

APPROVAL OF THE USE OF SAFETY/PROTECTIVE DEVICE PROCEDURE

Issue date: 6/07

Subject: Procedural Process for the Use of Safety/ Protective Device(s)

Purpose: To have a uniform procedure for approval of Safety/Protective Device(s)

Tools and Materials Needed: Rights of Persons with Mental Retardation or Autism/ Section 14 D-1; Safety /Protective Device(s) Request Form; Approval of the Use of Protective Device Form

Procedure:

- I.** Read Rights of Persons with Mental Retardation or Autism law section 14 D-1.
- II.** Determine if the safety/protective device(s) in question need proper approval.
- III. Safety Plan/Protective Device Form Completion**
 - A. Starting at the top of the page complete all the identifying information
 - B. At the person's next Doctor's appointment the Doctor will complete the "Physician's Recommendation(s)" and sign and date at the bottom of the section. Please note that it may be easier for the doctor if this section is completed ahead of time for the doctor's review and signature.
 - C. At the person's next quarterly or annual meeting discuss and document the Team's agreement to the doctor's recommendations. Each device agreed upon must be clearly documented in the meeting minutes. The date the team met and approved the device(s) will be documented in the "Team's Approval" section of the form.
 - D. The guardian will sign and date the "Guardian's Approval" section once he or she has reviewed and approved the use of the device(s).
 - E. The "Administrative Check" can be utilized to ensure all documents are present prior to sending to the members of the Review Committee.
- IV.** Complete the "Approval of the use of Protective Device" form. Please note; only enter the client's name, the date the team met and the physician recommending the device. The Review Committee will complete the rest.
- V.** Send the above information (team meeting minutes, Safety/Protective Device Request Form and the Approval of the use of Protective Device Form to a designated agency representative, or directly to each Review Committee member as appropriate to your agency's procedures.
- VI.** The Review Committee will review the use of the protective device(s) and approve, or not, as appropriate. The agency will receive a signed approval form, typically valid for one year.
- VII.** It is the agencies responsibility to inform the Review Committee members if there is a change in the person's status pertinent to the use of any approved safety/protective device(s).
- VIII.** It is also the responsibility of the agency to provide the Review Committee members with the information and request for approval annually.
- IX.** Please note: The Review Committee may request the presence of an agency representative to attend a meeting if questions arise.