows:

1. Contact roommates for information.

2. Contact work counselor, friends, parents/family, legal representative or other people as to possible whereabouts or for possible information.

3. If no information, file a missing person report with local authorities - an explanation of the individual's vulnerabilities, physical description, etc. will be given to the authorities to assist them in the search.

4. Notify legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours if the individual is not found.

5. When individual is found and circumstances are confirmed, notify relevant people.

Documentation will include details of incident, efforts to locate, all notification/actions and summary of outcomes.

For HOMESTEAD:

Whenever the whereabouts of an individual served is not known, employees will follow these steps:

1. Notify the Building Charge immediately.

2. Building Charge will assign employees to search the apartments, storage closets, offices, etc. in the building, starting with the area in which the individual lives. If the individual is not located, the grounds, parking lot and vehicles will be searched.

3. If the individual is not found, call 911 and notify Law Enforcement and request assistance - an explanation of the individual's vulnerabilities, physical description, etc. will be given to the authorities to assist them in the search.

4. Building Charge will notify the Program Manager or their designee.

5. Notify On-Call.

6. Notify the legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours if individual is not found.

7. When the individual is found and circumstances are confirmed, notify relevant people.

If individual is lost in the community:

1. Use resources on hand to assist in the search (PA system, security, etc.)

2. If there are two employees, one will search and the other will take other individuals served and go get help.
3. Homestead Building Charge should be notified as soon as possible.
4. If deemed to be necessary, contact Law Enforcement for assistance -- an explanation of the individual's vulnerabilities, physical description, etc. will be given to the authorities to assist them in the search.
5. Building Charge will notify the Program Manager or their designee.
6. Notify On-Call
7. Notify the legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours if the individual is not found.
8. When the individual is found and the circumstances are confirmed, notify relevant people.

Documentation will include details of incident, efforts to locate, all notification/actions and summary of outcomes.

Bomb Threats:

In the event that a property owned or managed by HMC becomes aware of the threat of a bomb, the house employees (SLS or Prairie's Edge) or Building Charge (Homestead) will:

1. Dial *57 to trace call.
2. Phone 911 to report the circumstances.
3. Evacuate the house/building to a nearby secure area (the vehicle(s), a neighbor).
4. Work with the Law Enforcement personnel until the area is declared safe.
5. Notify On-Call as soon as circumstances allow.

Documentation will include details of incident, all notifications/actions and summary of outcomes.

For SILS/SLS In-Home:

Employees review quarterly with each individual served what to do if a bomb threat is made to their home or apartment and document on the Quarterly Emergency Review form.

Law Enforcement Involvement:

1. All programs will contact On-Call.
2. If the situation involves an individual served directly, On-Call or their designee will notify the legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours.
3. If the situation does not directly involve an individual served, notify the Program Director, Director of Program Services and Executive Director within 24 hours.

Fire (drills and actual fires):

For PRAIRIE'S EDGE:

Fire drills are conducted monthly and on each shift quarterly. The Home Coordinator is responsible for making sure that the fire drills do occur and the results are documented. The Fire and Safety Committee reviews all fire drill reports to ensure that safety procedures are being met. The alarm system is checked monthly by the Home Coordinator and a record of those checks is

maintained. Prairie's Edge is electronically alarmed through North American Security. Since Prairie's Edge is electronically alarmed, prior to any fire drills the designated employees will call North American Security and tell them that it is only a drill and there is no need to respond. When calling North American Security, staff will need to provide the account number and password (these are located on the fire panel as well as by the phone in the office) and tell them an anticipated length of time for the drill. After the drill, call North American Security to confirm that they received the DACT signal.

In the event of an actual fire, employees will call 911 to confirm that trucks are responding and to relay any pertinent information. Employees will also contact On-Call as soon as possible. The Home Coordinator will ask a designated employee to conduct a fire drill during a designated shift. Neither employees, nor individuals served will be notified of the fire drill.

Discovery of actual fire or fire drill sign in your work area:

1. Evacuate individuals served who are in the immediate area of danger.
2. Pull alarm.
3. Notify other employees.
4. Continue with evacuation efforts to designated areas.
5. If possible, extinguish fire once individuals are safe and if the fire is small enough to contain.
6. Return only when the all clear is given by the designated employees or the Fire Department in the event of an actual fire.
7. Contact On-Call when an actual fire occurs.
8. Document on Fire Report Form and turn into the Home Coordinator, who then forwards the report to the Staff Development Director.

If the building is deemed uninhabitable, On-Call or their designee will contact and work with the Red Cross to find suitable accommodation(s) and to ensure the health and safety of individuals affected.

Fire alarm sounds (drill or actual):

1. Check the house for fire to determine location.
2. Evacuate to the designated area.
3. Return only when the all clear is given by the designated employees or the Fire Department in the event of an actual fire.
4. Contact On-Call when an actual fire occurs.
5. Document on Fire Report Form and turn into the Home Coordinator, who then forwards the report to the Staff Development Director.

In the case of an actual fire, notify the legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours.

For SILS/SLS In-Home:

Individuals served in the SILS/SLS In-Home Program will be trained in calling the Fire Department and/or seeking assistance in the case of fire. Evacuation of the apartment will be stressed in the case of fire. The individual will be instructed not to re-enter the apartment until the Fire Department indicates that it is advisable.

Quarterly, employees will review fire evacuation routes, teach kitchen safety techniques incorporating putting out small fires (such as stove top, oven and waste basket), and observe the individual checking the smoke detector to assure that it is working properly. In the case of an actual fire, notify the legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours.

If the building is deemed uninhabitable, On-Call will contact and work with the Red Cross to find suitable accommodation(s) and to ensure the health and safety of individuals affected.

For SLS:

Quarterly fire drills and evacuations will be reviewed with all individuals in the house. The SLC will see that drills occur and are documented. Individuals in the SLS Program are instructed in the calling of the Fire Department and/or seeking assistance in the case of a fire. Each individual is instructed not to re-enter the house/apartment until the Fire Department indicates that this is advisable. Each house will have a fire exit plan. On this plan a designated meeting place is to be indicated.

During the quarterly fire drills, the following procedure will be used:

1. No notice will be given.
2. Set off the alarm.
3. Follow evacuation procedure.
4. Employees to exit the building and account for all individuals served.
5. Document the drill on the Fire Drill Report Form.

In the case of an actual fire, the most important task of the employees is to evacuate all individuals in the house as quickly as possible. Employees will assist in removal of anyone who is in an area of immediate danger and close doors to rooms. Employees are not to take time to turn off lights or close windows; the immediate concern is for the individuals in the house.

In the case of an actual fire, notify the legal representative, case manager, Adult Foster Care licensor, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours.

If the building is deemed uninhabitable, On-Call will contact and work with the Red Cross to find suitable accommodation(s) and to ensure the health and safety of individuals affected.

For HOMESTEAD:

Fire drills are conducted monthly and on each shift quarterly. Three times a year the entire building must be completely evacuated, one time on each shift. Building Charge will be notified when this is to occur. The Staff Development Director is responsible for making sure that the fire drills do occur and the results are documented. The Fire and Safety Committee reviews all fire drill reports to ensure that safety procedures are being met.

The alarm system is checked monthly by the Physical Plant Director and a record of those checks is maintained in the HMC Fire Book. Homestead is electronically alarmed by North American Securities – Central Station. Since Homestead is electronically alarmed, prior to any fire drills the designated employee (generally the Building Charge) will call Central Station (account

number and password are located on the fire system panel.) State that you are calling from the HARRY MEYER CENTER (NOT HMC), that it is only a drill (there is no need to respond), and the anticipated length of time for the drill. After the drill, call Central Station back to confirm that North American Securities received the DACT signal.

