



# **Progressive ABA Therapy Group, LLC Policies and Procedures Manual for Parents Updated December 2022**

*Traducción disponible bajo petición*

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*Traduction disponible sur demande*

*الترجمة متاحة عند الطلب*

*Услуги перевода доступны по запросу*

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## **SERVICE DELIVERY POLICIES**

### **Mission Statement**

At Progressive ABA Therapy Group, our mission is simple and two-fold. We strive to provide effective, individualized, and evidence behavioral treatment to individuals who need our assistance. We believe collaboration and a team-focused approach is essential to achieving meaningful behavior change. Secondly, we strive to provide an environment that is progressive and open to change while relying on evidence-based methods and interventions. We hope the therapy process will be personally enriching for everyone involved including the client, their families, and our staff.

### **Diversity Statement**

Progressive ABA Therapy Group is committed to racial and cultural diversity, inclusivity, and understanding throughout our organization and with the work we do with clients, their families, and in the community both now and for the future. We are committed to a work culture that values diversity, equity, and inclusion. We plan to recruit and represent diversity in our hiring process as well on our website, print materials, and other forms of media. The actions we pledge to take as part of our diversity efforts include annual assessment our diversity efforts, obtaining feedback from staff and clients on these diversity efforts, acting based on this feedback, and collaborating in the community with other organizations who share our dedication to diversity.

Progressive ABA Therapy Group believes that diversity helps us provide the best services to our clients and is committed to cultivating an inclusive work environment. We value input from staff, clients, and client families regardless of race, religion, color, age, sex, national origin, sexual orientation, gender identity, genetic disposition, neurodiversity, disability, veteran status, etc. Progressive ABA Therapy Group believes that there is value in the varied perspectives of individuals from different backgrounds and walks of life and we are committed to building a team with a variety of backgrounds, skills, and views. We strive to adhere to and exemplify this value in the services we provide to clients and their families as well as our work conducted between our employees.

### **ADA Statements**

**Services:** Progressive ABA Therapy Group does not discriminate on the basis of disability in its services, programs, or activities.

**Employment:** Progressive ABA Therapy Group does not discriminate on the basis of disability in its hiring or employment practices and complies with the ADA title I employment regulations.  
Effective



**Communication:** Progressive ABA Therapy Group will, upon request, provide auxiliary aids and services leading to effective communication for people with disabilities, including qualified sign language interpreters, assistive listening devices, documents in Braille, and other ways of making communications accessible to people who have speech, hearing, or vision impairments.

**Modifications to Policies and Procedures:** Progressive ABA Therapy Group will make reasonable modifications to policies and procedures to ensure that people with disabilities have an equal opportunity to enjoy programs, services, and activities at Progressive ABA Therapy Group. For example, people with service animals are welcomed in Progressive ABA Therapy Group offices, even where pets and other animals are prohibited.

**Requests:** To request an auxiliary aid or service for effective communication, or a modification of policies or procedures, please let a staff know as soon as possible.

**Concerns:** Send concerns to [therapy@proaba.org](mailto:therapy@proaba.org)

### **Confidentiality and Limits to Confidentiality**

Information regarding the nature of your child's treatment is protected by law and generally cannot be disclosed to other individuals without your consent. When we begin therapy, we will have you sign a document outlining what we can share and with who we can share it with. For instance, you have the choice to give us consent to share treatment data with your child's pediatrician but might decide not to give us consent to share it with another individual (i.e., schoolteacher). You or your child's healthcare is also subject to the Health Insurance Portability and Accountability Act (HIPPA), which is a law that dictates we share your information in confidential and protected ways. If the need arises for us to transfer your information, we will do so in the most secure manner we can. You may request a copy of you or your child's records at any time, but we almost always need your consent to release your child's records, except under special circumstances.

### **Informed Consent Policy**

Informed consent is a necessary component of any trusting therapeutic relationship. The primary purpose of the informed consent process is to ensure that clients at Progressive ABA Therapy Group are provided information necessary to enable them to evaluate a proposed procedure or treatments before agreeing to the procedure. Informed consent is a person's agreement to allow something to happen, made with full knowledge of the risks involved and the alternatives. This means procedures and policies need to be explained to you and your family in a way that you totally understand what is being suggested, as well as reasonable alternatives. For clients at Progressive ABA Therapy Group, consent is obtained at the onset of treatment and as procedures need to be changes or when significant modifications are made during treatment.

Some examples of significant modifications when consent needs to be obtained include:

- At the onset of treatment
- When functional analysis procedures are implemented
- When behavior plans are implemented
- When punishment or corrective procedures are utilized
- When Safety-Care or crisis management procedures need authorized
- Any time where the procedures deviate from the standard course of ABA treatment.

Time in which consent is not required:

- Adding or removing a program to a child's treatment goals
- Selecting targets or programs for existing programs.
- Removing a mastered program or removing targets at the supervisors' discretion.

### **Limits to Confidentiality**

In certain cases, we must disclose information that clients tell us, even without their permission. If you or your child makes threats significant enough for us to believe our client is a danger to themselves or others, we are ethically required to address this and may report the issue to authorities to prevent harm from occurring. If we observe signs of neglect or abuse to any individual (a child, elderly person, individual with a disability), suspicion of substance abuse that can endanger the child, etc. we are required to call the appropriate protective agency to report this for investigation. Finally, if we are required by a legal order (subpoena or search warrant for example) information must be disclosed accordingly.

### **Communication with Progressive ABA Therapy Group**

Effective communication between families and treatment team members is a vital part of the therapy process. If you have any questions or concerns for your treatment team members, we can be reached by phone Monday - Friday between the hours of 8 AM – 5 PM. Emails may be accepted and responded to outside of those hours. Please understand that your phone calls and emails are extremely important to us, therefore, we will strive to return all calls and emails within 24-48 hours. Remember, e-mails, text messages, and other electronic communication are not protected means of communication and may pose a risk of disclosure of the information they contain. It is usually best to speak to your therapy team in person about issues related to treatment.

### **Applied Behavior Analysis Therapy**

At Progressive ABA, we use a therapy called Applied Behavior Analysis, (ABA, to work with you or your child. ABA has a long history of documented effectiveness working with individuals with autism spectrum disorder, problematic behaviors, and other conditions. ABA defines everything



someone does as behavior. Behaviors are learned interactions with the environment, and always serve some purpose for the child. The environment includes whatever surrounds the child, including the physical surroundings and important people in their lives.

ABA helps clients change behaviors by changing parts of the individual's environment to increase new and beneficial behaviors and decrease or eliminate problematic ones. For instance, we might work with you to teach your child to ask you for their favorite toy rather than screaming to communicate that they would like the toy. By teaching the child a different way to tell us their wants and needs, the need for screaming will be greatly reduced.

Progressive ABA Therapy Group strives to make decisions in the best interest of you and your child. This is our priority. Although your child might be the one receiving treatment, parents, family members, groups, and other receivers of therapy are considered clients as well. This is regardless of the payor, whether it is insurance, private pay, or another 3<sup>rd</sup> party funder.

Per the State of Ohio Certified Ohio Behavior Analyst Laws: "Client," as used in agency 4783 of the Administrative Code, means *an individual receiving applied behavior analysis services and, if that person is a minor, that person's parents or legal guardians or any other receiver of applied behavior analysis services, including individuals, families, and groups.*

### **Limitations of Applied Behavior Analysis Therapy**

As with any therapy, there are limitations to what ABA therapy can accomplish. ABA is not the same as traditional psychotherapy/counseling. At Progressive ABA Therapy Group, ABA is not utilized alone as a treatment of anxiety problems, mood disorders, depressive disorders, or other common "mental health issues". Although applied behavior analysis has been shown to be affected for children with autism individual results will vary and are based on a variety of factors. These include age of initial diagnosis, age at the start of treatment, intensity of treatment, parent compliance with treatment protocols, and other factors.

### **Evidence and Non-Evidence Based Practices Policies:**

Evidence based practices are defined as "A model of professional decision-making in which practitioners integrate the best available evidence with client values/context and clinical expertise in order to provide services for their clients." Progressive ABA Therapy Group only uses evidence-based practices with their clients. This policy aligns with our Professional and Ethical Compliance Code for Behavior Analysts, Code 2.09, which states that "Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client). Behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, most-effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society." If you choose to use non-evidence-based practices with your child, the behavior analyst could consult with your team but would not be involved in the implementation of the intervention.



**Non-Evidence-Based Practice Policies:** Progressive ABA Therapy Group implements evidence-based practices for treatment of behavior. Non-evidence-based practices cannot be used as a primary source of therapy for clients. Collaboration of non-evidence-based practices can be used in addition to evidence-based-practices, but they should be considered secondary. Progressive ABA Therapy Group places the highest value on the use of evidence-based interventions and will (via supervisors, behavior analysts) educate parents on concerns and the evidence based for procedures that are considered non-evidence based.

### **A Structured and Flexible Approach to ABA**

ABA has been demonstrated to be effective when delivered in formal packaged interventions. Research conducted by Lovaas (1987) provided one of the first comprehensive evaluations of the effects of ABA on children with autism. Results indicated that intensive and consistent ABA therapy resulted in significant gains in language, IQ scores, social skills, and adaptive behaviors for children with autism. Since this early application of behavior analysis, several other approaches utilizing ABA principles have been developed with support for their effectiveness including Applied Verbal Behavior, Pivotal Response Training, and The Early Start Denver Model. At Progressive ABA Therapy Group, we agree with the analysis of Leaf and colleagues (2016) who argued for “a progressive approach to ABA.” Therefore, we use a structured, yet flexible treatment approach based on applied behavior analysis that is sensitive to and responsive to your child’s progress. Put plainly, your child’s behavior and their progress will let us know which way is the best to teach them.

### **Treatment Team Approach**

Our approach at Progressive ABA is based on the idea that while we as clinicians know a lot about ABA and procedures that may help your child, you as a parent or caregiver know more about your child than we do. Your input is critical for formulating goals and making progress. Further, your child’s progress cannot happen without help from those who closely care for him/her: you as a parent, other family members, and other important member of the child’s environment need to be supported and satisfied with the intervention(s) and procedures we are using for us to fully complete our goals. No one person knows what best for every child, and we believe everyone brings a unique viewpoint regarding your child.

### **Service Providers in ABA**

There are several different types of service providers at Progressive ABA Therapy Group. Each provider plays a unique role in your child’s treatment. Below are general descriptions of each position and how they work together to provide effective ABA therapy.

### **Board Certified Behavior Analyst-Doctoral (BCBA-D)**

A Board-Certified Behavior Analyst-Doctoral (BCBA-D) is a practitioner who has completed specific training and met competency standards from the Behavior Analyst Certification Board



(BACB) in applied behavior analysis (ABA). In general, BCBA-D's have a doctoral degree, have completed 1000-2000 hours of supervised fieldwork, passed a national examination to receive their BCBA, and met specific post-doctoral requirements (additional supervisor hours, publishing peer reviewed journal articles, etc.) to receive the doctoral designation. BCBA-Ds complete assessments, design programs, and oversee program delivery by Registered Behavior Technicians (RBTs) under their supervision. In Ohio, BCBAs are also certified as Certified Ohio Behavior Analysts (COBAs) to practice ABA in the state.

### **Board-Certified Behavior Analyst (BCBA)**

A Board-Certified Behavior Analyst (BCBA) is a practitioner who has completed specific training and met competency standards from the Behavior Analyst Certification Board (BACB) in applied behavior analysis (ABA). In general, BCBA's have a master's degree, have completed 1000-2000 hours of supervised fieldwork, and passed a national examination to receive their BCBA. BCBAs complete assessments, design programs, and oversee program delivery by Registered Behavior Technicians (RBTs) under their supervision. In Ohio, BCBAs are also certified as Certified Ohio Behavior Analysts (COBAs) to practice ABA in the state.

### **Board Certified Assistant Behavior Analyst (BCaBA)**

The Board Certified Assistant Behavior Analyst (BCaBA<sup>®</sup>) is a behavior analyst with an undergraduate level certification in behavior analysis. A BCaBA<sup>®</sup>, may not practice independently, but instead will work under the supervision of a Board-Certified Behavior Analyst (BCBA<sup>®</sup>) or BCBA<sup>®</sup>-D (doctoral). BCaBAs have at least a bachelor's degree and several postgraduate courses in ABA therapy. Additionally, BCaBAs must have completed 500-1000 hours of supervised professional experience and passed a national standardized exam. BCaBAs may supervise the work of Registered Behavior Technicians and others who implement behavior-analytic interventions. BCaBAs essentially function as mid-level clinical supervisors that bridge that gap between BCBAs and RBTs while providing additional supervision and oversight to RBTs while being supervised by BCBAs (but at a lesser level than RBTs)

### **Registered Behavior Technician (RBT)**

The Registered Behavior Technician (RBT) has the role of implementing ABA therapy services with their client(s) under the direction of the Board Certified Behavior Analyst (BCBA) or a Board Certified assistant Behavior Analyst (BCaBA). RBTs must complete a 40-hour training, pass a competency evaluation at Progressive ABA Therapy Group, and pass a national standardized examination.

### **Outline of ABA Service Delivery System:**

In general, BCBAs and BCBA-Ds oversee BCaBAs and RBTs. BCBAs and BCBA-Ds can oversee RBTs directly if there is no BCaBA assigned to a case. All members need to work together to ensure treatment goes smoothly.



**BCBAs and BCBA-D**

- Supervise program implementation by RBTs
- Supervise BCaBAs overseeing RBTs
- Design programming for clients
- Make programming changes
- Write progress reports
- Advocate for client rights (schools, insurance companies, etc.)
- Complete skill and behavioral assessments
- Meet with parents/caregivers to develop new goals
- Meet with parents/caregivers to evaluate progress
- Meet and coordinate with other care providers



**BCaBA**

**Under BCBA supervision:**

- Supervise program implementation by RBTs
- Design programming for clients
- Make programming changes
- Write progress reports
- Advocate for client rights (schools, insurance companies, etc.)
- Complete skill and behavioral assessments
- Meet with parents/caregivers to develop new goals
- Meet with parents/caregivers to evaluate progress
- Meet and coordinate with other care providers



**RBTs**

**Under BCBA and/or BCaBA supervision:**

- Implementation programming designed by BCBAs
- Complete parts of skill and behavioral assessments
- Inform parents/caregivers of daily progress
- Take data on client progress
- Communicate with BCBA/BCaBA supervisor on client progress
- Takes feedback from BCBA/BCaBA supervisor(s).

**Does not:**

- Make programming changes
- Decide new interventions
- Evaluate overall client progress



## **Family Involvement in Applied Behavior Analysis (ABA) Services**

The child's parents and caregivers are expected to be active participants in ABA therapy services. Progressive ABA clinical staff expect family participation in development of the child's goals, reviewing and monitoring progress on those goals on a regular basis and review of progress reports (quarterly). Progressive ABA staff will share effective interventions with family members and provide coaching and modeling on how those interventions can be used across the child's day. This ensures that behaviors are responded to in a consistent manner across environments which will help your child to get the most out of their ABA therapy experience. For children receiving services in the home or in the community, a parent or responsible caregiver over the age of 18 is required to be present for the duration of the therapy session. Progressive ABA staff will not be solely responsible for the child's care at any time. In addition, Progressive ABA staff cannot transport your child. It is a standard requirement for parents to take part in training independent of the patient's funding source. These parent trainings are held 12 times a year. Your child's BCBA will likely set a goal for the number of trainings you should attend as part of your treatment plan.

Another important aspect of family involvement in treatment is input on treatment goals. Although Progressive ABA Therapy Group uses different curriculums/assessments (see below) to guide the identification and selection of goals, your input as a parent/guardian is also critical. Your input allows us to select the goals that are most meaningful for your child. To get this input, your child's supervisor will request meetings with you in which to discuss and identify these goals. A lack of participation in these meetings can hinder progress. Frequent absences from these meetings will be dealt with in accordance with Progressive ABA Therapy Group's service intensity policy (see page 14). Progressive ABA Therapy Group will not make significant changes to treatment plans/goals without consent from parents. Significant changes do not include following the scope and sequence of curricula but do include using new assessments, reducing challenging behaviors, systematic desensitization programs, etc.

## **Assessments**

An important first step to providing ABA therapy services is assessing your child's behaviors to determine strengths and areas of need. We use these assessments to develop appropriate treatment plan goals for your child focusing on developing essential skill sets to help them reach their optimal potential. We may use several different assessments to evaluate your child's behaviors, social, language academic, and adaptive skills.

## **Curriculum/Skill Assessments**

At Progressive ABA Therapy Group, we utilize standardized assessments to evaluate patient outcomes annually, or more frequently if needed. We use interviews, questionnaires, and direct assessment measures (observing the child or directly asking them to complete a task) to determine relevant treatment goals. Direct assessments can further provide us with information on what skills a child might be lacking and which skills to address first. There are

several skill assessments that may be used with your child depending on their age. Some examples include the Assessment of Basic Learning and Language Skills (ABLLS-R), Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Essentials for Living, and the Assessment of Functional Living Skills (AFLS).

### **Behavioral Assessments**

Behavioral assessments or functional behavior assessments (FBAs) are conducted by a BCBA to help find out why a problematic behavior is occurring. Once it is determined why the behavior is occurring, the BCBA develops a plan with the treatment team to teach a better way for the child to communicate their wants and needs. Behavioral assessments can take many forms such as interviews, direct observation, rating forms, and briefly presenting suspected variables for problem behavior to analyze how the child responds. If we suspect that a child's problem behavior may be occurring due to physical or medical reasons, we will first refer you to the appropriate medical provider or your child's pediatrician to rule out this as a possible cause.

### **Prompting Policies**

**Physical Prompting:** Physical prompting or physical guidance is a teaching procedure that is used to teach your child the correct or desired behavior or skill. It can be used to teach them a variety of skills such as academic skills to functional living skills. There are two types of physical prompting, partial physical prompting, and full physical prompting.

**Partial Physical Prompting:** This involves touching your child's hand, elbow, or any other body part such as their leg to prompt them to engage in a behavior. For example, your child is learning how to wash their hands. At the sink, your child may need prompting to put their hands under the water. The partial physical prompt would be that your child's RBT touches your child's wrists as a prompt to put them under the water. Another example may be that your child is learning imitation. The target for imitation is stomping feet. Your child may need a prompt to stomp his feet, so your child's RBT touches his feet, and he engages in the behavior of stomping his feet.

**Full Physical Prompting:** This is also known as hand over hand prompting, meaning that your child's RBT completes the desired skill or behavior with your child. Using the handwashing example from above, your child does not know how to put the soap on their hands and scrub. Your child's RBT would take your child's hands and do it with your child, so that your child knows how to put the soap on their hands and scrub. The desired behavior of your child is that he learns how to wash his hands. By using a full physical prompt, it teaches your child the correct behavior to engage in.

**Physical Prompting for Skill Acquisition:** Physical prompting would be used when your child cannot complete the desired behavior with less intrusive prompts. At Progressive ABA Therapy Group, we use a least to most prompting hierarchy. This means that first we may start with a

gestural prompt, a point. If your child does not engage in the desired behavior we move onto a verbal prompt, followed by a model prompt, to partial physical and finally, full physical prompt. If your child is not understanding how to engage in the desired behavior with the least intrusive prompts, the more intrusive such as partial and full physical prompts may be needed so that your child learns the desired behavior. When physical prompting is used, it is not going to be used for an extended period of time as your child can become what is known as prompt dependent. Prompt dependent means that your child will not engage in a desired behavior without the prompt. We want your child to engage in the desired behavior independently as that is our goal. Physical prompting will only be used until your child is engaging in the desired behavior with lesser prompts or independently.

***Physical Prompting for Behavior Management:*** Behavior management is a term for how challenging behaviors are managed. Some examples of challenging behaviors may be kicking, screaming, throwing, or tantrums. If your child is engaging in challenging behaviors, we first take into consideration the safety of your child and others in the immediate environment. If your child is safe but the safety of others in the immediate environment is at risk, employees of Progressive ABA Therapy Group may engage in one or several of the following procedures.

- Remove all other staff and clients out of the immediate environment where their safety may be at risk. This can be done by taking them out of a shared treatment space or taking them to another suite.
- Staff will place themselves between clients. If client A is aggressing towards client B, staff members are to place themselves between the clients to prevent injury to either client.
- Staff can response block which means that they may put their hands or arms out in front of their bodies to block the behavior. They may use natural barriers in the environment such as a table or shelf to block the behavior.
- De-escalation and redirection will also be used.

If your child is safe and others in the immediate environment are safe, staff will use de-escalation and redirection to ensure the safety of your child. In the event that there is a dangerous situation related to challenging behaviors, at a minimum one supervisor will always be called and present to take control of the situation.

### **Differences Between Physical/Crisis Management and Prompting**

Physical management is different from prompting. Physical management procedures are procedures that may be utilized with consent from a parent to keep an individual safe from risk of serious bodily harm. At Progressive ABA Therapy Group, we only use appropriate physical management procedures taught from a certified crisis management agency with our clients in very specific situations. These are:

- when the treatment team (including parents) consents to the procedure



- there is an immediate risk of danger to a child that necessitates restraint and
- a restraint is performed by someone specifically trained to do so. Progressive ABA Therapy Group staff are trained in QBS Safety Care® on an *as needed* basis to handle the behavior of clients that is dangerous.

Progressive ABA Therapy Group does not use physical management procedures for punishment—it is to keep clients safe. We strive to treat our clients with dignity and respect. Physical management procedures without consent, for punishment, and by untrained staff is unethical and sometimes illegal. If your child is engaging in challenging behaviors that threaten their safety or the safety of others, your child's supervising behavior analyst will meet with you to develop a plan and review the protocols involved including whether they believe physical management procedures will be necessary to keep them safe.

Again, physical management procedures are a last resort for severe behaviors that pose a threat to client safety or the safety of others. Parent consent is required for any restraint procedure. Thus, if no one has come to you from your treatment team to discuss these kinds of issues, physical management procedures cannot be utilized with your child.

### **Data Collection, Program Evaluation, and Progress Reports**

A defining feature of ABA programs is the use of daily data collection to gather information on how a child is progressing towards their therapy goals. This data highlights when a child has reached mastery of a specific skill; and highlights when a child may not be progressing and need additional teaching methods to help them reach the goal. Without data, we wouldn't know if what we are doing is helping your child. Data can be collected in various ways to best suit your child's treatment needs and goals of their program and is a part of our structured and flexible approach to ABA. This data will be shared with you at regular intervals by your BCBA and reviewed in a written report at least once every 6 months. Progress reports will be shared with physicians, schools, or other professionals when applicable with consent of the parent for coordination of care. Progress reports must be shared with the client's school district and Ohio Department of Education for children who are receiving funding from the Autism Scholarship Program. In addition, insurance companies require progress updates in order to reauthorize ABA services hours.

### **Service Intensity**

Service intensity will vary based on the client's presenting needs. The BCBA will determine the level of service needed to meet the client's needs. Some clients will require comprehensive levels of service. Comprehensive services are services received 25 or more hours per week which focuses on a wide variety of domains including: behavioral, language, adaptive skills, social skills, etc. Focused treatment consists of 10- 25 hours per week of service and the number of areas which are addressed through intervention may be more limited (addressing challenging behaviors in the home setting). As a client makes progress towards their treatment



plan goals, service intensity will be evaluated at each 6-month treatment plan review. Service intensity will be decreased based on client progress. Client will transition from comprehensive to focused intervention prior to determining step down supports and interventions. This process will be individualized, and discharge criteria will be outlined on each client's treatment plan.

### **Policy on Meeting Service Intensity/Provision**

Part of the effectiveness of applied behavior analysis (ABA) services is based on the service intensity (the number of hours). In ABA, there are generally two service levels-focused and comprehensive ABA. *Focused ABA* focuses treatment on one specific area such as reducing behavior problems or teaching adaptive skills. Focused ABA is usually 10-20 hours per week. *Comprehensive ABA* refers to treatment that targets many domains such as language, communication, reducing problem behavior, increasing adaptive skills, and other developmental skills. Comprehensive ABA is usually 20-35 hours per week.

For ABA to be effective, your child needs to receive the specific hours prescribed in their initial assessment and/or psychological evaluation (if applicable). For instance, if your child's initial assessment recommends 25 hours per week and insurance authorizes this, your child needs to regularly receive these hours to benefit from ABA. Lower hours will be less likely to be effective and frequent reschedules/cancellations/interruptions of services also makes providing this service difficult for Progressive ABA Therapy Group.

If your child's delivered hours are delivered at 75% intensity or below the expected amount for any 3-week period, Progressive ABA Therapy Group will reach out to discuss barriers to receive services and a plan will be made to address the issues so your child can get their necessary hours. If, after that, hours delivered continue to be below the prescribed amount for a 2-week period, a written 30-day notice will be issued to parents indicating that the child will be discharged in 30 days unless the child receives their necessary prescribed treatment. If the issue is not rectified within the 30-day window, the child will be discharged.

### **Attendance Policy Chart**

<b>Attendance Issue</b>	<b>Plan/Corrective Measure</b>
3 Weeks at 75% or below prescribed hours on treatment plan	Discussion with family on issues and plan created to rectify issues.
2 weeks with continued services 75% or below prescribed hours on treatment plan	30 day notice issues to parent
Attendance issue not resolved within 30 days	Client discharged

### **Appointment Re-scheduling**

Progressive ABA Therapy Group also has an obligation to provide a consistent schedule to employees in addition to consistent therapy for clients. Excessive re-scheduling of





appointments, changing of dates and times, no-shows, etc. also impair our ability to provide services. Excessive (more than 4 a month) re-scheduling, changes, and no-shows will also result in a discussion with the family on how to deal with the issue.

### **Major Medical Exceptions**

Progressive ABA understands sometimes medical events occur that are out of the family's control. Please reach out to us to discuss any issues or concerns you may have about your child's attendance due to family emergencies and unexpected events.

### **Discharge from Treatment**

Clients will be discharged from Progressive ABA upon any of the following conditions:

- The family or client requests discharge.
- The family no-calls/no-shows more than 5 consecutive therapy sessions.
- The client has reached their discharge criterion as outlined on the treatment plan and no longer require ABA services.
- The client loses insurance funding for ABA services and does not have sufficient means to fund continued ABA services. In this case, clients would be referred to an appropriate service provider.
- Client or caregivers do not meet requirements of therapy outlined on the treatment plan which prohibits the delivery of effective services (i.e., frequent absences, noncompliance with the treatment plan).

All clients who are involuntarily discharged (who did not request one) will be given a 30-day notice of the discharge. For those families who request a discharge or termination of services, services will end on the requested or agreed upon date by the family and Progressive ABA Therapy Group. Appropriate referrals to different care providers will be given at the time of discharge.

### **Quality Control**

At Progressive ABA Therapy Group, we strive to continually improve clinical quality. Clinical quality is measured in several ways. Behavior analysts monitor the implementation of programming and coordinate care with technicians. Every week, all supervisors meet to discuss clinical quality issues and to strategize on how to improve how we provide services. The clinical quality officer who leads these meetings for Progressive ABA Therapy Group is Mary Brown, MS, BCBA, COBA. If you have a question or concern about the quality of services your child is receiving, please reach to her via any method below:

Mary Brown, MS, BCBA, COBA  
Board Certified Behavior Analyst  
Co-Owner, Quality Control Officer  
330-991-9117; [mkbrown@proaba.org](mailto:mkbrown@proaba.org)



### **Client Privacy and Confidentiality**

At the start of treatment parents will be given a copy of Progressive ABA Therapy Group's privacy policies. In general, protected health information (PHI) can be utilized to seek payment for services delivered from your insurance company and other payors. Your information is protected by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. Progressive ABA Therapy Group has HIPAA privacy officers to ensure we stay up to date with the latest requirements to keep client information safe and secure. They are:

#### **HIPAA Privacy Officer(s) and contact information:**

**Melanie Vallinger:**

[humanresources@proaba.org](mailto:humanresources@proaba.org)

**5500 Market Street, Suite 118, Boardman OH Building**

**Dr. Kristopher Brown, PsyD:**

[kjbrown@proaba.org](mailto:kjbrown@proaba.org)

**5500 Market Street, Suite 118, Boardman OH Building**

Other information about the course of treatment, interventions used, and response to treatment, is confidential information and cannot be shared without your consent. General speaking, here are three situations in which a clinician can break confidentiality legally. One is if the client has threatened to harm themselves. Another is if they have threatened harm to someone else. Lastly, the third is if the counselor is order by a court to supply information about treatment with a valid court order.

### **Education and Training of BCBAs**

All treatment is planned and directed by one or more Board Certified Behavior Analysts (BCBAs) who hold a license to practice ABA in the state of Ohio. Practicing BCBAs in Ohio are called a Certified Ohio Behavior Analyst or COBA. A BCBA is someone with a master's degree in Applied Behavior Analysis or related field, was supervised 1,500 to 2,000 hours to develop practice skills and passed a board exam. BCBAs are trained to assess and treat problem behavior, write behavior intervention plans, develop, and implement skill building programs, monitor and report child progress, train parents, caregivers, and other stakeholders on sustaining behavior improvements in natural settings, and coordinate care with other professionals involved in the child's care (speech pathologists, teachers, pediatricians, etc.). They oversee the programming, supervise direct service staff, and make treatment decisions. Treatment is typically implemented by a Registered Behavior Technician (RBT). An RBT holds a high school diploma, associates, or bachelors' degree, has received 40 hours of training on the practice and implementation of ABA, has passed a competency assessment directed by a BCBA and passed a





national certification exam. RBTs implement and deliver the curriculum and plans written by BCBAs and are supervised for a minimum of 5% of their time worked each month. Progressive ABA Therapy Group tests for clinical competence prior to staff providing treatment to patients to guarantee proper therapeutic services are utilized. Organizational outcome data is also collected and monitored. This helps identify to BCBAs and RBTs which implementations are working, and which are not. It allows us to better service our cliental and ensures effective treatment measures are being taken.

### **Ongoing Staff Training**

RBTs are required to complete a competency assessment yearly in order to renew their certification and assess their continued competence in implementing ABA interventions. In addition to this, mandatory staff trainings are required each month to further develop the RBT's skill set. BCBAs provide weekly supervision and training to RBTs to continue to develop their professional skill sets. BCBAs are required to complete 32 continuing education credits every two years (this is equivalent to roughly 32 hours of training over 2 years). Continuing education is essential to increasing knowledge and sharpening skill sets of those implementing treatments. Ongoing training results in continuing improvements in the quality of treatment provided to our clients. Progressive ABA Therapy Group provides staff with continuing education in line with their areas of need.

### **Coordination of Care**

ABA team will coordinate care with relevant professionals involved in the child's care at the parent's discretion. For any coordination of care to occur, parents must give written permission to the ABA team by signing a release of information. ABA team encourages coordination of care with the child's medical team (pediatrician, neurologists), school team, and related service providers (speech therapists, occupational therapists, etc.). Coordination of care assists the child by facilitating a consistent team approach among all professionals helping them to meet their goals. Coordination of care also ensures the child's needs are met across medical, psychological, social, and educational domains. Coordination of care with other service providers occurs at the onset of treatment and once yearly (or greater based on need) with consent from parent/caregivers.

### **In Home ABA Therapy and Transportation Policy**

When providing services in your home, we require that a parent, caregiver, or guardian over the age of 18 be present in the home for the duration of the treatment session. Your team will work with you to set up a treatment space in your home that is both comfortable and safe for your child and their therapist. We will select a space that can promote optimal learning and minimize distractions. Your treatment team is not permitted under any circumstances to transport your child. If a community outing is a part of your therapy session, a parent or caregiver is responsible for transporting the child. The last 15 minutes of each therapy session will be reserved for cleanup, graphing of data and documentation of progress, and a review of



the child's session with the parent or guardian present. If a behavioral emergency occurs in the home settings, Progressive ABA employees will contact their immediate supervisor and appropriate authorities if necessary.

### **Policy on Session Location**

For clients receiving services in multiple locations (i.e., home and clinic, home, and daycare) all requests for location changes must be approved by a supervisor at Progressive ABA Therapy Group. Parents should contact supervisors rather than RBT's to change the location of services for the day. Supervisors ask that parents provide 24 hours' notice of location changes for sessions. This will ensure consistency in service delivery and helps staff to prepare for their workday. Often when location services vary, drive time and other variables must be considered for staff. Therefore, to ensure adequate planning time supervisory staff must be informed via phone call or email for any location change requests.

### **On Site (In Office) ABA Therapy**

Some children may receive their ABA therapy services in our office. In this case, parents will drop off their child at the start time of their session and pick up their child following completion of session. Parents are reminded to mind treatment start and stop times. Therapists may have other clients or obligations prior to or following your child's session. Keep in mind, we encourage parents to pick up their child 10-15 minutes prior to session end time so that parents can talk with their therapists about the child's day, goals accomplished, and to discuss ways skills can be practiced at home.

### **Fees and Financial Responsibilities**

We will work with you and your insurance company to receive payment for services, and we are glad to help with any paperwork and verifying benefits. Still, it is your responsibility to pay all costs related to treatment including co-pays or co-insurance. If you do not have insurance or your insurance does not cover ABA, we will review your options for treatment (private pay, grants, or scholarships may be options). An invoice will be provided to you to outline your costs for therapy services.

### **Cancellations**

***See also: Policy on Meeting Service Intensity/Provision***

### **Illnesses/Call-Offs**

We understand that illnesses and other emergencies occur in which a session may need to be cancelled. If your child has a fever of over 100 degrees, is vomiting or has diarrhea, has been diagnosed with a communicable disease (i.e. pink eye, ringworm, etc.), or is too ill to participate in the therapy session for any reason, we request that you cancel the session for the day to prevent the spread of illness. If your child was diagnosed with a communicable disease, the child must be cleared by a medical professional before therapy sessions will be resumed. In the

event of a cancellation, we ask that you provide your treatment team with no less than a 12-hour advanced notice of a cancelled session. We understand emergencies and unplanned events happen. Progressive ABA will also attempt to provide you with 12-hour notice when your therapy team needs to cancel or reschedule a treatment session. When cancelling a session, directly contact your treatment team via phone or email.

### **Client Illness Policy**

To prevent the spread of communicable diseases, it is our policy that parents/guardians must notify Progressive ABA Therapy Group staff in advance if your child is sick within 12 hours of a treatment session, preferably the evening before the scheduled session if you know that your child will not be able to participate in the ABA program the next day.

Sickness includes, but not limited to the following:

- Temperature above 100 degrees
- Mumps
- Pin Worm
- Ring Worm
- Communicable Disease
- Measles
- Lice
- Chicken Pox
- Vomit
- Diarrhea
- Rash
- Pink Eye
- Strep Throat
- Staph Infection

Parents/legal guardians are asked to use the same guidelines used in schools and day care centers. If a child is too sick to attend school or daycare, then he/she is too sick to participate in his/her ABA therapy session. ABA therapy will resume as soon as the child's doctor clears him/her of being contagious or the remedy is completed. Parents/guardians must provide documentation of a doctor's note in order for your child to return to ABA treatment. If your child arrives at the clinic and is sick, our staff will advise you to take your child home. If for home programming, a therapist arrives at the home and the child is sick, the therapist will not be able to work with your child and you may be charged for the session, which will not be reimbursable through insurance, for failure to report your child as sick and adhere to this policy.



### **Infectious Diseases**

Students and staff with suspected infectious diseases listed above and otherwise will be sent home and will require a medical release from a healthcare professional before coming back to Progressive ABA Therapy Group's on-site facility or conducting in-home sessions. When required, certain infectious diseases may be reported to the local health board. If a client or staff member with a suspected infectious disease has been onsite, staff will thoroughly clean the area with appropriate disinfectant solutions.

### **State Law on Reporting Communicable Diseases**

According to the Ohio Administrative Code (Rules 3703-3-01 through 3701-3-31 of the Ohio Administrative Code), all laboratories, physicians, schools, daycares, health professionals and hospitals are to report suspected and confirmed cases of certain communicable disease to the local health department. Communicable Disease Staff is responsible to review and investigate emerging and reportable infectious or communicable diseases within Mahoning County. A list of such diseases can be found here:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/immunization/media/quick-guide-reportable-infectious-diseases-ohio>

These should be reported to:

Mahoning County Public Health Board Communicable Disease, Foodborne Illness, Public Health Emergency, and Environmental Health Hazard

Reporting available 24 hours a day – 7 days a week Main Office Number: (330) 270-2855

Toll Free in Mahoning County: 1-800-873-MCHD TTY service available by dialing 711 or 1-800-750-0750

### **Consistency**

Consistency of intervention is essential for your child's success, therefore cancelling or being late to treatment sessions will not allow us to provide the best care to your child. For this reason, excessive cancellations and tardiness may be grounds for us to help you find another therapist who may be more successful in meeting your needs (a referral) or setting an end date to our treatment and ending our therapeutic relationship (terminating care).

### **Tardiness**

If your treatment team will be more than 5 minutes late to a session, they will contact you to inform you of their expected arrival time. If your child arrives more than 30 minutes late to a session, the session will be cancelled for the day and a \$50 fee will be charged for a missed session.



### **Weather Policy**

Sometimes weather can become so severe that it might become dangerous to provide services in the home or community. Progressive ABA considers weather to be severe when local schools are cancelled, parking bans are issued for the city, or if there is a state of emergency or state mandate limiting travel in the area. In the event of such weather, we will decide as a treatment team the best course of action while respecting applicable law. Please keep in mind the excessive cancellation policy noted in this document above.

### **Holidays**

Progressive ABA reserves the right to cancel sessions on any Federal Holiday. Parents will be provided with a therapy calendar for on-site therapy programs indicating cancellations due to Federal holidays. For therapy held in the home or community, holiday cancellations will be decided upon among the family and the staff servicing the child.

### **Course of Therapy and Dual Relationships**

The course of behavior therapy for developmental disorders such as autism spectrum disorder can vary greatly in length depending on the severity of impairment, treatment goals, and age of the client at the onset of treatment. At the beginning of treatment and at least every 6 months thereafter, treatment team meetings will occur to review progress and form new goals. To ensure continued improvement remains at the center of our focus, our staff will strive to maintain only a professional relationship with you and your family. This means that our time together and interactions will focus on the goals of our treatment. For instance, staff may be in your home 4-5 days a week for therapy but would not be able to accept an invitation to go out a family get together during the holidays. This aligns with our professional ethics codes and helps us provide the best services possible.

### **Gift and Gratitude Policy**

Progressive ABA Therapy Group follows the guidelines of the State Board of Psychology in Ohio and Behavior Analyst Certification Board (BACB) regarding receiving gifts.

### **Ethics and Rules of Professional Conduct**

Progressive ABA Therapy Group adheres to applicable ethical guidelines when providing services to clients and their families. Employees are required to follow the ethical codes for their respective credential (i.e., RBT, BCBA) when providing services and/or working for ProABA. Employees who have not received the RBT credential must follow these guidelines regardless.

