Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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PURPOSE:

The purpose of this directive is to define and provide procedures for a Physical Management Program at the South Carolina Department of Disabilities and Special Needs (DDSN) Regional Centers. Physical Management promotes individual and staff health and safety and reduces the number of injuries among staff and individuals.

DEFINITION:

Physical Management is the comprehensive and holistic support of individuals with physical disabilities which addresses their seating and mobility, therapeutic handling, transferring, positioning, facilitation of movement, safe utilization of adaptive equipment and nutritional concerns, across a 24 hour day, seven (7) days a week.

A Physical Management Plan is designed to reduce abnormal reflex activity, prevent joint contractures and deformities, and at the same time facilitate normal muscle tone, movement patterns, and skill acquisition. It is expected that Physical Management Plans will promote comfort, good health, and safety for all individuals living in the Regional Centers.

PROCEDURES:

Who Develops Physical Management:

The components of a Physical Management program at each Regional Center are developed and implemented by the Physical Management Team which includes Occupational/Physical/Speech Therapists, Nursing, Physicians, Human Service Assistants, Rehabilitation Engineers, Program Coordinators, QIDPs and other staff as appropriate.

Physical Management Components:

A Physical Management Plan details services and special considerations for care of the individual and sets forth a schedule for those services. Physical Management Plans should also:

1. Identify the equipment to be used in implementing the program,

2. Define handling and transfer techniques to be used,

3. Address any safety precautions which should be observed, and

4. Describe any other special services required to meet the individual's identified needs such as dining protocols, positioning schedules and bathing equipment. Nutritional Management principles are an integral part of the total physical management plan.

Implementation of Physical Management:

Most Physical Management services are carried out by direct support staff as a regular part of the individual's routine, not as a separate training program. Only those problem areas requiring intensive treatment or attention have separate service area objectives. Other specialized services provided by Occupational/Physical/Speech Therapists, Nursing, Physicians, Audiology, Nutrition, Assistive Technology and others follow regular programmatic procedures.

1. Physical Management will be addressed at the annual Single Plan meeting for everyone.

2. The support plan team will discuss the individual's Physical Management needs and the services and programming required to meet those needs.

3. When deemed necessary, a written Physical Management Plan will be developed outlining specialized programs. The Physical Management Plan will be written in a manner that is useful to the direct support staff. A copy of the Physical Management Plan will be readily available for use by direct support staff, but will be stored in a manner which protects confidentiality and protected health information.

4. The team will identify any potential risks to health/safety associated with the use of specialized adaptive equipment, and how these risks may be mitigated.

5. Changes will be addressed through called team meetings.

Physical Management and Equipment Monitoring:

The Physical Management process will be monitored by Program Coordinators, QIDPs, Residential Managers/Shift Supervisors, Residential Programmers/Residential Assistants, Nursing, Administrative staff, Occupational/Physical/Speech Therapists. All equipment used in physical management programming (ex. Positioning and feeding equipment, wheelchairs, braces, splints, etc.) is monitored daily by direct contact staff for safety, wear, and needed repair. Assigned Occupational/Physical/Speech Therapy staff should be notified of any problems with programming equipment or usage.

All equipment will be re-evaluated at least annually and as needed by habilitation therapy staff for continued appropriateness, fit, and safety. Wheelchairs will undergo routine maintenance as needed by the Facility's adaptive equipment staff.

Training:

1. Physical Management Training will be provided by a Occupational/Physical/Speech Therapist with appropriate expertise.

2. All new Regional Center employees providing direct support to consumers, within 60 days of their hire dates, will be required to participate in physical management training as a part of their general orientation.

3. All residential, habilitation, and healthcare staff will be required to attend Physical Management training as needed for updating skills.

4. Additional training will be provided as needed when a person's needs require staff retraining, such as a change in their physical condition or physical surroundings.

System Monitoring:

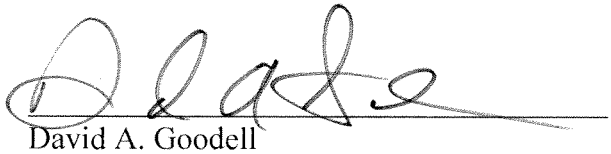
A. Each Regional Center will maintain a Physical Management Committee.

   1. The Physical Management Committee will be comprised of appropriate clinicians and administrative personnel as assigned by the Facility Administrator.

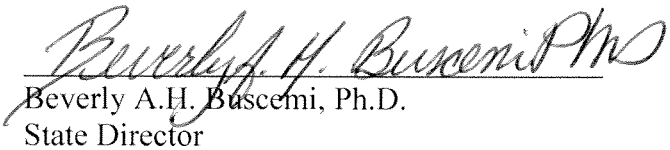
   2. The Physical Management Committee will review systemwide issues relating to the effective maintenance of a Physical Management Program (e.g., amount and quality of staff training; quality of Physical Management Plans, number/rates of decubiti ulcers occurring in consumers, rates of aspiration pneumonia experienced by consumers).

3. The Physical Management Committee will meet regularly and provide recommendations to Facility Administrator on necessary improvements to the Regional Center's Physical Management program.

B. The District Directors and Facility Administrators will review the status of Regional Centers Physical Management programs on an annual basis and take necessary remedial action.



David A. Goodell
Associate State Director-Operations
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy