

PURPOSE AND SCOPE:

It is always Kokua's policy and mission to promote client health and safety. This policy affirms the rights of all clients supported by Kokua to refuse care and the steps taken by Kokua staff to address these refusals.

A. CLIENT RIGHT TO REFUSAL

Individuals receiving services from Kokua have the right to dictate their own health and safety supports, including but not limited to their own medical and behavioral care. These choices may conflict with Kokua's contractual obligations to ensure client health and safety, in these cases staff will follow the guidelines and follow-up steps outlined below:

B. EXAMPLES OF REFUSALS

This list is meant to provide clarity, this list is not an exhaustive list of all client refusals.

- Refusing to take prescribed medications.
- Refusal of medical treatment.
- Refusal of repositioning/transferring supports.
- Refusal to follow swallowing protocols.
- Refusal of personal care/showers/hygiene and grooming tasks.
- Refusal of dental care.
- Refusal of scheduled or emergency medical or behavioral appointments.
- Refusal to follow dietary guidelines.

C. STAFF REFUSAL STEPS:

Staff are required to make multiple attempts to support clients to make healthy choices. Staff should give the client space and return after 15 minutes (if the care need is not emergent) to make another attempt.

Staff will educate the client on the risks of refusing care/treatment, etc. This may mean reading over the client's plan, doctor's notes, etc. If a team requires support documents, they should reach out to their Client Service Coordinator for support.

Staff should always approach the situation with kindness, encouragement and empathy. Staff approach often makes the difference between a refusal and success.

Staff should attempt to accommodate requests, if possible and safe, for changes or adjustments that would support the client to agree to needed care. Example: Coupling a medical appointment with an outing to support emotional well-being, heating up a towel before a shower, turning on favored music or TV show during the activity, etc.

Staff should always refer to the client's IISP/Functional Assessment and Positive Behavior Support plan for intervention strategies. Staff are required to follow instructions outlined by Kokua's delegating nurse and/or the medical provider/prescriber as to how and when they would like to be notified of the refusals.

If the client still refuses the support staff will fill out the "Client Refusal" form documenting their attempts and detailing the incident. If the staff feel the care need meets the level of "self-neglect" the staff will follow Kokua Policy 2.1 regarding their mandated reporting guidelines.

Steps:

1. Direct Support Professionals: complete refusal forms as needed and review whether other staff on team have completed refusal forms.
2. Team Leader: Review complete refusals forms; review and sign refusal forms at a minimum of once a week. Team Leader will assist with tracking patterns of refusals. Team Leaders will monitor that GERs have been written.
3. Client Service Specialist: Review refusal forms for accuracy and completion. Client Service Specialist may also sign refusal form once reviewed. Client Service Specialist will help ensure refusals have been documented in GERs. If necessary, the CSS will retrain staff on an individual basis.
4. Client Service Coordinator: Completes refusal forms as needed; review and sign forms at a minimum of once a week. Client Service Coordinators will look for patterns of refusals. Client Service Coordinators will be responsible for entering refusal information into IISP reviews every 6-months including obtaining signature of client and/or legal representative when applicable. The information outlined in the IISP will detail refusals in adherence to WAC 388-101D-0185 Client Refusal to Participate in Services. As part of follow up response the Client Service Coordinator will report concerns of health and safety to client's DDA case manager and complete safety plans as required.
5. Health Coordinator: Reviews refusal forms for accuracy, completion and patterns of refusals to support team with updated FA, PBSP and other advocacy.
6. Quality & Assurance Specialist: Reviews completed refusal forms once a month during audit and archiving. Specialist may sign refusal form once reviewed.

Staff may always contact the Kokua Administrative On-Call phone at 360-790-5916 for support and guidance. The Client Refusal form (outlined below) details the steps required for each type of refusal. Some refusals requiring a call to the Administrative On-Call phone immediately.