BCBA Ethics can be found here: <https://www.bacb.com/wp-content/uploads/2022/01/Ethics-Code-for-Behavior-Analysts-220316-2.pdf>



RBT/BT Ethics can be found here: <https://www.bacb.com/wp-content/uploads/2022/01/RBT-Ethics-Code-220316-2.pdf>

The Rules of Professional Conduct governing Certified Ohio Behavior Analysts can be found here: <https://codes.ohio.gov/ohio-administrative-code/rule-4783-7-01>

### **Guiding Principles for Behavior Analysts**

In 2021, the Behavior Analyst Certification Board (BACB) published four guiding principles for behavior analysts (BCBAs and BCaBAs) to follow when engaging in professional services. Progressive ABA Therapy Group supports these guiding principles in the work we do with clients as well.

**Benefit Others.** Behavior analysts work to maximize benefits and do no harm by:

- Protecting the welfare and rights of clients above all others
- Protecting the welfare and rights of other individuals with whom they interact in a professional capacity
- Focusing on the short- and long-term effects of their professional activities
- Actively identifying and addressing the potential negative impacts of their own physical and mental health on their professional activities
- Actively identifying potential and actual conflicts of interest and working to resolve them in a manner that avoids or minimizes harm
- Actively identifying and addressing factors (e.g., personal, financial, institutional, political, religious, cultural) that might lead to conflicts of interest, misuse of their position, or negative impacts on their professional activities
- Effectively and respectfully collaborating with others in the best interest of those with whom they work and always placing clients' interests first

**Treat Others with Compassion, Dignity, and Respect.** Behavior analysts behave toward others with compassion, dignity, and respect by:

- Treating others equitably, regardless of factors such as age, disability, ethnicity, gender expression/identity, immigration status, marital/ relationship status, national origin, race, religion, sexual orientation, socioeconomic status, or any other basis proscribed by law
- Respecting others' privacy and confidentiality
- Respecting and actively promoting clients' self-determination to the best of their abilities, particularly when providing services to vulnerable populations
- Acknowledging that personal choice in service delivery is important by providing clients and stakeholders with needed information to make informed choices about services

**Behave with Integrity.** Behavior analysts fulfill responsibilities to their scientific and professional communities, to society in general, and to the communities they serve by:

- Behaving in an honest and trustworthy manner

- Not misrepresenting themselves, misrepresenting their work or others' work, or engaging in fraud
- Following through on obligations
- Holding themselves accountable for their work and the work of their supervisees and trainees, and correcting errors in a timely manner
- Being knowledgeable about and upholding BACB and other regulatory requirements
- Actively working to create professional environments that uphold the core principles and standards of the Code
- • Respectfully educating others about the ethics requirements of behavior analysts and the mechanisms for addressing professional misconduct

**Ensure their Competence.** Behavior analysts ensure their competence by: • Remaining within the profession's scope of practice

- Remaining current and increasing their knowledge of best practices and advances in ABA and participating in professional development activities
- Remaining knowledgeable and current about interventions (including pseudoscience) that may exist in their practice areas and pose a risk of harm to clients
- Being aware of, working within, and continually evaluating the boundaries of their competence
- Working to continually increase their knowledge and skills related to cultural responsiveness and service delivery to diverse groups

### **Reference**

Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts.  
<https://bacb.com/wp-content/ethics-code-for-behavior-analysts/>



## **ADMINISTRATIVE POLICIES**

### **Benefits Verification and Client Onboarding Procedure**

All new referrals to Progressive ABA Therapy Group will be verbally (phone) or in writing (fax referral) for appropriateness for services. Potential clients will be informed of the current waitlist time during this stage of intake. If they so choose to continue a brief screening should occur to ascertain whether or not the client could receive services. The screening should include:

- Client name
- Diagnosis
- Insurance company
- Desired services (focused, comprehensive)
- If possible: a brief screen of the presenting problem to ascertain whether we can provide the appropriate level of care.

After this prescreening a supervisor will determine whether the individual could receive services at Progressive. If the screen indicates that this individual could receive services, the following information should be collected.

- Prospective clients full name
- Date of birth
- Parents name
- Phone number
- Insurance carrier and plan number

Within 48 hours of receiving a potential new referral for therapy, a supervisor will relay the information necessary to find out about benefit availability to the billing manager, Gloria Vallinger. The billing manager will then return the results of a call on benefits to the supervisor via phone or email within 72 hours.

**If there is a waitlist or Progressive ABA Therapy Group is not accepting clients,** potential client will be given a phone call to schedule an intake assessment when staff become available to provide the services needed/requested.

**If there is no waitlist and Progressive ABA Therapy Group is accepting clients,** and then take assessment should be scheduled within the next three weeks. Dispatch the start time from intake to assessment at four weeks if Progressive ABA Therapy Group is accepting clients and there is no waitlist.





Following the intake assessment report will be generated indicating the requested service hours, the initial goals for the client and parents, and the results of the intake assessment. This initial treatment plan should be reviewed by parents and the prospective schedule should be made for services at the recommended intensity. Add this time, the supervisor should provide an estimate on the amount of time it will take to staff the case with a technician. This will depend on the availability of technicians currently at Progressive.

Once parents agree to the goals and proposed schedule acknowledge the wait time for staffing, supervisors will begin staff placement for the case. As mentioned, this can involve placing an experienced staff with the client, assigning a staff being trained to do, or hiring a new staff for the client. Thus, the time it takes to staff a new case can range anywhere from 2 to 8 weeks.

Progressive ABA Therapy Group's goal is to start new clients within 4 to 6 weeks of initial contact for services. This, however, can be affected by many variables including available staff, available supervisors, and other factors.

### **Waitlist Policy**

If Progressive ABA Therapy Group must hold a waitlist due to volume of referrals exceeding staffing capacity, families will be communicated with on a bi-weekly basis to let them know the status of when services may be able to be provided. Supervisors will closely monitor wait list and parent/guardian needs. Progressive ABA will offer resources and referrals to other companies if services cannot be initiated within one month of initial contact.

### **Referrals**

One of the primary roles of Progressive ABA's Board-Certified Behavior Analysts (BCBAs) is to ensure implementation of the clinical treatment plan and care plans by facilitating referrals to services not provided by our agency. Referrals should meet the client needs identified and prioritized by our agency staff and other service providers during the intake and needs assessment process and integrated into the clinical treatment plan and care plan development processes. Services to which clients are referred must be appropriate to the needs of the client, be accessible to the client in terms of culture, physical location, and cost. Following the referral of a client, agency staff must follow up with the client and the service provider to whom the client was referred to ensure that services were accessed. It is the intake coordinator and BCBA's role to assist the client with mediating any barriers to accessing services (e.g. travel, scheduling, etc.) as well as any perceived stigma in seeking assistance from core service providers (e.g., mental health and substance abuse). In many cases Progressive ABA's staff will need to use motivational interviewing, case conferencing, warm hand-offs, or other client-centered techniques to successfully link a client with necessary services for improved behavioral outcomes.

### ***Pre-Referral Stage***

Progressive ABA staff must identify the areas of need other than the services our agency provides (e.g., speech, occupational therapy, physical therapy, neurological evaluation, psychiatric evaluation, mental health counseling, etc.). A referral will be determined by Progressive ABA staff through information gathered in the agency intake packet, parent/guardian and client interviews, and behavioral assessments. If a referral is warranted, then Progressive ABA staff will move on to the referral stage.

### ***Referral Stage***

Services the client is referred to must be:

- Accessible in terms of physical location, transportation, culture/language, and cost.
- Appropriate to the client's needs.
- Presented to the client in a manner that lends itself to completion.
- Provide the client with a description of the service they are being referred to and the reason for the referral. The description should include:
  - any eligibility criteria
  - any time-sensitive aspects to the service (i.e. application deadlines, appointment schedules, etc.).
  - phone number and contact person. (Progressive ABA staff and client may call during the session to arrange the appointment)

We may make an initial call on behalf of the client to the agency/provider you are referring the client to. This is to ensure that:

- the service is still available
- that the receiving provider has the current capacity to serve the client.

### ***Post-Referral Stage***

Follow-up with client regarding all referrals and collect documentation from them (e.g., evaluation report results, etc.). If client refuses to share documentation, then Progressive ABA staff are to log this for our records. If documentation is provided, please put into client records.

### ***Patient Rights, Responsibilities, and Ethics***

At Progressive ABA Therapy Group, we value and respect client rights. Some of these are fundamental rights such as rights to informed consent to treatment, the right to stop treatment, and the right to privacy/confidentiality. For the purpose of this document, client/patient refers to a minor child receiving therapy and their parent. Some of these rights include, but are not limited to:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.

- A patient has the right to know who is providing medical services and who is responsible for his or her care, or the care of their minor child.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the healthcare provider information concerning planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information, and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicaid has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicaid assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Ohio law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

### **Patient Responsibilities**

A patient is responsible for providing to the healthcare provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health. These include the following responsibilities:

- A patient is responsible for reporting unexpected changes in his or her condition to the healthcare provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her or their child

- A patient is responsible for following the treatment plan recommended by the healthcare provider, especially prescribed parent training as part of an ABA service plan.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the healthcare provider or health care facility within 12 hours of the appointment.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her healthcare are fulfilled as promptly as possible.
- A patient is responsible for following healthcare facility rules and regulations affecting patient care and conduct.
- A patient is responsible for treating Progressive ABA Therapy Group employees and other parents/children with respect and dignity.

### **Reasonable Access to Care**

At Progressive ABA Therapy Group, clients will be afforded the opportunity to obtain care regardless of gender, race, sexual orientation, disability, handicap, national origin, religion, or other federally protected personal characteristic. All individuals who are referred or seek to obtain treatment will undergo the same assessment and treatment planning procedures. During intake, specific variables such as religious affiliation and other personal values will be discussed to ensure that this policy of reasonable access to care is followed.

### **Nondiscrimination Policy**

Progressive ABA does not and shall not discriminate on the basis of race, color, religion (creed), sex, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, pregnancy, military status, or any other basis protected by law, in any of its activities or operations.

### **Access to Translation Services**

Progressive ABA Therapy Group believes that access to translation services is a right for clients who might speak English as a second language or are not fluent in English. Further, we believe that we obtain the best information regarding the needs of our clients and their families from different backgrounds by providing for translation services. Progressive ABA Therapy Group has developed the following policy to determine who might need access to translation services and provide them.

- During the assessment phase, staff will assess whether English is the first language spoken by the client and their family. This can be done via a question on the intake packet **or** by observation of the clinician in the assessment that the client and their



family may not speak English as a primary language. If it is observed, it should be noted on the intake packet by staff conducting the intake.

- If the clients are not able to vocally indicate their preferred language in English, they will be provided with a “point to your language” form with various examples of languages.
- Once the preferred language is identified, Progressive ABA Therapy Group will arrange for written and spoken interpretation services for the client.
  - The client will be given new intake paperwork in the language indicated in step 2 using the Microsoft Word Translation Service.
  - Progressive ABA Therapy Group will utilize an available real time interpretation service (i.e., <https://www.altalang.com>) for the remainder of the face-to-face clinical interview. This service will be utilized during treatment during parent meetings and report review. Clients will be explained their HIPAA rights regarding the use of the translator during the initial interview.

### **Client Satisfaction**

Your satisfaction with our services extremely important to us. We welcome constructive feedback and suggestions that can help us to improve our service delivery at any time (in person, via phone call, or email). Parents and caregivers will be asked to complete parent satisfaction surveys to ensure we are maintaining a high standard of care for all of our clients.

### **Abuse Prevention: Policies and Procedures (Mandated Reporting)**

Progressive ABA Therapy Group is committed to providing safe and respectful environments that support the health and well-being of all people receiving our services. Progressive ABA Therapy Group seeks to institute guidelines and resources for staff and enforce zero tolerance for those actions which may jeopardize the health, safety or welfare of any person receiving services. This policy establishes that a thoughtfully crafted abuse prevention policy is necessary to balance effective safety measures with efforts to empower people receiving services to lead more independent, meaningful lives. mandated reporting applies to staff and parents/caregivers.

### **Definitions:**

**Staff:** any individual who is employed by Progressive ABA Therapy Group.

**Mandated Reporter:** all staff at Progressive ABA Therapy Group, but not a person receiving services.

**Who:** Progressive ABA Therapy Group will make mandated reports about any suspected abuse/neglect of a child or elder whether or not they are a service recipient.

### **Reportable Incidents:**

#### **Physical Abuse:**

Conduct by staff or that is intentional or reckless, causing physical injury or serious or protracted impairment of the physical, mental, or emotional condition of the vulnerable person or causing the likelihood of injury or impairment.

Examples: hitting, kicking, biting, slapping, shoving, throwing, punching, dragging, shaking, choking, smothering, burning, cutting, or the use of corporal punishment. Note/Exception: Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any person.

**Substance Abuse:**

Progressive ABA Therapy Group will report suspected substance abuse issues they believe cause potential harm to clients. For example, parents/caregivers or staff who smell of illicit substances, appear under the influence, slur speech, or any other observable sign of possible impairment will be reported to the appropriate authorities. Under no circumstances will a child be released to go home with a parent/caregiver who appears to be under the influence at the time of pick up.

**Psychological Abuse:**

Conduct by a staff (Verbal or non-verbal) that is intentional or reckless that adversely affects and results in or is likely to cause a substantial diminution of the vulnerable person's emotional, social, or behavioral condition.

Examples include, but are not limited to, taunts, derogatory comments or ridicule, intimidation, threats, the display of a weapon or other object that could reasonably be perceived by a person receiving services as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury.

**Sexual Abuse**

Conduct by staff that constitutes certain crimes in Ohio Law. Examples include rape (forcible compulsion or physical helpless or incapable of consent), forcible, inappropriate touching, indecent exposure, sexual assault, and "sexual performance" offenses (such as inducing a person receiving services to engage in sexual conduct in any play, motion picture, photograph, or any other visual representation before an audience).

**Deliberate Misuse of Restraint or Seclusion**

Use of a restraint when the technique that is used, the amount of force that is used or the situation in which the restraint is used is deliberately inconsistent with a person receiving services' individual treatment plan or behavioral intervention plan, generally accepted treatment practices and/or applicable federal or state laws, regulations, or policies. A "restraint" shall include the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her

arms, legs, or body. Note/Exception: When the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any other person it is not abuse.

### **Obstruction**

Conduct by staff that impedes the discovery, reporting or investigation of the treatment of a person receiving services by:

- Falsifying records related to the safety, treatment or supervision of a person receiving services.
- Actively persuading a mandated reporter from making a report of a reportable incident to the statewide vulnerable persons' central register with the intent to suppress the reporting of the investigation of such incident.
- Intentionally making a false statement.
- Intentionally withholding material information during an investigation into such a report.
- Intentional failure of a supervisor or manager to act upon such a report in accordance with governing state agency regulations, policies or procedures; or
- A mandated reporter who is a staff as defined above, failing to report a reportable incident upon discovery.

### **Neglect:**

Any breach of staff's duty, which includes action, inaction, or lack of attention on the part of the staff that results in or is likely to result in physical injury or serious or protracted impairment to the person's physical, mental, or emotional condition of the vulnerable person.

Examples include failure to provide:

- Supervision resulting in conduct between persons receiving services that would otherwise constitute abuse as defined above if committed by a staff.
- Adequate food, clothing, shelter as required by rules and regulations.
- Adequate healthcare (i.e., medical) as required by rules and regulations; and
- Access to an educational instruction as required by rules and regulations or the individual's Individualize Education Program (IEP).

### **Policy Guidelines-Personnel Screening and Selection**

Screening and hiring procedures provide safeguards to strive to eliminate from consideration any candidate who demonstrates behavior that indicates a high risk for violating this policy. Screening and background information required to comply with Ohio State law depend on the position and its level of involvement with people receiving services. The procedures outlined in this section pertain to those who have regular contact, or that level as required by law, with people receiving services. However, agencies may decide to use these processes for all





prospective employees. Candidates for positions that involve regular interaction with people receiving services are screened and selected as follows:

- Standard employment application that includes signed authorization to perform necessary background checks.
- Justice Center Staff Exclusion List clearance [for all programs required by Ohio State law to conduct this check] for positions that may have regular and substantial contact.
- Criminal background checks for those who will have regular and substantial unsupervised or unrestricted contact as required by law, including signed authorization to perform the check.
- Sexual offender registry checks in any and all states where the candidate has lived.
- Where possible, Statewide Central Register of Child Abuse and Maltreatment (SCR) in states where the candidate has lived.
- Where possible, Child Protective Services (CPS) in states where the candidate has lived.
- Department of Motor Vehicles records and any applicable certification pertinent to the position, if the position requires the transportation of people receiving services.
- In-person interview of the candidate that includes questions about experiences and thoughts on how to handle challenging behaviors, conflicts, or other unexpected circumstances when providing care, as well as how they feel about providing care to this vulnerable group. Any remarks indicating unwillingness to accept Ohio State legal definitions of abuse and neglect and related reporting procedures are thoroughly explored.
- Three professional references are required, contacted directly via telephone or email and asked questions from an established reference check guideline.
- If hired, sexual offender registry checks are conducted (via an updated background check) every 2-3 years for those who have regular contact with people who receive services. All information collected about any candidate is reviewed to determine if the candidate is appropriate for the respective position. If hired, all information collected during the hiring process is included in the staff's permanent file.

All information collected about any candidate is reviewed to determine if the candidate is appropriate for the respective position. If hired, all information collected during the hiring process is included in the staff's permanent file.

### **Background Check and Reference Check**

All employees are required to obtain and pass a BCI and FBI background check to obtain and maintain a position with Progressive ABA Therapy Group. Employees are responsible for payment of initial background check. Staff who are hired are provided information on the necessary background check requirements. Staff is not permitted to have access to clients in a 1 on 1 setting until the background check has been returned to the company.



***What offenses disqualify someone from employment?***

Per the Registered Behavior Technician (RBT) Handbook: Within 180 days of paying for your RBT certification application, you must complete and pass a criminal background check and an abuse registry check comparable to those required of home health aides, childcare professionals, and teachers in the community where you will provide services.

Ohio Revised Code: Per ORC Section 4783.04 (Application for certificate; eligibility) governing behavior analysts stipulates that COBAs meet requirements of ORC 4776.01, which indicates criminal records check has the same meaning as that described in Ohio Revised Code Section 109.572.

Following these guidelines, Progressive ABA Therapy Group will not consider an applicant convicted of any of the offenses listed [here](#) (Ohio Revised Code Section 109.572)

**Structural Guidelines**

All programs are designed to encourage safe interactions between staff and people receiving services. The following guidelines are meant to maintain effective safeguards while upholding the dignity of the individual and respecting their ability to direct their own life.

***Staff to Person Receiving Services Ratio:*** Programs have an established staff to person receiving services ratio consistent with identified individual needs for services and supervision and with applicable state and federal regulations.

***One to One Alone Time:*** Programs clearly define parameters and safeguards for “alone time” – RBTs spend most of their time providing one on one care for clients. For this reason, coworkers are placed within ear shot or eyesight of one another, doors remain open when possible, unscheduled random spot checks are conducted by supervisors, as well as scheduled supervisory time.

***Team Communication:*** Programs establish and maintain mechanisms for staff to communicate with members of their team as needed (this includes supervisors, co-workers, clinicians, etc.)

- Regularly scheduled supervisory, and/or team meetings, include planning for and review of circumstances that require staff to spend time alone with an individual (i.e. toileting accidents, walking to the restroom, etc.)
- Informal, impromptu opportunities are available for staff to speak with their supervisor, co-worker, clinician, etc., to address concerns or questions that arise while performing their duties.

- At the end of each shift, staff transitioning off duty brief the incoming staff on activities and any significant occurrences that incoming staff should be aware of at the onset of their shift.
- Management promotes and models a culture of respect, collaboration, honesty and accountability.

**Individual Treatment Plans:** Staff receive training on individual treatment plans prior to working with the individual and follow the protocol identified within an individual's plan including documentation of progress and effectiveness of staff interventions.

### **Training**

Abuse prevention training is provided to ensure that staff understand what constitutes abuse, signs and symptoms of abuse, and their responsibilities to protect people receiving services from abuse and neglect as defined above. The training includes guidance on how to step in and stop an incident, as well as procedures to assess the impact of an incident on the individual, to monitor the individual for behavioral changes following an incident, and to identify and address any negative impact on other people receiving services in this program.

Staff training on topics including professional boundaries, stress management and conflict resolution are provided as necessary based on the needs of each program. Program training needs are identified through team discussion, supervision, and incident management recommendations.

### **Interactions and Conduct**

#### **Social Boundaries:**

- Staff do not intentionally connect with a person receiving services outside of the course of their work and limit unintentional contact to brief greetings and conversation.
- Staff do not connect with a person receiving services via social media.

#### **Physical Boundaries:**

- Staff do not engage in certain types of physical contact that may be unwelcome or misconstrued by the individual or others. This includes bear hugs, pats on head, pinching cheeks, pat on the buttocks, etc. Staff may provide supportive, affectionate physical contact, as indicated by each individual's needs and preferences. For example, those who benefit from supportive touch are provided with it in a manner that best meets their individual needs and that is discussed, clearly defined, and documented.
- Staff, to their best ability, identify when circumstances are beyond their capacity to address in a productive manner, and request support from peers or a supervisor to manage any risk of abusing or neglecting a person receiving services.

- Staff intervene and provide support when they observe co-workers exhibiting a loss of ability to safely and effectively manage a challenging behavior, or other circumstances involving a client they are providing care for.
- Staff do not use physical punishment in any form. The only time physical force is allowed with a person who receives services is when their actions are placing themselves and/or others at an immediate risk for serious harm, consistent with agency crisis management policies and procedures.

#### **Sexual Boundaries:**

- Staff do not have any sexual contact with people who receive services, including touching of non-sexual body parts for the purpose of sexual stimulation for either party.
- Staff do not possess any sexually oriented materials (i.e., books, magazines, videos, clothing) when conducting business at Progressive ABA Therapy Group onsite or in homes.
- Staff do not dress or undress with, or in the presence of people who receive services.

#### **Alcohol and Drug Use:**

- While representing Progressive ABA Therapy Group, staff do not possess, distribute, use, or allow others to use any alcohol or drugs.
- Any reportable incidents are reported in accordance with reporting requirements and protocol. Supervisor's document and address circumstances that do not rise to reportable incident but fail to follow the above, or other established guidelines.

#### **Mandated Reporting Requirements and Process**

All employees at Progressive ABA Therapy Group are mandated reporters. Per the mandated reporting law: Ohio Revised Code 2151.421, Reporting Child Abuse or Neglect, it requires certain individuals who are acting in a professional or official capacity to immediately report child abuse or neglect.

#### **Reporting Protocol**

Reports of harm or potential of harm of a person receiving services are made as soon as possible, within 24 hours of discovery, at any time of the day or night and on any day of the week, by telephone to The Ohio Department of Job and Family Services automated telephone directory that will link callers directly to a child welfare or law enforcement office in their county at 855-O-H-CHILD (855-642-4453). If an individual is in immediate danger, call 911.

**Internal Reporting Protocol:** Staff respond immediately to discovery of an incident. This includes first ensuring immediate safeguards for the individual. Phone numbers and website addresses for reporting are in known, accessible, and visible areas of each program site. Steps for completing an incident report are clearly defined. Management promptly ensures

safeguards are in place and that appropriate entities investigate reportable incidents when they occur.

Technicians who believe that abuse, neglect, or other reportable offenses have occurred need to 1) contact an on-site supervisor immediately after they ensure the client is safe. If there is a risk to clients or staff after the incident, the supervisor should next 2) contact an owner to remove the individual from the premises. After any immediate threats have been handled, 3) a follow up meeting should be scheduled with the technician, and an incident report should be completed. If necessary, the next step is to 4) report the incident to child protective services or other relevant agencies. Owners, senior supervisors, the Ethics Officer, and Clinical Quality Officer should all be involved in the aspects of reporting and handling these issues.

### **Protections**

The law provides protections against the disclosure of a reporter's identity, subject to limited exceptions such as consent from the reporter, or in the event of a court order. The law grants immunity to voluntary reporters and Mandated Reporters from any legal claims which may arise from a good faith act of providing information to the Vulnerable Persons' Central Register. An employer or agency is prohibited from taking any retaliatory action against a person who has made a good faith act of providing information to the hotline.

### **Monitoring and Supervision of Staff**

- Management presence: supervisors regularly engage with staff and people receiving services in their natural environments (i.e., onsite or home services).
- Supervisors demonstrate responsiveness to staff needs for support and refer staff to appropriate resources when they are experiencing burnout, personal difficulties, reactions to challenging events or other circumstances impacting their ability to provide care. Staff are aware of the chain of command and supported in using it to appropriately access higher level management when necessary to resolve an issue.
- Regularly scheduled supervision and team meetings - supervisors are accessible to staff via both informal, in person, or other correspondence, as well as regularly scheduled individual supervision and/or team meetings.

### **Environmental Safeguards**

- The facility is evaluated by administrators and modified to improve prevention of abuse and neglect.
- The facility is accessible to the individuals it serves.
- General considerations include increased lighting, removing obstacles from field of vision, as appropriate (i.e., moving a bookshelf that obstructs view of a common area from another room), appropriate degree of privacy when/where expected.



- Specific environmental needs of each person receiving services are met. This may include the following: medication storage and protocol for distribution, pica safeguards as needed, fire safety protocol, etc.
- Any person receiving services who is not capable of providing consent (i.e., youth, adult with established guardian) will only be released to a parent, legal guardian or a person designated by a parent or legal guardian.

## **MEDICATION AND SAFETY POLICIES**

### **Progressive ABA Therapy Group Prescription Medication Administration Policy**

**Laws:** Generally speaking, [Ohio Revised Code 3313.713](#) governs the administration of medications administered in schools. Since Progressive ABA Therapy Group is a treatment clinic that serves school-aged children, we choose to follow these regulations.

