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**Interoffice Memorandum**  
**STATE OPERATED COMMUNITY PROGRAM**  
Seniors and People with Disabilities  
Department of Human Services  
P.O. Box 14250, Salem, Oregon 97309-0740

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DATE: January 22, 2010  
TO: All Site Managers  
FROM: Laura Traeger, Program Administrator  
SUBJECT: **Policy Change for Physician Orders for Life-Sustaining Treatment (POLST) / Limited Code**

This notification is for all SOCP behavior/medical homes. There has been a policy change regarding Physician Orders for Life-Sustaining Treatment (POLST) and/or Limited Code (Limited Life-Sustaining Medical Interventions) within SOCP. **The State Operated Community Program (SOCP) will maintain / keep POLST(s) on file but SOCP staff WILL NOT follow the POLST / Limited Code.\***

SOCP Behavior Homes will call 911, taking all means necessary to maintain life, until the Emergency Medical Technicians arrive on the scene. Upon arrival, the staff will give the EMT(s) the POLST.

**\*Exceptions:**

**SOCP medical homes**, with 24-hour on site registered nurse(s).

- The RN's WILL follow a POLST, if applicable.
- RN's and SOCP staff WILL NOT follow a POLST, if the medical home client does not have a guardian and/or a healthcare representative.

**SOCP behavior homes** with individuals under the care of a hospice nurse (due to a terminal illness) WILL follow a POLST. In this case the staff will also follow the POLST.

**Attachments:**

4.007.02 POLST/Limited Code policy, procedure and form

cc: **Deanna Bathke**, SOCP Director  
**Elaine Stauffer**, Business Manager  
**Central Office Program Managers**  
**Brad Heath**, Clinical Services Manager  
**Jasmine Megowan**, Behavioral Support Manager  
**Linda Fiegi**, Supervising RN  
**BVS1s and BVS2s**

**For SOCP behavior home clients** that have a POLST in place, the direct care staff will give the POLST to Emergency Medical Technicians upon their arrival:

<b>Creswell:</b>	R. Geer T. Owens
<b>James:</b>	D. Hathaway
<b>Hawthorne:</b>	F. Wiegand
<b>Milton:</b>	S. Gilman M. Mcswain J. Goode
<b>River Rd.:</b>	S. Fleck
<b>Shoreline:</b>	L. Dorman A. Miller
<b>Tigard</b>	M. McPherson
<b>Willamina:</b>	M. Mc Cormack

<b>Policy Title:</b>	<b>POLST / Physician Orders for Life-Sustaining Treatment Limited Code / Limited Life-Sustaining Medical Interventions</b>		
<b>Procedure Number:</b>	4.007.02	<b>Version:</b> 1.0	<b>Effective Date:</b> 01/04/2010

*Deanna Bathke*  
Approved By: \_\_\_\_\_

*1/4/2010*  
Date Approved \_\_\_\_\_

Physician Orders for Life-Sustaining Treatment (POLST)/Limited Code form(s) are portable medical orders based on clients' values for life sustaining treatments.

1. A POLST may be requested when an individual is known to be near the end of life due to a serious, declining and/or irreversible health condition as determined by an attending physician or other qualified practitioner. The individual, family and/or guardian may request limitations to the scope of life sustaining medical interventions (POLST/Limited Code).
2. A temporary POLST may be required by physicians before minor surgeries and/or temporary non-life threatening hospitalizations.

**The State Operated Community Program (SOCP) will maintain/keep POLST(s) on file but SOCP staff WILL NOT follow the POLST/Limited Code.\***

SOCP Behavior Homes will call 911, taking all means necessary to maintain life, until the Emergency Medical Technicians arrive on the scene. Upon arrival, the staff will give the EMT(s) the POLST.

**\*Exceptions:**

**SOCP medical homes**, with 24-hour on site registered nurse(s).

- The RN's WILL follow a POLST, if applicable.
- RN's and SOCP staff WILL NOT follow a POLST, if the medical home client does not have a guardian and/or a healthcare representative.

