

ADAPTIVE AND INCLUSION SERVICES

Personal Care Policy

Kernersville Parks and Recreation Department (KPRD) is not required to provide personal care services under The Americans with Disabilities Act (ADA). However, we are committed to reducing barriers to participation for people of all abilities. Our staff is trained by a licensed educator (RN) and provided supplies to assist with toileting, clothing changes, eating and wheelchair transfers under the following guidelines:

- Non-medical and non-invasive. For example, we cannot assist with a catheter, MACE, or Monti.
- Does not put any party at medical risk.
- Does not put any party at social risk.
- Does not significantly impact staff to participant ratio.

Standard Operating Procedure

- All staff must successfully complete Bloodborne Pathogens and Personal Care Training
- Personal care services conducted behind closed doors (toileting, clothing changes) must have a 2:1 staff-to-participant ratio

Acknowledgment

Due to staff limitation, we strive to assist participants with their toileting needs to the best of our ability. If the participant is not self-reliant and/or accidents frequently occur, we will need the parent/guardian to provide the proper supplies.

Consent

___ I understand the Personal Care Policy above and give my permission for my child to be assisted with personal care if necessary. In the event the necessary supplies are not available, I will be called to bring supplies and/or pick up my child.

If yes, select preferred gender of staff: ___ Male ___ Female ___ No Preference

___ I understand the Personal Care Policy above and I **DO NOT** give my permission for my child to be assisted with personal care. I understand in the event that my child soils himself / herself, I will be called and it will be my responsibility to be present within 30 minutes and tend to my child. Failure to arrive within this time period will result in a warning. A second failure will result in expulsion from the program.

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Name if under 18 years of age: _____

Signature of Parent/ Guardian: _____ Date: _____

Town of
KERNERSVILLE
 PARKS & RECREATION

OFFICE USE ONLY

Participant Requires Assistance with:	Allowed	Not allowed
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Transfer	<input type="checkbox"/>	<input type="checkbox"/>