*B(2): Designated persons employed by the board or governing authority are authorized to administer to a student a drug prescribed for the student. Effective July 1, 2011, only employees of the board or governing authority who are licensed health professionals, or who have completed a drug administration training program conducted by a licensed health professional and considered appropriate by the board or governing authority, may administer to a student a drug prescribed for the student.*

### **General Criteria for Medication Administration:**

(1) The board or governing authority, or a person designated by the board or governing authority, receives a written request, signed by the parent, guardian, or other person having care or charge of the student, that the drug be administered to the student.  
(2) The board or governing authority, or a person designated by the board or governing authority, receives a statement, signed by the prescriber, that includes all of the following information:

- (a) The name and address of the student;
- (b) The school and class in which the student is enrolled;
- (c) The name of the drug and the dosage to be administered;
- (d) The times or intervals at which each dosage of the drug is to be administered;
- (e) The date the administration of the drug is to begin;
- (f) The date the administration of the drug is to cease;
- (g) Any severe adverse reactions that should be reported to the prescriber and one or more phone numbers at which the prescriber can be reached in an emergency;
- (h) Special instructions for administration of the drug, including sterile conditions and storage

### **Other Policies/Criteria Related to Medication Administration**

In medically necessary circumstances, Progressive ABA Therapy Group will administer medication prescribed by a licensed medical professional to clients. Our policy for doing so is as follows:

1. The medication is prescribed by a licensed medical professional. The parent or caregiver of the client must provide a written prescription from the medical professional indicating that the medicine is necessary, and needs prescribed during the session

- a. The prescribers' orders must indicate the medication, the dosage, and the time it needs administered.
  - b. Staff **cannot deviate from the last written medical/doctors order for medication under any circumstances.**
2. There are no other alternatives for the client to receive medication (i.e., speaking with doctor about extended-release medication options, parent comes to administer)
3. The parent provides the information listed above in Section 2 (a-h)
4. The parent, guardian, or other person having care or charge of the student agrees to submit a revised statement signed by the prescriber to Progressive ABA Therapy Group if any of the information regarding the medication changes at any time.
5. All personnel who administer medication will be trained and certified by Akron Children's Hospital's outreach program. Only individuals who complete the prescribed training and receive a certification of completion can administer medication.
6. Medication will be administered in the main office of Progressive ABA Therapy Group for protect HIPAA rights of clients who receive medication.
7. All medication provided must be entered in Progressive ABA Therapy Group's medication log for that client.
  - a. This log is protected health information for that client and all HIPAA guidelines are to be followed.
8. Clients at Progressive ABA Therapy Group do have a right to self-administer medication. This decision will be made with the treatment team with respect to the client's adaptive skills, the types of medication, and recommendation of the prescriber. Medical emergencies are those situations in which there is imminent risk of serious bodily harm or death to the client. Examples of life-threatening emergency shall include, but not be limited to:
  - a) Unconsciousness
  - b) Persistent chest pain or discomfort
  - c) Not breathing or having trouble breathing
  - d) No signs of circulation
  - e) Severe bleeding
  - f) Seizures that are unusual, prolonged, or multiple, last more than 5 minutes, result in injury or occur in someone who is pregnant or diabetic.
  - g) Non-responsiveness
9. Each client who has a documented condition (i.e., diabetes, seizure disorder) will have a plan in their respective treatment area that outlines the criteria for the user of emergency medication such as an epi-pen or anticonvulsant medication. **If at any point a medical emergency occurs, Progressive ABA Therapy Group staff must call 911.**
10. Progressive ABA Therapy Group does not administer OTC medication. For the purpose of this policy, sun lotion, ice packs, and antibiotic ointment are not considered an OTC medication.

Below is Progressive ABA Therapy Group's Medication request and consent form



**REQUEST FOR ADMINISTRATION OF MEDICATION**

Box 1	The following section must always be completed by the parent/guardian.		
Check all that apply and complete all of the information.			
<input type="checkbox"/> Prescription Medication <input type="checkbox"/> Nonprescription Medication <input type="checkbox"/> Food Supplement <input type="checkbox"/> Topical Product or Lotion <input type="checkbox"/> Refrigeration Required <input type="checkbox"/> Modified Diet			
Name of Child:		Date of Birth:	Weight:
Name of Medication:		Exact Dosage:	
To be administered at the following times:		For the following period of time:	
Signature of Parent/Guardian			Date:
Box 2	The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.		
1. The medication contains codeine or aspirin. 2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions). 3. It is a sample medication without a prescription label. 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period. 5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.			
Name of Child:		Name of medication, vitamin, diet, or supplement:	
Dosage		Possible side effects to watch for:	
Expiration date (May not exceed twelve months from the date of this request for medications of food supplements).			





Specific Instructions for this Medication:

**PHYSICIAN SIGNATURE:**

This child is under my care and should receive the above medication as written. Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

[illegible]

## Life Threatening Emergencies

### General Standards

This policy delineates the procedures that Progressive ABA staff are required to follow in the event a client experiences a life-threatening emergency. All staff affiliated with Progressive ABA are required to call 911 in the event of a life-threatening emergency. Failure to call 911 in the event of a life-threatening emergency may result in actions taken against the individual staff member employed by Progressive ABA.

A **life-threatening emergency** means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to

- to protect the life of a person receiving services at Progressive ABA Therapy Group
- to protect the lives of other persons at Progressive ABA Therapy Group
- to protect a staff or client(s) from an immediate threat (or actual occurrence) of potentially fatal injury
- to protect staff or client(s) from suffering permanent impairment to bodily functions or dysfunction of a bodily organ or part (adapted from [Law Insider.com](http://LawInsider.com))

Each client who has a documented condition (i.e., diabetes, seizure disorder) will have a plan in their respective treatment area that outlines the criteria for the user of emergency medication such as an epi-pen or anticonvulsant medication. **If at any point a medical emergency occurs, Progressive ABA Therapy Group staff must call 911.**

Progressive ABA Therapy Group does not administer OTC medication. For the purpose of this policy, sun lotion, ice packs, and antibiotic ointment are not considered an OTC medication

### Life-Threatening Emergencies

When a life-threatening emergency is detected, a 911 call shall be made immediately by the staff member. If a staff member is not certain if the situation is a life-threatening emergency, then a 911 call shall be made immediately anyway. Examples of life-threatening emergency shall include, but not be limited to:

- Unconsciousness
- Persistent chest pain or discomfort
- Not breathing or having trouble breathing
- No signs of circulation
- Severe bleeding
- Seizures that are unusual, prolonged, or multiple, last more than 5 minutes, result in injury or occur in someone who is pregnant or diabetic.
- Extended periods of non-responsiveness

Trained staff will begin providing medical attention right away including but not limited to First Aid, CPR/AED, etc.

A staff member need not call 911 if the staff member physically observed another staff member call 911 about the life-threatening emergency. Extra staff members should then provide immediate assistance, if trained, including but not limited to First Aid, CPR/AED, etc.

If a staff member is unsure whether a medical condition such as an elevated temperature, seizure or other condition has become a life-threatening emergency, he or she shall call 911. When only one staff member is present when a life-threatening emergency occurs that staff member shall call 911 and, if he or she is trained to provide immediate assistance (First Aid, CPR/AED), the staff member shall aid. When the person suffering the life-threatening emergency has a DNR Order in effect, existence of a DNR Order does not relieve the staff member from the requirement to call 911. Staff shall call 911 if there is a life-threatening emergency related to the person's terminal condition but provide a copy of the DNR Order to emergency staff responding to the 911 call.

The 911 call shall include:

- The address and/or location of the emergency;
- The telephone number where the emergency is located;
- A brief description of the problem including whether the person(s) is conscious and/or breathing; and
- The name of the staff member calling 911.

Once the call has been made, the staff member shall stay on the line if necessary to respond to questions from the 911 operator. Procedures for calling 911 and reporting life-threatening emergencies shall be incorporated into the orientation and training for all new staff entering into an employment contract with Progressive ABA. All staff of Progressive ABA will be trained as part of his/her employment requirement in First Aid, CPR/AED, epi-pen, etc. Progressive ABA shall keep a record of every 911 call and every failure to make a 911 call in the event of a life-threatening emergency.

### **Seizure Policy**

All clients who have a history of seizures must have this notated in their file. The behavior analyst supervising the case and all technicians working with the child should be notified. If anti-seizure medication is warranted, the protocols in the medication administration section of this manual will be followed.

The following guidelines should be followed if a seizure occurs (from WebMD):

### First Aid for Seizures

Seizure first aid is a matter of taking precautions. Call the parents of the child and 911 to report the seizure right away.

- Keep other people out of the way.
- Clear hard or sharp objects away from the person.
- Don't try to hold them down or stop the movements.
- Place them on their side, to help keep their airway clear.
- Look at your watch at the start of the seizure, to time its length.
- Don't put anything in their mouth. Contrary to a popular myth, you can't swallow your tongue during a seizure. But if you put an object in their mouth, they could damage their teeth or bite you.

### Psychiatric Emergencies

A **psychiatric emergency** is an acute disturbance in thought, behavior, mood, or social relationship that require immediate intervention as defined by the patient, family, or social unit to save the patient and/or others from imminent danger. Psychiatric emergencies can be life-threatening or non-life threatening. Psychiatric emergencies can have organic (physiological) causes (brain injury, tumor, disease) or can have non-organic (psychological) causes.

Progressive ABA recognizes that psychiatric issues are problems of increasing severity among children, adolescents, and adults and may occur with clients with autism and other developmental disabilities or other behavioral disorders. A client under severe psychiatric distress cannot benefit fully from the therapeutic process of an ABA program and may pose a threat to him/herself or others.

Progressive ABA directs all agency personnel to be alert to the client who exhibits signs of psychiatric distress, including (but not limited to):

Self-injury (severe, new topographies)	Appearing to respond to unseen stimuli
Aggression (severe new topographies)	(hallucination)
Homicidal statements, plan, actions	Paranoid ideation/statements
Suicidal statements, plan, actions	Delusional statements
Altered states of consciousness or noticeable	Irrational thoughts/statements
memory impairment	Noted impairment in functional capacity (gait
Traumatic brain injury/concussion	issues, tremors, coordination)

Any such signs or the report of such signs from a parent/guardian or staff member should be taken with the utmost seriousness and reported immediately to the supervising BCBA, department head, and Owner/Clinical Director, who shall notify the client's parent(s) or legal

guardian(s) and other agency staff members involved with the client in accordance with administrative regulations.

A client having a psychiatric emergency shall be referred to the appropriate authorities, a local hospital or crisis center for appropriate evaluation and/or recommendation for independent medical or psychiatric services. In the event that the parent(s) or legal guardian(s) objects to the recommended evaluation or indicates an unwillingness to cooperate in the best interests of the client, the agency's department head or Owner/Clinical Director may contact the Ohio Division of Child and Protective Services to request that agency's intervention on the client's behalf. A medical note, issued by a psychiatrist, stating that the client is safe to return to Progressive ABA for ABA therapy must be provided before services can recommence. All agency staff will cooperate and collaborate with other treating providers during psychiatric care and provide any necessary reports to these providers as long as the parent/guardian has provided a signed release of records.

### ***Procedure on Psychiatric Emergencies***

At Progressive ABA, a psychiatric emergency is considered when any client with a mental illness presents: (1) a substantial risk of imminent harm to him/herself or others as manifested by recent overt acts or recent expressed threats of violence which present a probability of physical injury to him/herself or to other persons, including homicidal or suicidal ideation; or (2) is so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis. Employees of Progressive ABA are not responsible for diagnosing or treating psychiatric illness.

### ***Protocol***

In the event of a psychiatric emergency, agency staff will do their best to managing the client's behaviors in the treatment location (e.g., home, community, etc.) and summon the assistance of the parent/guardian to call 911 for potential psychiatric admittance.

The staff member will contact the supervising BCBA and Owner/Clinical Director to notify them of the occurrence of such severe behavior.

The role of the supervising BCBA and Owner/Clinical Director, is to:

- Provide assessment to determine if any physical action (e.g., aggression toward staff/others, clients/siblings, other family members, self-injurious behavior, and/or property destruction) taken by a client could result in an imminent medical emergency.
- Ensure the client is under the immediate supervision of agency staff until parents/guardians are notified and/or arrangements for medical/psychiatric evaluation can be made.
- Secure immediate assistance from the police and paramedics if there is any possible threat to the physical well-being of the client.



If immediate assistance from emergency personnel is accessed, the client should be transported to the local emergency room, via ambulance, for psychiatric evaluation. A member of agency staff will accompany the client in the ambulance to the emergency room. Agency staff will remain with the client until emergency room personnel have provided assistance to the client. Staff will document the incident using Progressive ABA's incident report form.

***Required Follow-Up:*** A medical note, issued by a psychiatrist, for return to ABA services at Progressive ABA is required. This ensures that the client has been evaluated by an appropriate agency and that return to ABA treatment presents no danger to the client or to others.

### **COVID-19 Policies and Procedures**

**\*\*Please note, these policies will be updated as new information is made available\*\***

The safety of our clients and staff is extremely important to us. The following policies and procedures are being implemented to ensure a safe therapeutic environment for our clients and safe workplace for our staff. We are dedicated to the well-being of all those that we serve. These policies will help us to provide medically necessary ABA therapy to our clients during this challenging time while minimizing risks and promoting health and wellness.

