

<b>Department of Health</b> <b>Developmental Disabilities Supports</b> <b>Division Policy</b>	<b>Policy Number: MERP - 001</b>
	<b>Supersedes:</b> Crisis Prevention/Intervention Plan Policy, 2/12/10
<b>Policy Title:</b> Medical Emergency Response Plans Policy	
<b>Effective Date:</b> August 1, 2010	
<b>Approved:</b> Signature on file	<b>Date:</b> 7-20-10

**I. PURPOSE**

This policy clarifies expectations for providers to develop and train Direct Support Personnel to implement Medical Emergency Response Plans (MERP) for individuals who have one or more conditions or illnesses that present a likely potential to exacerbate into a life threatening situation.

**II. APPLICABILITY**

This policy applies to providers serving adults participating in all models of Community Living, Tier III Crisis and/or Community Inclusion Services through the DD Waiver Program or through DDSD state general funded programs.

This policy explicitly excludes Respite Services. The family is responsible for providing, or arranging, through their medical practitioner’s office, medical emergency response instructions to their respite provider(s). Families may share a copy of any and all instructions regarding medical emergency response with respite providers at their discretion.

**III. POLICY STATEMENT**

A. The Interdisciplinary Team (IDT) shall identify the need for a Medical Emergency Response Plan(s) (MERP) for any individual who has one or more known medical conditions which, under certain circumstances, have the likely potential to exacerbate into a life threatening situation requiring emergency treatment. Examples include but are not limited to:

1. Seizure disorder/epilepsy creating risk for status epilepticus;
2. Neurological disorders requiring devices or implants such as shunts or Vagal Nerve Stimulator that may malfunction;
3. Cardiac conditions creating risk for heart attack or cardiac failure;
4. Asthma or other respiratory disease creating risk for respiratory distress or failure;
5. Diabetes mellitus creating risk for diabetic coma from very high or very low blood sugar;
6. Risk for sepsis due to use of high dose steroids, cancer therapy, removal of spleen, certain immune disorders, indwelling urinary or IV catheters;
7. Risk for aspiration creating risk for aspiration pneumonia;
8. Gastrointestinal disorders with history of severe constipation, impaction, bowel obstruction or gastric bleeding;
9. Feeding tubes, to address risk for tube displacement or becoming plugged;

10. Severe allergies that are known to result in anaphylactic shock or other severe, life threatening reaction;
  11. Bleeding risk related to diseases, disorders or anticoagulant therapy.
- B. The MERP shall not be combined with or replace the Healthcare Plan.
- C. A separate Medical Emergency Response Plan shall be developed for each relevant condition or illness, by the agency nurse.
1. Family Living provider subcontractors who are related by affinity or by consanguinity may request that the primary care practitioner or a physician specialist develop needed MERP(s).
    - i. The practitioner/specialist must be willing to author the MERP.
    - ii. The Family Living provider subcontractor then assumes all responsibility for working with the author regarding availability, training, obtaining reviews and revisions.
    - iii. This option does not apply for Surrogate Family Living providers.
  2. The IDT shall state in the health and safety action plan page of the ISP who is responsible for developing each MERP.
- D. A MERP shall be developed as needed for newly diagnosed conditions or for changes in existing conditions based on likely potential to exacerbate into a life threatening situation requiring emergency treatment.
- E. Authors of the MERP should encourage family members/guardians to provide input regarding the situations under which the medical emergency has the potential to occur, the action steps to be taken in such medical emergency, and to receive training on its implementation
- F. The MERP shall be written in clear, jargon free language and include at a minimum the following information:
1. A brief, simple description of the condition or illness.
  2. A brief description of the most likely life threatening complications that might occur and what those complications may look like to an observer.
  3. A concise list of the most important measures that may prevent the life threatening complication from occurring (e.g., avoiding allergens that trigger an asthma attack or making sure the person with diabetes has snacks with them to avoid hypoglycemia).
  4. Clear, jargon free, step-by-step instructions regarding the actions to be taken by direct support personnel (DSP) and/or others to intervene in the emergency, including criteria for when to call 911.
  5. Emergency contacts with phone numbers.
  6. Reference to whether the individual has advance directives or not, and if so, where the advance directives are located.
- G. The IDT shall determine whether natural supports need to be included in training on the content of the individual's MERP based upon the role of the natural support(s) in

the individual's life, and include those individuals in the Individual Specific Training section of the ISP.