**SOCP behavior homes** with individuals under the care of a hospice nurse (due to a terminal illness) WILL follow a POLST. In this case the staff will also follow the POLST.

**Procedure**

Step	Responsible	Action: Upon entering SOCP behavior/medical group homes and annually, thereafter.
1.	Program Manager and Individual Support Plan (ISP) Team	<p>Program Managers will assure that all family/guardians are notified of the <b>SOCP policy surrounding the use of a POLST*</b> or Limited Code Orders upon admission. The team will review POLST(s) a <b>minimum of annually</b>. This will be documented on the Individual Support Plan (ISP). It will be the responsibility of the family/guardian to keep the POLST current and to provide SOCP with a current copy, if changes are made, or if they have chosen to discontinue its use.</p> <p><b>Behavior Homes</b> will keep a POLST (if applicable) on file for use by Emergency Medical Technicians. SOCP staff will take <b>all</b> means necessary to maintain life, until the EMT(s) arrive and give them a copy of the POLST.</p>

		<p><b><u>*Exceptions:</u></b></p> <p><b>SOCP medical homes</b>, with 24-hour on site registered nurse(s).</p> <ul style="list-style-type: none"> <li>• The RN's WILL follow a POLST, if applicable.</li> <li>• RN's and SOCP staff WILL NOT follow a POLST, if the medical home client does not have a guardian and/or a healthcare representative.</li> </ul> <p><b>SOCP behavior homes</b> with individuals under the care of a hospice nurse (due to a terminal illness) WILL follow a POLST. In this case the staff will also follow the POLST.</p>
2.	ISP Team	<p>a) <b>Upon admission to SOCP:</b> Meet, review and document discussions involving the diagnosis and/or condition warranting the POLST or Limited Code.</p> <ul style="list-style-type: none"> <li>• Who was present at the meeting: <ul style="list-style-type: none"> <li>○ their relationship to the individual;</li> <li>○ each person's opinion;</li> <li>○ differences of opinions noted</li> </ul> </li> <li>• Individuals' wishes and statements</li> <li>• SOCP's best interest of the individual or the individuals' choice if they could communicate</li> <li>• Physicians involvement and input</li> </ul> <p>b) <b>As needed</b>, in the event of any significant change in the individuals health:</p> <ul style="list-style-type: none"> <li>• Better or worse health condition;</li> <li>• Changes in the individuals' wishes; and/or</li> <li>• Changes in the wishes of the guardian, health care representative, health care proxy and/or authorized surrogate.</li> </ul>
3.	ISP Team	<p><b>Specific Measures:</b> Meet and document the specific measures to be taken and are agreed upon by the individual/ team/ guardian/ health care representative in the POLST.</p>
4.	ISP Team	<p><b>Location:</b> The ISP team will file the POLST on the top of the Medication Administration Record/Treatment Administration Record (MAR/TAR) and on the front page of the Individual Support Book readily accessible to give to attending EMT(s) upon arrival.</p>

**Policy that applies:**

4.007 Medical Services: Individual Health Care

**Form(s) that apply:**

DHS 4672 Physician Orders for Life-Sustaining Treatment (POLST)/Limited Code

**Contact(s):**

**SPD/SOCP Business Manager Phone:** 503-378-5952 ext. 239 **FAX:** 503-378-5917

**Email:** Subject line - SOCP Policy [elaine.m.stauffer@state.or.us](mailto:elaine.m.stauffer@state.or.us)

**Keywords:** Oregon Advance Directive, Physician Orders for Life-Sustaining Treatment, Scope of Life-sustaining Medical Interventions (Limited Code), End-of-Life Directive, Do Not Resuscitate (DNR) protocols, Out-of-Hospital DNR, Advance Directive

## Physician Orders for Life-Sustaining Treatment (POLST) or Limited Code

*HIPPA permits disclosure of POLST to other health care professionals as necessary.*

<b>Last name:</b>	<b>First name/MI:</b>	<b>DOB:</b>	
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**The State Operated Community Program (SOCP) will maintain/keep POLST(s) on file but SOCP staff *WILL NOT* follow the POLST/Limited Code.\***

SOCP behavior homes will call 911, taking all means necessary to maintain life, until the Emergency Medical Technicians arrive on the scene. Upon arrival, the staff will give EMT(s) the POLST.