#### **Temperature Checks**

Temperature checks will be conducted on all staff and clients upon arrival at the clinic. No person will be allowed to enter into the office suite unless a temperature check has been conducted. Staff are required to take their temperature and record it on their logs. Temperature checks will be conducted with clients in their cars at drop off or upon entering the suite and will be recorded on their logs. Any person with a temperature at 100.0 or higher will not be allowed to enter the facility for the day. They will be asked to remain at home until they are fever free for 72 hours without the help of fever reducing medication.

It is recommended that staff check their temperatures at home, prior to coming into work if they have access to a thermometer. In addition, if parents have access to thermometers, we also request that you check your child's temperature prior to leaving for therapy in the morning. This can ensure that individuals who are ill, do not come into contact with others at Progressive ABA. We understand that some may not have access to a thermometer which is why temperature checks will also be conducted upon arrival on site.

#### **Pick Up and Drop Off Procedures**

To reduce the number of individuals in the building and minimize potential risk of exposure, staff will either receive your child from your car at drop off and escort them into the building (following temperature check) or receive your child in the main area of the suite. At pick up





time, your child's staff member will bring your child to you in the car. Staff will be ready for you during regular pick up/drop off times. If you need to pick up your child early or are running late, please contact our staff at 330-991- 9117 to inform us of your expected arrival time.

### **Cleaning and Sanitizing Procedures**

The CDC guidelines for cleaning and sanitizing were utilized in development of this policy. The CDC defines cleaning and sanitizing as:

Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Disinfecting works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Progressive ABA Therapy Group staff are responsible for cleaning and sanitizing their work areas after each session.

### **Staff Call Off Policies (For Reference)**

Staff are required to check their temperature and report any temperature above 100.0 prior to the start of work. Staff should not come to work if they have a temperature. If staff are experiencing any other symptoms such as shortness of breath or dry cough in conjunction with a fever, it should immediately be reported to Progressive ABA Therapy Group. We ask that staff try to provide as much advance notice as possible in the event they begin to notice symptoms or feel sick and experience the symptoms above. Staff will not be penalized for calling off due to symptoms that may be related to COVID-19. If staff call off due to symptoms that are possibly indicative of COVID-19, they will need to obtain a test to demonstrate that they do not have COVID-19 OR obtain a release from a qualified medical professional indicating that they are fit to return to work.

### **Arrival for Sessions (Staff Policy)**

Staff are expected to arrive at least 15 minutes prior to the start of their session. This will ensure staff are able to complete temperature checks prior to their session.

Once staff has completed their temperature check they will prepare for the arrival of their client. Staff will meet their client in the parking lot.

### **Departure Following Sessions (Staff Policy)**

Staff are responsible for completing cleaning and sanitizing checklist of their space/therapeutic environment and turn in the completed checklist to their supervisor prior to departure for the day. Staff will be paid for additional cleaning time.

### **Suspected or Confirmed Cases of COVID-19**

Parents and staff will be informed by Progressive ABA Therapy Group if an individual in the facility has a suspected or confirmed case of COVID-19. Names will not be provided to protect the confidentiality and privacy of the individual. Any individual with a suspected or confirmed case of COVID-19 will not be able to return to the facility until the following conditions have been met (see below).

### ***Returning Following COVID-19 Illness***

According to the CDC, any person with a suspected or confirmed case of COVID-19 may return to the clinic once the current CDC conditions have been met.

### **Body Fluid Clean-up Policy and Procedures**

ALL BODY FLUIDS are potentially infectious. Staff will use the following procedure when cleaning surfaces contaminated with body fluids/substances.

Body fluids include: urine, feces, vomit, eye and wound drainage with NO VISIBLE BLOOD PRESENT. If blood is present, see Bloodborne Pathogen Policy. Be careful not to get anybody fluid from another person in your eyes, nose, mouth, or open sores.

#### ***Procedures:***

- Immediately cover the contaminated area with paper towels.
- Move children to a different room and have them immediately wash their hands. The child involved in the incident should be moved to an area away from the other children and their hands should be washed.
- Determine correct clean up procedure for the incident based on the surfaces and body fluids involved. Cleaning and disinfecting procedures are based on location, type of surface, type of body fluid present, and activities being performed in the area. All staff must wear gloves while cleaning spills of body fluids. The area must be made inaccessible to children and should be cleaned and disinfected immediately. Employees shall wash their hands after completing the task. If clothing becomes soiled by body fluids they should be removed and bagged in a manner that minimizes contact, and fresh clothes should be put on after washing the skin and hands of everyone involved.

#### ***Spills on Smooth Surface***

- Immediately cover the contaminated area with paper towels.
- Keep children away from the contaminated area, move them to a different room immediately, and have them immediately wash their hands.
- Put on protective gloves.
- Use paper towels to pick up as much of the spill as possible.

- Use a “Special Clean Up” solution of diluted bleach designed for cleaning up vomit and/or diarrhea. Mix ¼ cup (4 tablespoons) of 8.25% unscented bleach with 1 quart (32 oz.) of water. Apply the bleach solution to the spill. Air dry if possible or allow at least a 2-minute contact time. Wipe up the area with clean paper towels.
- Double bag all soiled paper towels and other contaminated disposable items in leak-proof, sealable, plastic bags.
- Dispose of contaminated items in the regular trash pick-up. Keep the trash covered and away from children.

NOTE: an EPA disinfectant registered for use on norovirus may be used instead of bleach solution. \*EPA list of disinfectants: <http://www.epa.gov/> Search: Norovirus disinfectant list

### **Spills on Carpets and Rugs**

- Immediately cover the contaminated area with paper towels.
- Keep children away from the contaminated area until the area, move them to a different room immediately, and have them immediately wash their hands.
- Put on protective gloves.
- Use paper towels to pick up as much of the spill as possible.
- Spot clean with a detergent-disinfectant.
- Additional steam cleaning may be necessary to assure disinfection and to avoid discoloring the surface. When steam-cleaning carpets, sanitizing is accomplished with an industrial sanitizer, according to the manufacturer’s instructions, until there is no visible contamination.
  - Alternatively, a sanitizing absorbent powder can be applied to the carpet. Allow it to air-dry and then vacuum up the powder. Remove vacuum bag.
- Double bag all soiled paper towels, vacuum bags, first aid materials, and other contaminated disposable items in leak-proof, sealable, plastic bags.
- Dispose of contaminated items in the regular trash pick-up. Keep the trash covered and away from children.

### **Handling Contaminated Clothing**

- Put on protective gloves prior to removing or handling contaminated clothing.
- Contaminated clothing should be removed immediately or as soon as feasible.
- Contaminated clothing should be handled as little as possible.
- Place contaminated clothing in a leak-proof plastic bag before transporting anywhere.
- Contaminated clothing that will be sent home with a child must be double bagged and securely tied or sealed.

For in-house laundry stained with blood, first soak the item, or wash separately in cold, soapy water to remove any blood from fabric. Use hot soapy water for the next washing cycle. If the item is bleachable, add household bleach (per product guidelines) to the wash cycle. Dry items

in a hot clothes dryer. Alternatively, contaminated clothing may be disposed of by double-bagging the items using leak-proof, sealed, plastic bags and placing in the garbage.

### **Mops and Other Equipment Used to Clean Up Body Fluids**

- Put on protective gloves.
- Clean brooms, mops, dustpans, and other used equipment with detergent and rinse with water.
- Dip equipment into a “Special Clean Up” disinfecting solution. (1 cup of 8.25% sodium hypochlorite bleach in 1 gallon of water)
- Wring mops out thoroughly.
- Hang items to air-dry in an area that is inaccessible to children.

### ***Diaper Change Protocol***

Staff are required to wear gloves during all diaper changes and wash hands after changing is complete. All diapers will be disposed of in the appropriate trash containers and emptied at the end of each day. Diapers will be changed once every two hours or sooner if noticeably soiled.

### **Bloodborne Pathogens Policy**

Exposure is when a person’s blood or body fluids contaminated with visible blood comes in contact with another person’s eyes, nose, mouth, open sores, or cuts (non-intact skin).

Staff will report any exposure to blood to a supervisor immediately after the incident occurs. A trained staff will assist the exposed person. Contaminated clothing will be placed in a plastic bag to be washed at home.

Flush any mucous membranes with running water for 15 minutes. (i.e. eyes, mouth).

Staff will send the exposed person to seek medical attention immediately. If exposed person is a child, staff will notify parent/guardian to seek immediate medical attention.

Staff will give the exposed person a release to work form for a physician to complete before they return to the facility. Any person who is exposed to blood must seek immediate medical care. Staff will complete an incident form. Describe the actual event and care of the exposed person. Staff will notify parent/guardians of the child whose blood met the exposed person.

### **Sentinel Event Policy**

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome (close call). If such an event (or close call) occurs, the team at Progressive ABA Therapy Group will conduct a root cause analysis to examine the underlying process issues or cause(s) of the sentinel event. Administrators will then formulate an action plan within 5 days of the event to prevent future episodes from



occurring again and reduce inherent risk to those receiving services. Corrective action from the improvement plan and root cause analysis can be administered to individuals or the organization as a whole.

### **Safety and Security**

For client and staff safety the doors to Progressive ABA remain locked as much as possible. Staff are to input the code into the keypad when arriving for the day. Staff are required to meet clients at their cars and walk them into the building to reduce foot traffic and germs in regard to COVID-19 and keep only essential personnel inside the building. Keypad codes will be changed regularly to continue to promote the safety and security of all staff and children.

### **Control of Hazardous Substances**

Hazardous substances include chemical and biological agents, including cleaning chemicals, adhesives, paints and substances used for cleaning and upkeep of Progressive ABA Therapy Group facilities. These should always be kept locked away when not in use. Staff should not keep their own small stock with them or around other children. Chemicals should always be stored in suitable containers the contents and hazards clearly labelled, with a protecting lock or barrier preventing children from accessing these areas.

### **Disaster Policy and Procedures**

It is the policy of Progressive ABA Therapy Group to protect persons served, employees, visitors, and property in the event of an emergency or disaster through an active and organized system of practicing and analyzing the organization's safety drills and procedures.

### **Procedures**

Progressive ABA is responsible for oversight of emergency disaster plans and drills and ensuring that all of the organization's facilities are well prepared to respond effectively to any emergency. We will maintain policies and procedures that outline specific guidelines for addressing emergency situations that may affect the health and safety of persons served, employees, and visitors.

Fire and Facility Evacuation

Bomb Threats

Severe Weather and Natural Disasters

Workplace Threats and Violence

Power Failure

### **Evacuation and Fire**

It is the policy of Progressive ABA to protect persons served, employees, visitors, and property in the event of a fire emergency or in the event that the physical site in which services are being provided needs to be evacuated. Evacuations can occur for a variety of reasons, including fire

emergencies, violence or aggressive behavior, a utility emergency, such as a natural gas leak, or a natural disaster, such as an earthquake, that may leave the structure unsafe to inhabit. Progressive ABA will have one fire drill annually.

### **Procedures**

The following are the overall components of the organization's fire emergency plans. These serve as basic approaches to responding to fire emergencies; however, each site may have additional components due to the nature of the physical layout of the facility and local regulatory requirements. The overall components of the fire emergency plan are as follows:

1. In the event of the discovery of a fire, evacuate all individuals from the immediate area. Close all doors to contain the fire.
2. If the fire is small, attempt to contain it by using a fire extinguisher.
3. Announce that there is a fire in the building and the need to immediately evacuate.
4. Call 911 and report the fire, providing the name and address of the site.
5. Assist in the evacuation process and account for all persons served, employees, and visitors. 7) To expedite the evacuation process, all ambulatory persons served, and visitors are evacuated first, followed by staff members who will assist all others in evacuation.
6. All persons will be evacuated and assembled at a location that is predetermined by each site as the designated evacuation assembly area.
7. The staff will provide any special information to arriving emergency personnel such as size and location of fire and location of any flammable or explosive items and will relinquish control of the situation to the local authorities.
8. The fire department will be the final authority in determining building reentry.
9. If the facility cannot be re-occupied, the designated employee in charge of managing the site will manage the continuation of essential services, as per those procedures contained in this policy.

### **Evacuation Procedures**

In the event of an emergency that requires a site to be evacuated, the following procedures will be followed. Evacuation of the site shall occur should any of the following events occur:

1. Fires: If it is immediately determined that the extent of the fire cannot be contained with quick and direct actions, the building will be evacuated.
2. Violence and/or Aggression: If a crisis situation occurs that involves a direct physical threat to any persons in the building, the building will be evacuated.
3. Utility Disruption or Crisis: Situations that will necessitate evacuation include gas leaks and electrical malfunctions determined to present a health risk.
4. Noxious Odors or Fumes: If it is determined that there are odors or fumes that are a health risk due to eye, skin, or lung irritation, the building will be evacuated.

5. Bomb Threat: In the event of a bomb threat made toward the site or any person on site, the building will be evacuated.