In the event of an actual fire, the Building Charge must call 911 to confirm that trucks are responding and to relay any pertinent information.

All employees present in the building at the time of the fire drill will assist in the fire evacuation process. Those employees not responsible for a specific apartment should meet outside the Nurses' Office for instructions from the designated employee (generally the Building Charge.) Building Charge is responsible for the safety of the individuals served and evacuation during fire emergencies. If the Building Charge is on break when the alarm sounds, they are to return to work immediately.

Discovery of actual fire or fire drill sign in your work area:

1. Evacuate individuals served who are in the immediate area of danger.
 2. Pull alarm.
 3. Notify other employees.
 4. Continue with evacuation efforts to designated areas as directed by Building Charge.
 5. If possible, extinguish fire once individuals are safe and if the fire is small enough to contain.
 6. Return only when the all clear is given by the Building Charge or the Fire Department in the event of an actual fire.
 7. Document on Fire Report Form and turn into the Staff Development Director.
- If the building is deemed uninhabitable, On-Call or their designee will contact and work with the Red Cross to find suitable accommodation(s) and to ensure the health and safety of individuals affected.

Fire alarm sounds (drill or actual):

1. Check apartment for fire.
2. Meet with Building Charge to determine if the fire is anywhere on the unit.
3. Evacuate the unit to the designated area if the fire is on the unit. If the fire is not on the unit return to the apartment and get into a state of readiness, preparing to evacuate should the need arise.
4. Return only when the all clear is given by the Building Charge or the Fire Department in the event of an actual fire.
5. Document on Fire Report Form and turn into the Staff Development Director.

In the case of an actual fire, notify the legal representative, case manager, other licensed providers, Program Director, Director of Program Services and Executive Director within 24 hours.

Severe Weather and Natural Disaster:

Cold Weather:

Cold weather is defined as temperature or wind-chill of zero (0) degrees Fahrenheit or a combination of temperature and wind chill of 0 degrees Fahrenheit or below.

For SILS/SLS In-Home:

Employees review with individuals served in this program the effects of severe cold weather, precautions individuals should take in dressing appropriately and advisable method of traveling when the weather is potentially dangerous due to temperatures, winds and visibility. Individuals served are encouraged to listen to the weather forecast and dress appropriately. Individuals served are advised to limit their outdoor activities when severe cold weather conditions exist. If travel is necessary, individuals served are advised to notify someone of where they are going and when they are expected to return. Individuals served are also instructed what to do if stranded in a vehicle during a winter storm.

For SLS:

During severe cold weather, individuals who typically walk more than one block to/from bus stops, work, etc. will be given rides. Individuals served will be encouraged to dress appropriately for the weather. If an individual decides to not dress appropriately, employees may delay any outing until everyone is dressed safely. Decisions may be made by employees regarding the rides and the dress using criteria based on individual vulnerabilities and medical concerns and as assessed in the Risk Management Plan.

Employees should always assess the weather before leaving the house. If the weather forecast is for snow storms, blizzards, white out conditions or wind chill of -15 F or below, SLS cars will not leave the city limits. Generally, unnecessary outings should be canceled. Employees should use their best judgment about transporting individuals served within the city limits based on the weather and road conditions.

All SLS vehicles are equipped with winter survival kits (blankets, first aid kit, flashlights).

For HOMESTEAD:

When there is cold weather, out-of-the-facility activities are to be reviewed by the nurse, taking into account the purpose of the activity, individual(s) involved, vehicles and destination. If the nurse feels that the outing is contraindicated for the individual(s) that decision will be final. The decision will be based on weather conditions and individual medical concerns and vulnerabilities as assessed in the Risk Management Plan(s.) If no travel is advised or if the weather forecast is for snow storms, blizzards, white out conditions or wind chill of -15 F or below, activities will not take place. Generally, unnecessary outings should be canceled. Employees should use their best judgment about transporting individuals served within the city limits based on the weather and road conditions. If a nurse is not present, Building Charge will determine out-of-facility activities. The Building Charge will notify all employees of restriction of activities outside of the facility.

