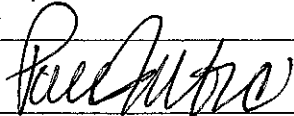


Catholic Charities Disabilities Services	
Agency Standard and Procedure	
<b>Standard Category</b>	Residential
<b>Standard Title</b>	Hospital Coverage
<b>Regulations</b>	
<b>Original Issue Date</b>	11/19/2015
<b>Latest Revision Date</b>	11/22/2022
<b>Number of Pages</b>	2
<b>Attachments</b>	Department of Health Letter, June 6 <sup>th</sup> 2014
<b>Approved by:</b> Paula Jubic, Executive Director	

**Standard:** When an individual residing in a certified residential setting is hospitalized, residential staff will provide support, companionship, and assistance with communication to the individual as determined by his or her need.

**Procedure:**

1. The treatment team will evaluate and determine each individual's need for support, companionship, and assistance with communication if hospitalized, prior to any planned hospitalization and/or upon emergency admission. Such determination shall address:
  - a) The person's needs related to hospital admission;
  - b) The type of coverage needed by the person; and,
  - c) The amount of coverage needed by the person.
2. Once the plan is developed, it will become part of the individual's Plan of Protective Oversight (IPOP)
3. During the hospitalization the amount of staff coverage may be increased beyond the level established in the IPOP, but may not be decreased without the consent of the treatment team and the person, and his/her family or advocate. The request will be documented in the person's record.
4. Staff may only provide support, companionship, and help the individual communicate with hospital staff. The attached guideline is designed to assist staff with their responsibilities.

5. Hospitals cannot request, require, or permit staff to provide any care or service that constitutes medical care or treatment, requires professional licensure or certification to provide, or a service that the hospital would not permit a family member of a patient to provide.
6. Staff may provide such support services as helping the individual to eat, bathe or toilet only under the direction of the hospital RN/LPN assigned to provide care to the person and only after the RN/LPN has provided specific directions to the staff regarding any special considerations or concerns in accomplishing the task. Staff should document such a request and specific directions in a T-log at their earliest opportunity.
7. Staff may not restrain an individual, administer medications, change dressings, take vital signs, etc. These functions are the sole responsibility of the hospital.
8. According to the New York State Department of Health, it is solely the responsibility of the hospital to provide additional assistance or supervision to the individual as necessary.
9. The nurse and/or administrative staff of CCDS will visit the individual to advocate for and monitor medical services, discharge planning and follow-up care.

**NEW YORK**  
state department of  
**HEALTH**

Howard A. Zucker, •MD., J:D.  
Acting Commissioner of Health

Sue Kelly  
Executive Deputy Commissioner

June 6, 2014

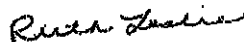
Dear Chief Executive Officer:

It has come to the attention of the Department of Health that support staff employed by the Office of People With Developmental Disabilities (OPWDD) have experienced situations where staff who were visiting a hospitalized individual to provide companionship were asked to perform duties which may be the responsibility of hospital staff.

When patients who reside in or attend residential or day programs licensed or operated by the OPWDD are receiving inpatient hospital services, hospitals cannot request or require staff from such OPWDD programs to provide staff coverage for performing tasks that are the responsibility of the hospital during the hospital stay. OPWDD programs may in their discretion send staff to the hospital to provide companionship and facilitate communication between the patient and hospital staff. However, if a patient requires additional assistance or supervision, it is solely the responsibility of the hospital to provide such additional assistance or supervision for the patient as necessary. In addition, hospitals cannot request, require or permit OPWDD program staff who are visiting a patient to provide any care or service that (i) constitutes medical care or treatment of patient, (ii) requires professional licensure or certification to provide or (iii) the hospital would not permit a family member of a patient to provide.

When reviewing your staffing procedures, please consider this guidance when your facility receives patients who are guided by support staff under the OPWDD. Should you have questions or concerns, please contact the Division of Hospitals and Diagnostic and Treatment Centers at (518) 402-1004.

Sincerely,



Ruth Leslie  
Director  
Division of Hospitals and Diagnostic & Treatment  
Centers

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**Catholic Charities Disabilities Services**  
**Guidelines for Providing Support**  
**To Individuals Who are Hospitalized**  
**November 19, 2015**

Hospitalization is stressful for anybody. Being forced to live in a strange environment while you are ill causes great anxiety, even if it is for a short time. The stress and anxiety can be even more intense for people with intellectual and developmental disabilities.

When a loved one is hospitalized, it is common for us to provide additional support—we often visit our loved one's daily, parents often stay overnight with their children. The need for this type of support for the individuals we serve is no less acute. When one of our individuals is hospitalized, we will provide some support to the extent determined by the treatment team.

Both the New York State Department of Health, which licenses hospitals, and the Office for People with Developmental Disabilities have recognized this need, and following a series of meetings, reached an agreement that resulted in a 2014 letter to hospitals which defines what staff like those who work at CCDS can and cannot do. In summary, we can provide the same kind of support to an individual that a family member might provide in a hospital.

So what does this mean? There are a number of supports that staff can provide:

- Staff can assist the individual to adjust to their hospital stay, explain procedures, and give assurances;
- Staff who know the individual can serve as a resource to hospital staff;
- Staff can help to feed or bathe individuals if necessary but only with permission of and request of the hospital nurse assigned to the individual (Staff need to document this request and any specific directions in a T-log at their earliest convenience);
- Staff can help to ensure that individuals receive appropriate care and treatment while they are in the hospital; and, most importantly,
- Staff can provide companionship and socialization.

However, there are things that staff are not allowed to do. Hospitals cannot request, require or permit staff to provide any care or service that would constitute medical care or treatment, that requires professional licensure or certification to provide, or that the hospital would not permit a family member of the individual to provide.

The treatment team for each individual we support in our residential program has developed a plan for hospital coverage. This plan is part of the individual's Plan of Protective Oversight. If you are assigned to provide hospital coverage, please be sure to familiarize yourself with it.

If you have any questions about what you should be doing in providing hospital coverage, please ask site/shift supervisor, program manager, or nurse.