In the event it is determined the building should be evacuated, the following procedures will be followed:

1. Supervisors will inform all staff of the evacuation order either through the activation of the fire alarm and/or verbally, etc. The method of announcement will be dependent on the situation and the site's systems.
2. All staff in direct care service areas or in direct contact with persons served will assist the clients/participants in exiting the building through the exits according to the site emergency exit plan/map. Staff not in direct contact with persons served or client/participant areas will immediately exit the building according to the site emergency exit plan/map.
3. Staff in client/participant areas will check the restrooms to ensure that all persons evacuate.
4. All staff and persons served will proceed to the designated evacuation assembly area as quickly as possible.
  - a. Supervisors will determine if all employees and persons served are present and out of the building, through surveying staff to determine if all persons being served during the time of evacuation are accounted for and determining if all staff are also accounted for.
  - b. Should it be determined that someone in the building is not present outside the building, the supervisor will determine if the nature of the emergency presents a threat to life and/or health to the degree that it would not be prudent to re-enter the building briefly to seek the location of the missing individual or individuals.
  - c. If it is determined that the situation would allow a quick re-entry to locate the missing individual, the supervisor will briefly re-enter and call out the name of the individual. If there is not a response, the supervisor will exit the building and wait for emergency personnel to arrive and take control of the situation. Should the building not be of the condition to be re-occupied to provide services, the following essential services will be provided until the current facility or another facility can be brought back into full service operation.

### **Bomb Threats**

All potential emergencies cannot be anticipated; therefore, emergency plans shall provide for adaptability to multiple situations.

### **Procedures**

In the event of a bomb threat received by telephone (a call in which an individual indicates a bomb has been placed within or near the facility): Obtain as much information as possible from



the caller, noting details of voice, speech patterns, and any background noise. Ask where the bomb is and when it will go off and document any information that is provided by the caller. In the event of a bomb threat received by letter or note: Do not handle the letter or note any more than necessary so evidence is not compromised. If you notice a package, container, briefcase, or other object that is unattended and is out of place within the facility, does not have common identifiable markings or labeling, and is not recognized as belonging to an employee, person served, or visitor, proceed as follows:

- a) Upon the discovery of a suspicious object/package/container, do not touch or move it.
- b) Ask people in the area where the object was discovered if they know what it is or if it belongs to someone.
- c) If no one claims the object or cannot identify what the object is, notify the site supervisor or site Director/Manager, who will determine if the facility should be evacuated and law enforcement authorities summoned, based on further investigation within the facility regarding the ownership of the suspicious package, container, briefcase, or other type of unattended object.
- d) If the object/package cannot be identified or is not claimed and identified by someone within the facility, evacuate the building and summon/contact law enforcement authorities.
- e) Wait for the arrival of law enforcement authorities outside the building and turn over management of the unidentified object to law enforcement upon their arrival.
- f) Re-enter the building and resume services only after clearance is obtained from the public officials managing the situation.

In all situations involving the threat of a bomb, follow these procedures:

- a) Remain calm and do not alarm persons served, employees, or visitors.
- b) Immediately seek the site supervisor or site Director/Manager to discuss the situation.
- c) The site Safety Officer and/or the site Director/Manager are responsible for contacting the police and activating the evacuation procedures.
- d) Evacuation will be handled as per the evacuation policy and procedures.
- e) In situations where the facility has been evacuated, agents of the police or other authorities will assess the situation and, if the present danger is terminated, will then inform the site Director/Manager, or designee. Only the police authority may activate the “all clear” and only then may anyone enter the building.

### **Severe Weather and Natural Disasters**

Severe weather is defined as any weather condition or natural event that has the potential to cause physical harm and/or property destruction. These events include severe weather, tornados, hurricanes, blizzards, and flash floods. Procedures for severe weather are as follows:

- If a severe weather, tornado, or hurricane watch is issued, each site shall access current information from the National Weather Service via internet, radio, television, etc.
- In the event of a “watch,” employees on duty will be informed of procedures to be taken in the event a “warning” is declared.
- During “watch” periods, all persons served, and employees will be encouraged to limit trips and transportation to and from the site.
- In the event of severe weather, tornado, or hurricane, all persons within the facility will immediately move to the designated ‘shelter in place’ area in the interior of the building that is designated on the posted evacuation route and shelter in place. Employees will assist persons served in arriving at the designated safety locations, and if time permits, will close all windows and doors.
- The manager/supervisor will secure the first aid kit, flashlights, and a radio and maintain them in the area being used for shelter.
- The manager/supervisor shall oversee the process of moving to the designated safety location(s) and conduct a head count when this activity is completed.
- The manager/supervisor shall announce the end of the need to remain in the designated location when the warning is no longer in effect, according to the national weather service.
- The manager/supervisor will be responsible for contacting any emergency entity that may be needed due to injuries or events such as power loss and/or broken utility lines.

### **Earthquake**

The overall components of natural disaster earthquake emergency plan are as follows:

- In the event of an earthquake, “Drop, Cover and Hold On.” Drop down onto your hands and knees (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
- Cover your head and neck (and your entire body if necessary) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that won’t fall on you), and cover your head and neck with your arms and hands. c. Hold on to your shelter (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around.
- The supervisor shall announce the end of the need to remain in position when the earthquake stops. contact any emergency entity that may be needed due to injuries or events such as power loss and/or broken utility lines.

### **Power Failure**

A power failure is defined as a full or partial power outage that affects the ability of the organization to provide a normal range of services and operations and may compromise the safety of occupants of the facility. In the event of a power failure, remain calm. If you are in an interior office without natural light or emergency lighting, use caution to evacuate to a hallway

area. Assist persons served to the lighted area, if necessary. If using a computer, turn it off as well as the power strip, if applicable, to prevent damage due to power surges, prior to leaving your work area. The manager/supervisor will check circuit breakers and the main breaker panel and if the power outage is not attributed to the internal system, the local utility company will be notified. If it is deemed necessary by the site Director/Manager, evacuate the building by following evacuation procedures. If evacuation occurs, lock the entrances to the facility to prevent re-entry. The site Director/Manager will determine whether the site will be shut down and, in consultation with utility company employees and/ or other staff, will determine when the building is ready for occupancy. Prior to re-entry, the manager, in consultation with the utility company, will ensure that the facility is ready for occupancy by completing the following tasks ensuring that all breakers are switched on, switching off any emergency power supply that may be in use, checking vital equipment to ensure it is working and not damaged, etc.

### **Workplace Threats and Violence**

Workplace threats and violence is defined as any situation in which there is a perceived threat of violence, or a situation where violence is or has occurred. Procedures to provide the optimal response for safety apply to persons served, employees, and visitors who may exhibit threats of violence or actual violent acts. Employees should exercise common sense in any situation with an aggressive person. If a situation involves a weapon, such as a knife or gun, do not attempt to remove the weapon from the individual. If you or anyone else is assaulted or physically threatened by another individual while conducting business, if possible remove yourself from the situation, call for help (vocally or by phone), and/or notify another staff member to summon the police by calling 911. Do not attempt to engage in any type of physical restraint with a person who is threatening violence, unless your life is in imminent danger. If you cannot remove yourself from the situation, follow the guidelines provided through the organizational workplace violence training regarding de-escalation techniques for dealing with such situations. If you are not directly involved in the situation, seek to assist in the evacuation of persons served, employees, and visitors from the building, according to the evacuation policy and procedures. At no time should any employees put themselves at harm in an attempt to diffuse a situation. Always attempt to remove yourself and seek local law enforcement assistance. someone else to best address their concerns and request permission call your supervisor.

### **Continuation of Care**

In the event that there is a natural disaster or event that permits Progressive ABA from providing services, in home services can be provided to continue to support our clients and their families. Telehealth sessions can also be conducted to provide parent support and consultation.

### **Promoting Ethical Behavior**

Progressive ABA supports any workers who come forward with any claim of undue pressure to violate the Behavioral Healthcare Center of Excellence (BCHOE) Code of Effective Behavior



Organizations or BACB Professional and Ethical Compliance Code for Behavior Analysts. Furthermore, Progressive ABA has an internal ethics officer to address internal ethical issues. This individual is Dr. Kristopher Brown, PsyD, BCBA-D.

### **Progressive ABA Therapy Group Open Door Reporting Policy**

#### **Ethics in Treatment**

Progressive ABA Therapy Group supports staff reporting concerns over feeling pressured by another staff, supervisor, or client to violate professional ethical standards such as the BHCOE® Code of Effective Behavior Organizations or BACB® Professional and Ethical Compliance Code for Behavior Analysts. Examples of these might include feeling pressured to enter into a dual relationship, implement treatments without consent, not implementing treatments, etc.

Clients who feel pressured to engage in behaviors they feel would violate ethical standards should report this to the Ethics Officer:

Dr. Kristopher Brown, Psy.D., BCBA-D, COBA

[kjbrown@proaba.org](mailto:kjbrown@proaba.org)

#### **Policy on Retaliation**

Progressive ABA Therapy Group explicitly prohibits retaliation of any manner (through owners, supervisors, clients, or other employees) for a report made in good faith about an ethics related concern. If a staff making a report has a concern regarding one of the individuals on the Ethics Committee, they should schedule a meeting with another person on the committee to discuss this.



## **QUESTIONS/CONCERNS POLICIES**

### **Complaints or Concerns**

At Progressive ABA Therapy Group, we take your concerns seriously. We have an open-door policy. If you have concerns or would like to make a complaint related to your child's treatment, or treatment team, please notify the Ethics Officer at Progressive ABA Therapy Group (Dr. Kristopher Brown, PsyD, BCBA-D) at your earliest convenience.

### **Reporting to the Behavior Analyst Certification Board (BACB)**

The Behavior Analyst Certification Board, BACB, is the Applied Behavior Analysis accreditation board. The BACB oversees Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analysts (BCaBA), and Registered Behavior Technicians (RBT). There are ethical and compliance codes that we as professionals follow. Shall you feel that we have made a violation to our code, you have a right to report the designated person to the BACB in which they will launch their own investigation. If you would like to make a complaint to the BACB, you can log onto their website below:

Once on the website, there will be a section labeled Ethics and under that subsection, you will be able to make a report to the BACB. Once you make a report, the BACB will follow up with your report.

<https://www.bacb.com/>

Mailing Contact:

Behavior Analyst Certification Board  
7950 Shaffer Parkway  
Littleton, CO 80127, USA

### **Reporting to the State Board of Psychology**

The State Board of Psychology in Ohio also certifies behavior analysts for practice in Ohio with the certified Ohio behavior analyst (COBA) credential. The state has separate ethics guidelines and practice requirements for practicing ABA in Ohio other than the BACB. If you are concerned with the practice of a COBA, State Board of Psychology in Ohio can be reached at the following link:

<https://psychology.ohio.gov/Enforcement>

Mailing Contact:

Vern Riffe Center for Government and the Arts  
77 S. High Street, Suite 1830,  
Columbus, OH 43215-6108



(614) 466-8808

### **Reporting to Behavioral Healthcare Center of Excellence**

Behavioral Healthcare Center of Excellence is our accrediting body for providing applied behavior analysis services. If you would like to report a concern to them about any aspect of services you are receiving, they can be contacted via the following link:

<https://bhcoe.org/become-a-bhcoe/report-a-compliance-concern/>

Mailing Contact:

Behavioral Health Center of Excellence

8033 Sunset Blvd #1093

Los Angeles, CA 90046

[310-627-2746](tel:310-627-2746)

### **Ad Hoc Incident Review Policy**

The review of significant injuries and/or safety events allows for Progressive ABA Therapy Group to meet the needs of employees and clients. Our ad hoc review process is four steps and is modeled after widely available procedures to complete ad hoc incident reviews in different fields.

#### **When An Ad-Hoc Review Is Required:**

After any major injury or safety incident occurs. These are defined as instances in which a client, employee, or other agent of Progressive ABA Therapy Group is physically/ harmed and requires medical attention beyond first aid (i.e., trip to doctor, therapist, or hospital). This can include physical harm from another person, property failure/damage, or accidents.

A safety issue is an occurrence that, in the judgement of ownership, likely could have led to a major injury as outlined above.

Below is the review outline:

*Note: These steps do not include steps taken directly after an event such as CPS reporting, calling emergency services, crisis interventions, etc. This is a guide for an ad hoc review of an incident and how it can be mitigated in the future.*

1. **Complete an assessment of the incident for all those involved.** These include assessment of the behavior of all parties involved to understand contingencies influencing behavior of those involved. Special assessments are available to supervisors to do this.

2. **A long-term goal needs identified that is a solution to the problem.** The results of the assessment should be aimed to examine whether additional training is needed, environmental modifications need to occur, consequence strategies need developed, etc.
3. **Short term goals to address the long term one should be identified.** Once the issue is identified, a plan of how the problem will be addressed should be developed. This should include measurable goals such as “By November 15<sup>th</sup>, all staff who work with children with maladaptive behavior will begin safety care training”.
4. **Individuals who will follow up and when need identified.** To ensure follow through, the specific individual whose job it is to follow up on an incident need identified. A timeline for goal completion also needs developed.
5. **The following form needs completed to document an event.** Please complete and give to Chief Operations Office.





### References

- Behavior Analyst Certification Board. (2014). Professional and ethical compliance code for behavior analysts. Littleton, CO: Author
- Leaf, J. B., Leaf, R., McEachin, J., Taubman, M., Ala'i-Rosales, S., Ross, R. K., ... & Weiss, M. J. (2016). Applied behavior analysis is a science and, therefore, progressive. *Journal of Autism and Developmental Disorders*, 46, 720-731.
- Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, 55(1), 3–9.