All Homestead vehicles are equipped with winter survival kits (blankets, first aid kit, flashlights.)

For PRAIRIE'S EDGE:

Decisions regarding out-of-the-facility activities will be made by employees taking into account purpose of the activity, individual(s) involved, vehicles, and destination, as well as vulnerabilities and medical concerns as assessed in the Risk Management Plan(s.) Employees

should always assess the weather before leaving the house. If the weather forecast is for snow storms, blizzards, white out conditions or wind chill of -15 F or below, activities will not take place. Generally, unnecessary outings should be canceled. Employees should use their best judgment about transporting individuals served within the city limits based on the weather and road conditions.

All Prairie's Edge vehicles are equipped with winter survival kits (blankets, first aid kit, flashlights.)

Hot Weather:

Hot weather is defined as 90 degrees Fahrenheit and above and/or humidity levels over 75%.

For HOMESTEAD:

When there is hot weather, out-of-the-facility activities are to be reviewed by the nurse, taking into account the purpose of the activity, individual involved, vehicles and destination. If the nurse feels that the outing is contraindicated for the individual(s) that decision will be final. The decision will be based on weather conditions and individual medical concerns and vulnerabilities. The Building Charge will notify all employees of restriction of activities outside of the facility.

For PRAIRIE'S EDGE and SLS:

Decisions regarding out of the facility activities will be made by employees taking into account purpose, individual(s), vehicles, destination as well as vulnerabilities and medical concerns as assessed in the Risk Management Plan.

For SILS/SLS In-Home:

Quarterly, employees review threats of heat and humidity with individuals served according to the Risk Management Plan. SILS/SLS In-Home staff encourage an intake of adequate fluid and monitor appropriate thermostat settings during regularly scheduled visits.

Thunderstorms and Tornadoes:

Severe Thunderstorm Warning occurs when the National Weather Service expects thunderstorms with large hail and/or damaging winds in excess of 57 miles per hour. (Be ready!)

Tornado Watch is when the current weather conditions could produce a tornado. (Plan!)

Tornado Warning is when a tornado or funnel cloud has been sighted or detected on radar. (Act NOW!)

For ICF and SLS:

1. Employees will be aware of weather conditions and be prepared to act if necessary. Employees should listen to the radio or at Homestead, the weather alert radios can be used.
2. Each house or apartment will be equipped with a flashlight and transistor radio. These items will be checked frequently to ensure working order by designated employees.
- 3a. In the event of a tornado watch, employees will be prepared to act and have flashlights, blankets, pillows, etc. ready.
- b. Employees need to also know the whereabouts of all individuals served.

- c. Discretion must be used in regards to community activities; return to HMC if deemed to be appropriate.
- 4a. In the event of a tornado warning, the civil defense sirens will sound.
- b. At this time individuals served and employees will seek shelter in the designated area of the house or apartment. Employees will reassure individuals served and attempt to make them as comfortable as possible. Keep doors shut and stay away from glass.
- c. No community activities during a tornado warning. If out in the community during a tornado warning, seek shelter in the designated place or if in the car go to the side of the road and get into the ditch, avoiding electrical lines. If at all possible, try to notify HMC of your whereabouts.
- 5. At Homestead, the Building Charge will make the determination as to when individuals served and employees are to seek shelter. Everyone is to remain in the designated area until the Building Charge gives the all clear.

For SILS/SLS In-Home:

All individuals served by this program will be instructed using the Quarterly Emergency Procedures on information regarding Thunderstorms, Tornadoes, Power Outages and Natural Disasters. Training includes:

1. Use TV or battery-operated radio for updates on weather conditions.
2. If outside seek shelter for protection.
3. Organize storm materials such as flashlights, transistor radio, blankets, and pillows.

Natural Disaster:

Natural Disaster is an unexpected happening in nature that has the potential to cause great harm or damage to people or property.

