I. APPLICATION

☐ PIHP Board     ☒ CMH Personnel     ☐ Genesee County CA     ☐ Other:
☒ PIHP Personnel   ☐ CMH Sub-Contractors  ☐ CA Sub-Contractors   Students and Volunteers

II. POLICY STATEMENT

Identification of client’s allergies for the purpose of identifying these health concerns that potentially have an effect on their physical and mental health in directly operated programs.

III. STANDARD

ALL KNOWN ALLERGIES will be identified and noted in LWSI, in the record and on the inside front cover of the physical record for all open programs.

IV. PROCEDURES

A. The assessment of a client occurs at several times during the client’s recovery with the Agency. These times are; Psychosocial evaluation, psychiatric evaluation, consult evaluations, health screenings, ongoing treatment and contacts. Each form for reporting the assessment has a location for documenting allergies of the client. These allergies should be noted, if hand written in RED INK, if typed in bold red font, if in the LWSI cis system typed. The documentation of allergies includes medications, food stuffs and environmental contaminants. The documentation shall include the reaction noted by the client to each of the items listed as an allergy. If there are no known allergies the Person Centered Plan should say NO KNOWN ALLERGIES.

B. The assessments are all sent to the “Holder of the main record”. Most often supports coordinator/case manager. These assessments and progress/contact notes will be reviewed by the SC/CM. In the event that the client is open only to a single service (medication clinic) nursing personnel will be responsible for reviewing the documentation

C. In the event that an allergy is noted in the assessment document, progress note, or note, the SC/CM will immediately update the face sheet of LWSI with this clinical information in the ALLERGY field. For those clients with NO KNOWN ALLERGIES, “NKA” will be entered in LWSI in this area.

D. After the ALLERGY field has been modified, support personnel will print a new Face Sheet. This new face sheet will replace the old face sheet in the primary/secondary program record. A foldable ALLERGY sticker will be placed on the front cover of the clinical record. The chart will state ALLERGIES on the outside front cover. Identified allergies to medications or other substances will be listed on the inside front cover ALLERGIC TO area with the date of notation.
E. Each open program will be notified by the SC/CM of the changes relative to the ALLERGIES and the programs directed to print a new face sheet as there is updated clinical information.

F. The allergies will be noted on the person-centered plan by the SC/CM in multiple service clients or by the therapist/nurse/physician for single service clients. This documentation shall include the reaction to the listed allergy.

G. The SC/CM or “responsible clinical individual” will review every 90 days this list of allergies and update as required.

H. In the event of identified allergies to psychoactive medications it will be necessary to ensure that there is review by the physician prescribing psychoactive medications with clinical documentation of verification of the allergy and the reaction from the medication.

V. DEVELOPMENT AND EVALUATION:
This policy will be reviewed at least annually by the Manager Health Information and Privacy Officer.

VI. IMPLEMENTATION AND REVISIONS:
11-01-01 – implemented
10-01-06 – revised