- H. The MERP shall be quickly and easily accessible for review and use by DSP in all service delivery settings, or any other setting under DSP supervision.
- I. Agency nurses are responsible for ensuring that all MERPs they develop are given to all relevant service delivery sites. Nurses are also responsible for providing training on the MERP to DSP working with the individual as well as any other individuals listed in the Individual Specific Training section of the ISP. The nurse may designate an alternate, competent trainer to provide education about the MERP.
  - 1. Family Living provider subcontractors who are related by affinity or by consanguinity who have arranged for MERP(s) to be developed by the primary care practitioner or a physician specialist are responsible for working with the author to assure that the MERP is developed, given to relevant providers and training is provided.
- J. Provider agencies are responsible for ensuring the MERP document is present in all needed settings and arranging and ensuring that DSP are trained on the contents of the MERP prior to staff working alone with the individual. Provider agencies must have a procedure in place for notifying the agency nurse or MERP author when a change of personnel occurs.
- K. The MERP shall be reviewed by the agency nurse or other author for needed revisions no later than two weeks prior to the annual ISP meeting.
  - 1. Family Living provider subcontractors who are related by affinity or by consanguinity who have arranged for MERPs to be developed by the primary care practitioner or a physician specialist are responsible for working with the author to obtain reviews and any needed revisions no later than two weeks prior to the annual ISP meeting.
- L. The case manager shall assure that during the annual meeting the IDT discusses the continued need for each MERP and whether the current plan(s) need(s) to be modified.
- M. As part of the quarterly review process, the agency nurse will review the frequency and outcome of medical emergencies, and, based upon this analysis, the nurse may identify the need to revise the individual's healthcare plan or the MERP.
- N. If emergency response involves delivery of a PRN medication, the prior consultation with the agency nurse requirements of the Medication Delivery Policy and Procedure as it relates to use of PRN medication shall be adhered to.

1. The only exception to prior consultation with the agency nurse is the use of Epi-pens. The nurse must be contacted as soon as possible *after* an Epi-pen is used.
- O. Transition from existing Crisis Prevention/Intervention Plans (CPIPs) to MERPs:
1. Existing CPIPs that address medical conditions must be revised to include elements in F above and titled as a MERP at the time of each individual's next annual ISP following the August 1, 2010 effective date of this policy and shall be in place as a MERP not later than September 1, 2011.

#### **IV. DEFINITIONS**

*Affinity*: Means the connection existing in consequence of a marriage between each of the married persons and the kindred of each other or relationships of same-sex or opposite-sex partners, or godparents or godchildren or other similarly situated persons.

*Community Living*: Means services described in the DD Waiver Standards for Supported Living, Family Living and Independent Living.

*Community Inclusion Services*: Means support services that provide individuals with access to and participation in activities and functions of community life.

*Consanguinity*: Means the kinship, blood relationship or the connection or relation of persons descended from the same stock or common ancestor.

*Crisis Prevention/Intervention Plan (CPIP)*: Based upon the July 1, 2003 policy, these documents were intended to provide guidance to direct support staff regarding what to do in a behavioral or medical crisis/emergency situation. This policy replaces this term with Medical Emergency Response Plan for medically related situations and a separate policy now outlines expectations for Crisis Intervention Plans for behavioral crisis situations. In order to allow for documents to be revised in the natural course of the ISP process, documents titled "Crisis Prevention/Intervention Plan (CPIP)" will continue to be accepted as meeting the requirement for a Medical Emergency Response Plan, as long as such CPIP contains all the elements listed in III.C of this policy within 90 calendar days from the effective date of this policy.

*Direct Support Personnel (DSP)*: Means persons directly responsible for the provision of specified services to individuals with developmental disabilities according to their Individualized Service Plans.

*Epi-pen*: Means a device that automatically administers epinephrine (a medication that counteracts allergic reactions) into the thigh.