1. Evacuation
 - a. In the event that disaster conditions force evacuation, the staff person/On-Call will remain tuned to the radio and follow evacuation procedures outlined there.
 - b. The staff person/On-Call will ensure all individuals served are safely removed from the affected area.
 - c. Once everyone is safely removed the staff person/On-Call will notify the Program Director(s) and/or their designees.

2. Temporary Shelter

In the event of any disaster that results in a residential site being uninhabitable, supervisor/designee will direct staff and individuals served to a pre-designated temporary shelter.

The temporary shelter is located at:

SILS/SLS In-Home/SLS/Prairie's Edge: Harry Meyering Center, 109 Homestead Rd, Mankato, MN

Homestead: Red Cross, 105 Homestead Rd, Mankato, MN

3. Notification

a. After appropriate arrangements have been made to meet everyone's immediate needs, ensure that the following have been notified:

1. Program Director, Executive Director, Director of Program Services
2. Appropriate manager/designee
3. Case managers
4. Legal guardians
5. Other licensed providers

6. Licensing personnel as appropriate
- b. Arrange for the completion of an Incident Report by the staff person who was in charge at the time of the emergency

Alarm Systems

For PRAIRIE'S EDGE:

1. Fire Alarm:

When the fire alarm sounds follow fire procedure.

2. Door Alarm:

Every door leading to the outside of the house has the capability to be alarmed, including the doors from the staff office and the main entry hallway that lead into the garage. When a door alarm sounds, employees will check the alarm panel to identify which door has been opened and then go to that door to see what happened. When the alarm sounds, employees need to ensure that all of the individuals served are present and accounted for. The patio door and the side garage door will have key pads to turn the alarm off before entering. The front door and side door need to be turned on and off at the central alarm panel.

3. Panic Pendants:

When the pendant is activated an alarm sounds throughout the house. Employees will need to check the alarm panel to know which pendant has been activated. Other employees will respond to the employees activating the pendant and offer assistance as the situation warrants.

4. Motion Detectors:

Some bedrooms are equipped with motion detectors so employees can be alerted to situations as stated in individuals' Risk Management Plans.

For HOMESTEAD:

1. Fire Alarm:

When the fire alarm sounds, follow fire procedure.

2. Door Alarm:

Every door leading to the outside at Homestead has the capability to be alarmed. When a door alarm sounds Building Charge will investigate the source of the alarm, taking action as necessary.

3. Panic Pendants:

When a panic pendant is activated an alarm sounds at the alarm panel and on employee pagers. Employees with pagers, or their designees, will respond to the listed site and offer assistance as the situation warrants.

4. Motion Detectors -

Some bedrooms are equipped with motion detectors so employees can be alerted to situations which require assistance or attention as stated in individuals' Risk Management Plans. Other bedrooms have specific monitors in the room to listen and monitor for seizures, getting out of bed and/or behaviors.

5. Code Alert System -

With this system, whenever a designated individual leaves their apartment, an alarm within the apartment is activated to alert employees to the fact that the individual has left the apartment.

DRESS CODE POLICY

Personal Appearance of Employees

Board Approved: May 27, 2009

Formal Adoption: July 1, 2009

Value: We value a well-trained, diverse workforce committed to person-centered services and the contributions they make as team members.

Value: We value physical safety with a carefully determined balance of individuality, security, protection, and choice.

Policy: It is the policy of HMC that each employee's dress and personal appearance be appropriate to the work setting. Please note dress requirements vary depending on position.

Dress Requirements for all ICF and SLS Employees:

As an employee of HMC you are a professional and a representative of the agency. You are expected to dress in a manner that shows you have respect for yourself, the agency and the individuals you serve. The dress code is considered casual. How you dress each day must be appropriate for the activities you will be doing, and you must serve as a role model for individuals who often have trouble deciding what looks good, what might be appropriate for the occasion or season, or how clothing ought to be maintained.