**\*Exceptions:**

**SOCP medical homes**, with the 24 hour on site registered nurse(s).

- The RN's **WILL** follow a POLST, if applicable.
- RN's and SOCP staff **WILL NOT** follow a POLST, if the medical home client does not have a guardian and/or a healthcare representative.

**SOCP behavior homes** with individuals under the care of a hospice nurse (*due to terminal illness*) **WILL** follow a POLST. In this case the staff will also follow the POLST.

<b>A</b> <small>Check One</small>	<p><b>Cardiopulmonary resuscitation (CPR):</b> Person has no pulse <b>and</b> is not breathing.</p> <p> <input type="checkbox"/> Attempt resuscitation/CPR      <input type="checkbox"/> Do <b>not</b> attempt resuscitation/DNR (Allow Natural Death)         </p> <p>When not in cardiopulmonary arrest, follow orders in <b>B, C</b> and <b>D</b>.</p>
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<b>B</b> <small>Check One</small>	<p><b>Medical interventions:</b> Person has pulse and/or is breathing.</p> <p> <input type="checkbox"/> <b>Comfort measure only.</b> Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.         </p> <p><b>Do not transfer</b> to hospital for life-sustaining treatment.</p> <p><b>Transfer</b> if comfort needs cannot be met in current location.</p> <p> <input type="checkbox"/> <b>Limited additional interventions.</b> Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions or mechanical ventilation.         </p> <p><b>Transfer</b> to hospital if indicated. (<i>Avoid intensive care.</i>)</p> <p> <input type="checkbox"/> <b>Full treatment.</b> Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated.         </p> <p><b>Transfer</b> to hospital if indicated. (<i>Includes intensive care.</i>)</p> <p><i>Additional orders:</i></p> <hr/> <hr/>
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<b>C</b> <small>Check One</small>	<p><b>Antibiotics:</b></p> <p> <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.         </p> <p> <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs.         </p> <p> <input type="checkbox"/> Use antibiotics if life can be prolonged.         </p> <p><i>Additional orders:</i></p> <hr/> <hr/>
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**D**

Check One

**Artificially administered nutrition:** Always offer food by mouth if feasible.

- No artificial nutrition by tube.  
 Defined trial period of artificial nutrition by tube.  
 Long-term artificial nutrition by tube.

*Additional Orders:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_**E**

Check One

**Reason for orders and signatures****Discussed with:**

- SOCP client  
 Parent of client  
 Legal guardian  
 Family member (*spouse, partner, sibling, friend*)  
 Other: \_\_\_\_\_

Signature below indicates these orders are consistent with the client's preferences, if known.  
 See medical record for further documentation.

\_\_\_\_\_  
*Signature*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Print Physician/NP/PA name and phone number*\_\_\_\_\_  
*Phone number*\_\_\_\_\_  
*Physician/NP/PA signature (MANDATORY)*\_\_\_\_\_  
*Date*

**The State Operated Community Program (SOCP) will maintain/keep POLST on file but SOCP Staff will not follow the POLST/Limited Code. Refer to Policy 4.007- Procedure 4.007.02.**

- SOCP behavior homes will call 911, taking all means necessary to maintain life, until the Emergency Medical Technicians (EMT's) arrive on the scene. SOCP staff will give the EMT's the POLST upon arrival. SOCP will not utilize/follow a POLST solely because a person has a disability.
- **\*Exception:** SOCP Medical homes with 24-hour on site Registered Nurse(s) (RNs) WILL follow the POLST, when the individual is transitioning from a stable chronic disability to a terminal illness.

**F**

Signature below indicates the POLST is current and has been reviewed with the Physician, parent/legal guardian and the ISP review team:

ISP annual review: \_\_\_\_\_

\_\_\_\_\_  
*Signature and title required*\_\_\_\_\_  
*Date*

ISP annual review: \_\_\_\_\_

\_\_\_\_\_  
*Signature and title required*\_\_\_\_\_  
*Date*

ISP annual review: \_\_\_\_\_

\_\_\_\_\_  
*Signature and title required*\_\_\_\_\_  
*Date*

**Send form with person whenever transferred or discharged.**



## State Operated Community Program (SOCP)

<b>SOCP Guideline:</b>	<b>Emergency Services</b> Accessing 911 and Emergency Services
<b>Action Request:</b>	<b><u>SPD-AR-07-052</u></b>
<b>Effective Date:</b>	<b>08/12/09</b>

These guidelines are NOT meant to replace any existing instructions in the client's Behavior Support Plan (BSP), Safety Plan, or any Individual Support Plan (ISP) Protocol. If staff believe an emergency exists they must immediately call 911 if faced with a serious injury or sudden illness including severe pain, or the individual has a life threatening condition, and do not need to call management before doing so. The Program Manager (PM), Program Administrator (PA), Clinical Services Manager (CSM) or On-Call Program Manager (PM) are to be notified per the existing SOCP protocol for emergencies.

### **Behavioral**

- **Behavior Supports in BSP** – Know your Behavior Support Plan (BSP). Know what REACTIVE and CRISIS STRATEGIES are written to prevent a crisis or contain one when it occurs.
- **Programmed PPI** – Know what Protective Physical Interventions (PPI's) are prescribed, know what resource you have available to implement PPI, request additional staff if needed, consult with Site Manager (SM), Program Manager (PM), Clinical Services Manager (CSM) or On-Call Program Manager whichever is appropriate. Remember that PPI's are only one of the strategies you have to manage a crisis.
- **Emergency PPI** – If you are in a situation where you need to use a PPI not prescribed in the BSP or you do not have the staff resource to implement a prescribed PPI, all staff certified in Oregon Intervention System (OIS) have the authority to implement an emergency OIS technique. Remember the principles of "Reasonable Response" taught in OIS class.
- **Staff Backup** – Sometimes the addition of extra staff can help to contain a situation and prevent a behavioral crisis. Consult with your SM, PM or On-Call PM for additional staff.
- **Consultation** – Sometimes a (phone) consultation with the SM, PM or CSM can de-escalate a client and the situation.
- **Know your client** and whether the presence of Police will escalate his/her behavior, if so, be prepared.

### **The decision to call 911 should be made with the following guidelines:**

<b>QUESTION</b>	<b>YES</b>	<b>NO</b>
1. Have you exhausted all strategies listed in the BSP?	Go on to question 2	Redirect and follow BSP
2. Is the crisis posing eminent* risk of injury?	Go on to question 3	Follow BSP to avoid escalation
3. Can the eminent risk be contained by extra staff?	Secure staff backup	Go on to question 4
4. Are additional staff available?	Secure staff backup	Go on to question 5
5. Can backup staff respond in time?	Wait for staff & contain crisis	Go on to question 6
6. Would a consult phone call help? (CSM, PA, PM, SM)	Call for consult	Call 911 and follow the guidelines below

7. Does the client require <u>immediate</u> medical attention?	Call 911 for emergency medical services	Provide on-site medical care. Consult with Nurse Mgr SM, PM as needed.
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*\*Eminent risk of injury is defined as clear and immediate danger.*

Again, these guidelines are **NOT** meant to replace any existing instruction in the client's BSP, Safety Plan, or any ISP Protocol. The Program Manager (PM), Program Administrator (PA), Clinical Services Manager (CSM) or On-Call PM are to be notified per the existing SOCP protocol for emergencies. These are general guidelines for responding to emergency situations:

### **Behavioral**

- **Information to dispatch:**

Once the decision to call 911 has been made, please communicate the following information:

1. **The nature of the emergency** (AWOL, Assault, psychiatric emergency, etc)
2. **What are you requesting of the Police?** If you need for the Police to provide "a show of force" only, it's good to communicate this so the Police will respond accordingly. The Police may, however, decide to provide more than just a show of force depending on the situation when they arrive. If you are requesting the Police to transport a client to the Emergency Room/Psychiatric Crisis Center due to a psychiatric emergency, first call the ER or PCC. \*\*
3. **Explain that we are** a "State Operated Group Home for Developmentally Disabled Adults" and that you are a trained DD professional.
4. **Explain if the client is:**
  - Civilly committed (have copy of the court order ready)
  - Under parole or probation (explain if this incident is a parole violation)
  - Under Psychiatric Security Review Board (PSRB)
  - Registered sex offender

*\*\* Prior approval must be obtained by your PM or On-Call PM before seeking services through Psychiatric Crisis Center (PCC).*

- **When Police Respond:**

Be prepared for a neighbor or community member who calls 911 without your knowledge due to a client behavior.

When the Police/Sheriff show up to the house, please communicate the following information:

1. **Verify the information** given to dispatch including the nature of the emergency, what you are requesting of the Police, and any client information such as probation.
2. **If you are asking for a "show of force"** because you know that the client will respond to this, explain to the Police that you are a State employee with DHS (show ID), trained in OIS physical restraint techniques just in case you need to use them.
3. **Sometimes Police are willing to talk** to the client about the potential legal consequences of further maladaptive behavior and the client de-escalates. Thank the Police for their efforts.
4. **If the Police make the decision to arrest** the client, find out the details of the detainment:
  - Where are the Police taking the client?
  - For how long?
  - Explain that you will need to present information to the jail/detention center about the client.



5. **If the Police explain that they are taking control** of the situation and arresting the client, follow the officer's direction.

• **When the client is being transferred to jail, ER, or PCC:**

When the Police have taken the client to jail, ER, or PCC, staff are to follow in the State vehicle and bring the following information: \*\*\*

1. Bring the client's Residential Book
2. Bring the client's Medication Administration Record/Treatment Administration Record (MAR/TAR)
3. Bring copies (**not originals**) of any legal documents such as a civil commitment court order (*see attached example*)
4. Bring an extra change of clothing if appropriate

*\*\*\* If staff are in the community they can either quickly return to the house to collect the above information or call the house or have another staff bring the information.*

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**Protective Physical Intervention (PPI)**

• **When to call 911 instead of or in the midst of a PPI:**

1. The decision to implement a PPI is based on the principle of "reasonable response" which states that you match your response to the level of threat posed and implement just enough intervention for protection from injury and no more than is necessary.
2. A PPI should "only be implemented when the behavior can be **safely controlled**" and when "the intervening people providing support are sufficiently trained and can reasonably expect to **achieve safe control.**"
3. If staff believe that they cannot achieve safe control because:
  - a. There are not sufficient numbers of staff available to achieve safe control
  - b. The client has escalated physically and the available staff do not have sufficient size and strength to achieve safe control
  - c. The client continues to evade staff's attempt to capture and implement a PPI and still poses a danger to self or others
  - d. The client has escaped from a PPI and staff cannot achieve safe control
  - e. The client has evaded staff supervision, is eloping and cannot be caught
  - f. The client is using an object as a weapon against others or themselves, the risk for injury is severe and staff cannot achieve safe control

Call 911 immediately and follow the guidelines above on giving information to dispatch

4. After/while 911 is being called, staff should ensure the following:
  - a. That other clients are moving out of the area to a safe place (their bedroom if possible)
  - b. Continue to evade and deflect to keep themselves safe
  - c. Use objects as barriers & shields if possible (chair, cushion, etc)
  - d. Move to a "safe" area of the house if necessary (locked kitchen, office) that allows you to continue to monitor the client in crisis

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**Medical**

Staff should call 911 anytime **they** believe the client's health will be harmed without immediate attention. In case of medical emergency:

1. Call 911
2. Maintain basic First Aid until paramedics arrive.
3. Follow all health care protocols for calling 911 on known health care conditions.

4. Items to take if going to ER:
    - a. Residential Book
    - b. MARS/TARS
    - c. Copies of any legal documents such as a civil commitment court order. **(No originals)**
  5. Bring an extra change of clothing if appropriate
  6. Follow in state car
  7. Have staff make appropriate notifications per SOCP guidelines
- ❖ If there is a serious condition that should not wait, but staff does not feel calling 911 is warranted, they should take the client to the nearest hospital or emergency room and should not wait.
- ❖ Staff should notify their manager (or on-call manager) after obtaining help for the client or while they are waiting for assistance to arrive. If there is no response from the manager within 15-minutes they should call the Program Manager or on-call manager.

## Sample court ordered documents:

**RECEIVED**  
STATE OF OREGON  
County Circuit Clerk  
SOCP ADMIN  
JUN 11 2007

**ENTERED**  
JUN 11 2007

**FILED**  
MAY 31 2007

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

In Re Matter of \_\_\_\_\_  
alleged to be a mentally retarded person

CERTIFICATION OF MENTAL ILLNESS AND ORDER OF COMMITMENT  
Case No. \_\_\_\_\_

1. ORDER is that said person be committed to the mental health institution for care, treatment or training for a period not to exceed one year with provisions for continuing commitment pursuant to ORS 123.328.

Dated this 31st day of May, 2007.

*[Signature]*  
Court Clerk Judge Pro Tempore

**Order of Commitment**

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

**COPY**

**FILED**  
JUN 12 2007

JUDGEMENT  
(Court Probation)

DEFENDANT: \_\_\_\_\_

IT IS HEREBY ORDERED that the Defendant is committed to probation in the Court for the crime of SEXUAL ABUSE IN THE THIRD DEGREE OR 2nd for a period of 60 months subject to the terms and conditions set forth below and hereby made a part of this Judgment.

PAGE 1 - JUDGEMENT

**Court Probation Judgement**

1. Defendant shall maintain a law and shall receive the most intensive and appropriate treatment or services as may be ordered by the Court.

2. Defendant shall have the Court's approval for any change in residence or residence address within five days. Defendant shall be notified by the Court Clerk, 125 East Polk Avenue, Roseburg, Oregon, 97501, and all correspondence shall be sent to the court clerk.

3. Defendant shall, if physically able, find and maintain suitable full-time employment, approved in writing, in a full-time combination of both.

4. Defendant shall serve a period of 12 days in the custody of the \_\_\_\_\_ Supervisory Authority, with up to 48 hours of community confinement.

5. Defendant shall accept any sex abuse treatment at the direction of the Developmental Disability Services.

6. Defendant shall comply with all directives of the Developmental Disability Services.

7. Defendant shall comply with all directives of the Developmental Disability Services.

8. Defendant shall register as a sex offender pursuant to ORS 124.558, 124.559 and 124.597.

IT IS FURTHER ORDERED AND ADJUDGED that the SEXUAL ABUSE IN THE THIRD DEGREE OR 2nd, SEXUAL ABUSE IN THE THIRD DEGREE OR 2nd, and SEXUAL ABUSE IN THE THIRD DEGREE OR 2nd be a condition precedent to probation.

Thereupon the Court advised the Defendant of the Court's approval.

Dated this 31st day of June, 2007.

*[Signature]*  
CHARLES D. CURRAN  
CIRCUIT COURT JUDGE

PAGE 2 - PROBATION