*Copy of the Client Refusal Form:*

Client Refusal

Client Name: \_\_\_\_\_ Date of Refusal: \_\_\_\_\_

**Kokua Policy 2.1:** All Kokua employees are considered mandatory reporters and are required by law to report observed or suspected abuse, neglect or exploitation or any vulnerable adult. Kokua employees must follow this policy in reporting abuse or neglect. To report Abuse or Neglect, call 1-800-562-6078. **Please do not hesitate to contact Residential Care Service (RCS) at any time you have a concern that client refusal is self-neglect.** WA State Department of Social and Health and Services defines self-neglect as " a general term used to describe a vulnerable adult living in a way that puts his or her health, safety, or well-being at risk." Retrieved from <https://www.dshs.wa.gov/altsa/home-and-community-services/self-neglect>

**Refusal Type(s): Check all the refusals that apply and check each step as completed. Each refusal type may require different documentation or individuals to contact. Please complete back of this form. See phone numbers on back.**

**Showering:**

- Document in ISP Program, Time Tracking and/or on paper tracking form (**where typically documented**)
- Complete GER
- Contact Admin on call after 3 days of refusals or sooner if imminent risk of health and safety

**Hygiene:**

- Document in ISP Program, Time Tracking and/or on paper tracking form
- Complete GER
- Contact Admin on call after 3 days of refusals or sooner if imminent risk of health and safety

**☐ Following Dietary Guidelines**

- Document in ISP Program, Time Tracking and/or on paper tracking form
- Complete GER
- Contact Admin on call after 3 days of refusals or sooner if imminent risk of health and safety

**☐ Medical Treatment (i.e. flushes, BP check, ROM, BGC, compression stockings, and more)**

- Document in ISP Program, Time Tracking and/or on paper tracking form
- Complete GER
- Contact Admin on call after 3 days of refusals or sooner if imminent risk of health and safety

**☐ Emergency Medical Treatment**

- Complete GER
- Contact Admin on call at the time of refusal

**☐ Medication**

- Complete GER
- Document refusal on the MAR
- Contact Admin on call the same day as refusal

**☐ Repositioning**

- Document in ISP Program, Time Tracking and/or on paper tracking form
- Complete GER
- Contact Admin on call the same day as refusal

**☐ Personal Care**

- Document in ISP Program, Time Tracking and/or on paper tracking form
- Complete GER
- Contact Admin on call the same day as refusal

**☐ Following Swallowing Protocol(s)**

- Document in ISP Program, Time Tracking and/or on paper tracking form
- Complete GER
- Contact Admin on call at the time of refusal

**☐ Scheduled Medical Appointment**

- Contact medical provider
- Complete GER
- Contact Admin on call at the time of refusal

**☐ Other** (examples: not using mobility aids) Specify: \_\_\_\_\_

- Document in ISP Program, Time Tracking and/or on paper tracking form, if applicable
- Complete GER
- Contact Admin on call the same day as refusal

Please follow each client's individualized protocols, as other action(s) may need to be taken that are not detailed above. Please refer to client's IISP, FA, and/or PBSP for interventions and strategies. **Please follow directives of delegating nurse and medical prescriber(s) as to how and when they would like to be notified of client refusals.**

**Reason provided for Refusal(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check all attempts you have tried to prevent refusal:**

- Give space and come back in 15 minutes to make another attempt
- Educate client on risks of refusing care/treatment, etc.
- Educate client on benefits of accepting services/care
- Remind client of his/her doctor's orders

- Give encouragement and be empathetic
  - Accommodate requests if possible for changes or adjustments that would make client agree to needed care
  - Other (Please be specific): \_\_\_\_\_
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*By signing below, I acknowledge the above information is accurate and true to the best of my knowledge.*

\_\_\_\_\_  
Name of Person Completing Refusal (Print)

\_\_\_\_\_  
Signature of Person Completing Refusal

\_\_\_\_\_  
Team Leader Review (Print Name)

\_\_\_\_\_  
Team Leader Signature

\_\_\_\_\_  
Coordinator or Specialist Review (Print Name)

\_\_\_\_\_  
Coordinator or Specialist Review Signature

**Kokua Admin On Call (360-790-5916)\*\*\*RCS (1-800-562-6078)\*\*\*Delegating Nurse (360-490-0479)**  
**File this form in client's Daily Charting book in the refusal section**

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