Direct care employees bend, stoop, and move around during the course of a shift. Clothing should not be so tight as to restrict movement, but also not too loose to expose parts of the body, which could cause embarrassment or offend those around you. If you choose not to wear undergarments, your clothing must be selected with care, so as not to offend those you work with or serve. No clothing should be worn that would be considered sexually suggestive.

Shorts and skirts must be no shorter than finger-tip length. *Halter tops, spaghetti straps and jogging bras are not permitted. If these items are worn, you must wear a shirt or jacket that is buttoned.* Shirts or pants/shorts that reveal your midriff, stomach, navel or backside during any activity are not to be worn at work.

Direct care employees spend a large portion of the shift on their feet. The job may call for quick movements, running or movements that require a stable stance; therefore, footwear should be chosen carefully. Shoes should be comfortable and low-heeled. Platform shoes and heels can present a potential safety issue. *All footwear must be securely fitting, offer foot support and must have a back or back strap. Open back shoes are not allowed.* In some of our work settings, it is requested that employees and visitors remove their shoes upon entering the consumer's home.

Direct care employees are expected to wear clothes that are not dirty, exceeding worn, in need of repair or have inappropriate words or pictures displayed. (Inappropriate is defined as phrases or pictures that support violence, harassment, tobacco, liquor, etc.)

Direct care employees may accompany consumers to church or take part in a variety of activities in the community and are expected to wear clothing that is appropriate for the activity. Employees may bring a change of clothing for the rest of the day, if necessary.

Direct care employees are requested not to wear jewelry of value. Neither HMC, nor the agency insurance, will pay for damaged, lost or stolen jewelry.

For safety reasons, employees with body piercing may not wear any dangling type jewelry. Stud type jewelry that *doesn't dangle and does not pose risk of injury to the employee*, is acceptable.

Tattoos are acceptable as long as they are not offensive to other employees or consumers. [Tattoos must not be vulgar or gory.] If deemed to be unacceptable the employee will need to cover the tattoo with clothing or a bandage.

Body piercing and/or uncovered tattoos will not be allowed in any setting where consumers object.

The Program Director or his/her designate will make the final determination if there is a question regarding the appropriateness of dress, body piercing or tattoos.

Dress requirements for all nursing employees:

Nurses are not required to wear uniforms at HMC. Dress requirements [including tattoos and piercings] should meet the expectations mentioned above, keeping in mind nurses have regular contact with health care professionals in the community and are expected to dress in a manner appropriate to the days' activities.

Dress requirements for all maintenance, janitorial, laundry and dietary employees:

Employees in this category must dress in clothing and footwear that meets the basic requirements of safety and comfort. All clothing must be neat, clean and not restrict movement. The same requirements regarding tattoos and piercings apply to employees in this category.

Dress requirements for all executive, administrative, office employees and SILS employees:

Employees in this category have regular contact with the public and are expected to dress in a manner that is normally acceptable in any business establishment. An employee's dress should be appropriate to the day's activities and shoes and accessories should meet the basic requirements of safety and comfort. The same requirements regarding tattoos apply to employees in this category; body piercing must be tasteful and not pose a safety risk.

Any employee who does not meet the standards of this policy will be required to take corrective action, which may include leaving the premises. Non-exempt employees will not be compensated for any work time missed because of failure to comply with this policy. Violation of this policy may result in disciplinary action.

PROHIBITED HARASSMENT POLICY

Board Approved: April 28, 2009

Formal Adoption: May 7, 2009

PURPOSE

It is the policy of Harry Meyering Center, Inc. that harassment on the basis of protected classification (race, creed, color, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, membership on a local human rights commission and sexual orientation), including sexual harassment, is prohibited.

Such harassment violates the law, creates an offensive working environment, decreases productivity, adversely affects positive working relationships, increases costs to the company and tarnishes the image of the company and everybody associated with it.