*Family Living Provider Subcontractors*: Means a twenty-four (24) hour Community Living Support provided to eligible individuals with developmental disabilities in their homes or in the residence of the direct service provider. Family Living Services are provided using a non-shift staffing model in which the individual is supported as part of a

family unit. The Family Living Services direct service provider shall not be the spouse of the individual served.

*Guardian:* Means a judicially appointed guardian having authority to make a healthcare decision for an individual.

*Healthcare Plan:* Means a document developed by a licensed nurse that identifies the individual's health care needs, measurable health related goals, and specific activities to be implemented by licensed nurses, direct support personnel, caregivers or other members of the interdisciplinary team to address identified health care needs and goals.

*Interdisciplinary Team (IDT):* Means the person receiving services, their families and/or guardians and a group of professionals, paraprofessionals or other support persons who are responsible for the development of the Individual Service Plan (ISP) and who recommend agencies and/or individuals responsible for providing the services and supports identified in the ISP (7 NMAC 26.5).

*Medical Emergency:* Means a health condition that is life threatening to the individual and requires rapid emergency intervention and treatment.

*Medical Emergency Response Plan (MERP):* Means a document developed by the agency nurse or other health professional identified by the IDT that provides guidance to staff when an individual has a chronic condition or illness that has the potential to exacerbate into a life threatening situation. Each Medical Emergency Response Plan addresses a single condition/illness. Individuals with multiple conditions/illnesses that pose great risk of harm will therefore have more than one. All staff must be trained on all Medical Emergency Response Plans for the individuals they support. Each Medical Emergency Response Plan will be written in simple terminology and shall include the following elements:

1. Seizure disorder/epilepsy creating risk for status epilepticus
2. Neurological disorders requiring devices or implants such as shunts or Vagal Nerve Stimulator which may malfunction
3. Cardiac conditions creating risk for heart attack or cardiac failure
4. Asthma or other respiratory disease creating risk for respiratory distress or failure
5. Diabetes mellitus creating risk for diabetic coma from very high or very low blood sugar
6. Risk for sepsis due to use of high dose steroids, cancer therapy, removal of spleen, certain immune disorders, indwelling urinary or IV catheters
7. Risk for aspiration creating risk for aspiration pneumonia
8. Gastrointestinal disorders with history of severe constipation, impaction, bowel obstruction or gastric bleeding
9. Feeding tubes, to address risk for tube displacement or becoming plugged
10. Severe allergies that are known to result in anaphylactic shock or other severe, life threatening reaction
11. Bleeding risk related to diseases, disorders or anticoagulant therapy.

*PRN Medication:* Means the Latin term *Pro Re Nada* referring to prescribed or over-the-counter medications (including comfort medications) taken only on an as needed basis at times when particular symptoms occur.

*Respite Services:* Means a support service to allow the primary caregiver to take a break from care giving responsibilities while maintaining adequate supervision and support to the individual during the absence of the primary caregiver.

*Surrogate Family Provider:* Means a Family Living provider that is not related by affinity or consanguinity.

*Tier III Crisis Services:* Means intensive supports provided by trained staff to an individual experiencing a behavioral or medical crisis via one of the following models:  
A. Crisis Supports in the Individual's Residence. Crisis supports in the individual's residence provide crisis response staff to assist in supporting and stabilizing the individual while also training and mentoring staff and/or family members, who normally support the individual, in order to remediate the crisis and minimize or prevent recurrence.

B. Crisis Supports in an Alternate Residential Setting. Crisis supports in an alternate residential setting arrange an alternative residential setting and provide crisis response staff to support the individual in that setting, to stabilize and prepare the individual to return to their residence or to move into another permanent location. In addition, staff will arrange to train and mentor staff and/or family members who will support the individual long term once the crisis has stabilized, in order to minimize or prevent recurrence.

In both of the above models, crisis support staff will deliver such support in a way that maintains the individual's normal routine to the maximum extent possible. This includes support during attendance at employment or Adult Habilitation services.

## **V. REFERENCES**

DDSD Medication Delivery Policy & Procedures

DDSD Crisis Prevention/Intervention Plan dated July 1, 2003

7NMAC 26.5 Individual Service Plan regulations