Policy Transmittal
Developmental Disabilities Services

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Number: APD-PT-20-011
Issue date: 2/7/2020

Topic: Developmental Disabilities

Transmitting (check the box that best applies):
☑ New policy ☐ Policy change ☐ Policy clarification ☐ Executive letter
☐ Administrative Rule ☐ Manual update ☐ Other:

Due date:

Applies to (check all that apply):
☐ All DHS employees
☐ Area Agencies on Aging: {Select type}
☐ Aging and People with Disabilities
☐ Self Sufficiency Programs
☑ County DD program managers
☑ Support Service Brokerage Directors
☑ ODDS Children’s Residential Services
☐ Child Welfare Programs
☐ County Mental Health Directors
☐ Health Services
☐ Office of Developmental Disabilities Services (ODDS)
☐ ODDS Children’s Intensive In Home Services
☑ Stabilization and Crisis Unit (SACU)
☐ Other (please specify): Licensing; ORA; CPAO; DD 24-Hour Residential Program Setting Providers; Direct Support Professionals

Policy/rule title: Expectations of DSPs (Direct Support Professionals) Supporting Individuals in 24-Hour Residential Program Settings when there is a POLST (Portable Orders for Life-Sustaining Treatment) or DNR (Do Not Resuscitate).

Policy/rule number(s): Release number:

Effective date: Expiration date:

References:

Web address:

Discussion/interpretation: Direct Support Professionals (DSPs) are expected to be aware of and follow official documents that direct how an individual desires to have
medical treatment, including life-sustaining support, emergency care, or end-of-life treatment.

An individual may have their desired care identified in a POLST (Portable Orders for Life-Sustaining Treatment) which includes a DNR component (section A of the Oregon POLST document).

**Implementation/transition instructions:**
When an individual experiences a medical emergency, a DSP is expected to follow the POLST document, including when or when not to engage in CPR. A DSP following a POLST with a DNR order shall not initiate CPR for an individual who is not breathing and is unresponsive. This information is located in Section A of the POLST document.

Providers and staff are expected to seek emergency medical care as appropriate for an individual in accordance with the individual’s ISP and medical decision-making documents for medical events that are not the basis for which the POLST was enacted. This information may be found in the individual’s ISP or in Section B of the POLST document.

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**“POLST” means**

Portable Orders for Life-Sustaining Treatment and is a medical order stating the type of care an individual would like to receive in an emergency medical care situation. POLST documents are typically used when an individual is facing a serious illness or end-of-life care. A POLST is a medical order authorized by a qualified medical professional and the order is maintain in a statewide electronic registry.

**“DNR” means**

a Do Not Resuscitate Order written by a physician which tells health care providers not to perform Cardiopulmonary Resuscitation (CPR) and only applies when a person does not have a pulse, is not breathing, and is unresponsive. A DNR can be a component of a POLST order and is found in Section A of the POLST document.

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**Case Management Responsibilities:**
The Services Coordinator (SC) is expected to make efforts to identify if the individual has a POLST and other decision-making documents that may impact how a provider delivers care to the individual.

The SC shall share the medical decision making information with the provider and ISP team as necessary and appropriate. The SC may engage the individual and the ISP
team in exploring how the medical decisions of the individual are to be honored and how this may impact care and services the individual receives.

It is also important for the individual and others to be aware that a POLST document can be changed at any time. The individual (or their legal representative) have the right to revoke a POLST document, including a DNR component. The POLST may also be updated or rescinded based on changes to the individual’s medical condition, care and treatment plan, or individual desires.

<table>
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<tr>
<th>POLST documents are to be reviewed:</th>
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<tr>
<td>Annually</td>
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<tr>
<td>When there is a change in individual condition</td>
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<tr>
<td>At the request of the Individual</td>
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<tr>
<td>Any other time there is a change or event that impacts the individual’s care plan or wishes related to condition for which the POLST was enacted</td>
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The SC must monitor the status of the medical decision-making orders and help to communicate any changes they become aware of to ensure that the ISP and provider are operating under current orders.

**Provider Responsibilities:**

It is the responsibility of a provider serving individuals to be aware of any medical documents or orders that may be related to the care of the individual being supported, including a POLST and DNR orders included in the POLST document.

Providers are responsible to retain copies of current medical orders and medical decision-making documents. Providers shall train Direct Support Professionals (DSPs) on the POLST and the necessity of the signature of a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), Physician Assistant (PA) or Doctor of Naturopathic Medicine (ND) on the POLST form for it to be valid. Providers are responsible for training their staff to locate and understand the contents of any written medical orders or decision-making documents an individual may have.

To reflect compliance with provider expectations related to written medical orders and POLST documents, each agency supporting a person who has a POLST shall have a policy about how the agency will train DSPs to identify and implement a POLST.

DHS 0079 (01.19)
Direct Support Professional (DSP) Responsibilities:

DSPs are staff employed by a certified Medicaid provider agency or licensed provider to provide support to individuals with intellectual or developmental disabilities.

A DSP is expected to know where care plans and medical orders, including POLST documents are located for individuals they support. DSPs are expected to be familiar with the care needs and desires of the individuals they support.

DSPs are expected to be trained regarding individual medical orders, including knowing when and how to implement orders. DSPs are expected to follow orders that are in place.

An individual with a POLST will have their desired support regarding the application of CPR identified in the POLST document (section A).

Resource:
**Local/branch action required:** Local programs are expected to be aware of the policy and refer providers to ODDS if there are questions.

**Central office action required:** ODDS will provide ongoing technical assistance support to the field. This transmittal will be discussed during the monthly transmittal call in which occurs the **third Thursday of every month at 2pm.** The call in number is 877-848-7030, guest code 458900#, please try to send questions in advance to ODDS.INFO@state.or.us.

**Field/stakeholder review:**  
☑️ Yes  ☐️ No

**If yes, reviewed by:** Posted on ODDS Engagement and Innovation website.

**Filing instructions:**

*If you have any questions about this policy, contact:*

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<th>Contact(s): Carolyn Sahr</th>
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<tr>
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