POLICY

No employee of Harry Meyering Center, Inc. may engage in verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of that person's race, creed, color, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, membership on a local human rights commission or sexual orientation, or that of the person's relatives, friends or associates, if the conduct:

1. has the purpose or effect of unreasonably interfering with the person's work performance; or
2. otherwise adversely affects that person's employment opportunities.

The following are examples of prohibited harassment. Please note that these are not the only examples. If you have a question about whether conduct is permissible under this policy, you should discuss it with your supervisor or with the Human Resources Director.

1. Epithets, slurs or negative stereotypes;
2. Intimidating or hostile acts based upon protected classification;
3. Written or graphic material that denigrates or shows hostility or aversion to persons of a protected classification and that is posted or circulated on Harry Meyering Center, Inc. property.

One form of prohibited harassment is sexual harassment. Sexual harassment is defined as:

1. Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of an employee's obtaining employment or continuing employment; or
2. Making submission to or rejection of such conduct the basis for employment decisions affecting an employee; or
3. Creating an intimidating, hostile or offensive working environment or otherwise substantially interfering with an individual's employment by such conduct; or

4. Retaliating against an employee for complaining about such conduct.

The following are examples of sexual harassment. Please note that these are not the only examples.

1. Unwelcome sexual flirtations, propositions, and invitations to social events;
2. Offensive physical contact or physical closeness;
3. Use of words of a sexual nature describing body parts or sexual acts, telling "suggestive" jokes or stories, and conversations about sexual exploits or sexual desires;
4. Displaying in the workplace sexually suggestive objects, pictures, cartoons, or representations of any action or subject which is sexual in nature and which can be perceived as offensive;
5. Sabotaging an employee's character, reputation, work effects, or property because of sex;
6. Direct and indirect suggestions that an employee's job security, job assignment, conditions of employment, or opportunities for advancement depend in any way on the granting of sexual favors or relations.

If you have a question about whether conduct is permissible under this policy, you should discuss it with your supervisor, the Program Director, or the Human Resources Director.

COMPLAINTS RELATING TO PROHIBITED HARASSMENT

An employee who believes he or she has been subject to harassment prohibited by this policy should report the incident immediately to your supervisor, the Program Director or the Human Resources Director.

The complaining employee will be asked to put the facts surrounding the offensive conduct or communication in writing. Thereafter, the investigation may include interviews with the employee making the charges, the accused employee, and appropriate witnesses, depending upon the individual circumstances of the matter.

Determination of whether prohibited harassment occurred will be made on a case-by-case basis, depending upon the circumstances of the matter, including the type of harassment alleged, the context in which the alleged harassment occurred and any other facts deemed relevant. The employee making the complaint will be advised of the final disposition of the matter.

PENALTIES FOR PROHIBITED HARASSMENT

A violation of this policy may be grounds for immediate discipline, up to and including discharge, or other appropriate action. Sanctions, if any, will be determined on a case-by-case basis, after a review of relevant information.

HOW TO GET MORE INFORMATION

Any questions regarding your obligations and those of others under this Policy should be directed to the Human Resources Director at (507) 388-8972.

USE OF BULLETIN BOARDS AND SOLICITATION AND DISTRIBUTION POLICY

Board Approved: April 28, 2009

Formal Adoption: May 7, 2009

Employees may not engage in solicitation during working time. "Working time" does not include breaks or meal time (whether paid or unpaid), or the time immediately before or after the start of your shift. "Working time" refers to the working time of the person doing the soliciting as well as the working time of the individual being solicited.

Employees may not distribute literature during working time or in working areas.

Individuals who are not employed by the HMC may not solicit or distribute literature for any purpose at any time on company property.

This policy does not restrict solicitation or the distribution of literature related to HMC's business functions or limited employer-sponsored charitable solicitation.

HMC maintains bulletin boards at various sites to post information of interest and importance to employees. Employees and non-employees are prohibited from posting or hanging literature or other materials on these bulletin boards, or on the walls, windows, or other surfaces located on company property.