BOARDWALK
HOME CARE

INSERVICES HANDBOOK

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Table of Contents

Orientation inservices discuss Boardwalk Homecare policies . Employees should be familiar with the policies discussed in the Orientation Manual and are encouraged to call the office to discuss any of the topices contained within.

Other inservice topics are for general education.

All inservice topics will be reviewed with RN during Annual Review.

ORIENTATION MANUAL

JOB DESCRIPTION

POSITION TITLE: **CERTIFIED HOME HEALTH AIDE**

Description of the setting & physical and environmental requirements with or without reasonable accommodation: Work is in a variety of home environments. Frequent travel by car or public transportation throughout the service area is necessary. This position routinely requires driving a car or independently using public transportation, lifting, bending, reaching, kneeling, pushing and pulling, stretching, standing, stooping, walking, walking up and down stairs, seeing, hearing, speaking, writing, reading, carrying, weight bearing activities, and the use of a wide assortment of large and small home appliances. Required ability to participate in physical activity; ability to work for extended period of time while standing and being involved in physical activity; may require heavy lifting.

Hours to be worked: Range from 1 hour shift, to 24 hour live-in. Office staff will convey individual case assignments.

Special equipment to be operated: Hoyer Lift (in certain instances) other home medical equipment used in the provision of personal care services. RN Supervisor will supervise.
Special employer policies or limitations to be required: None

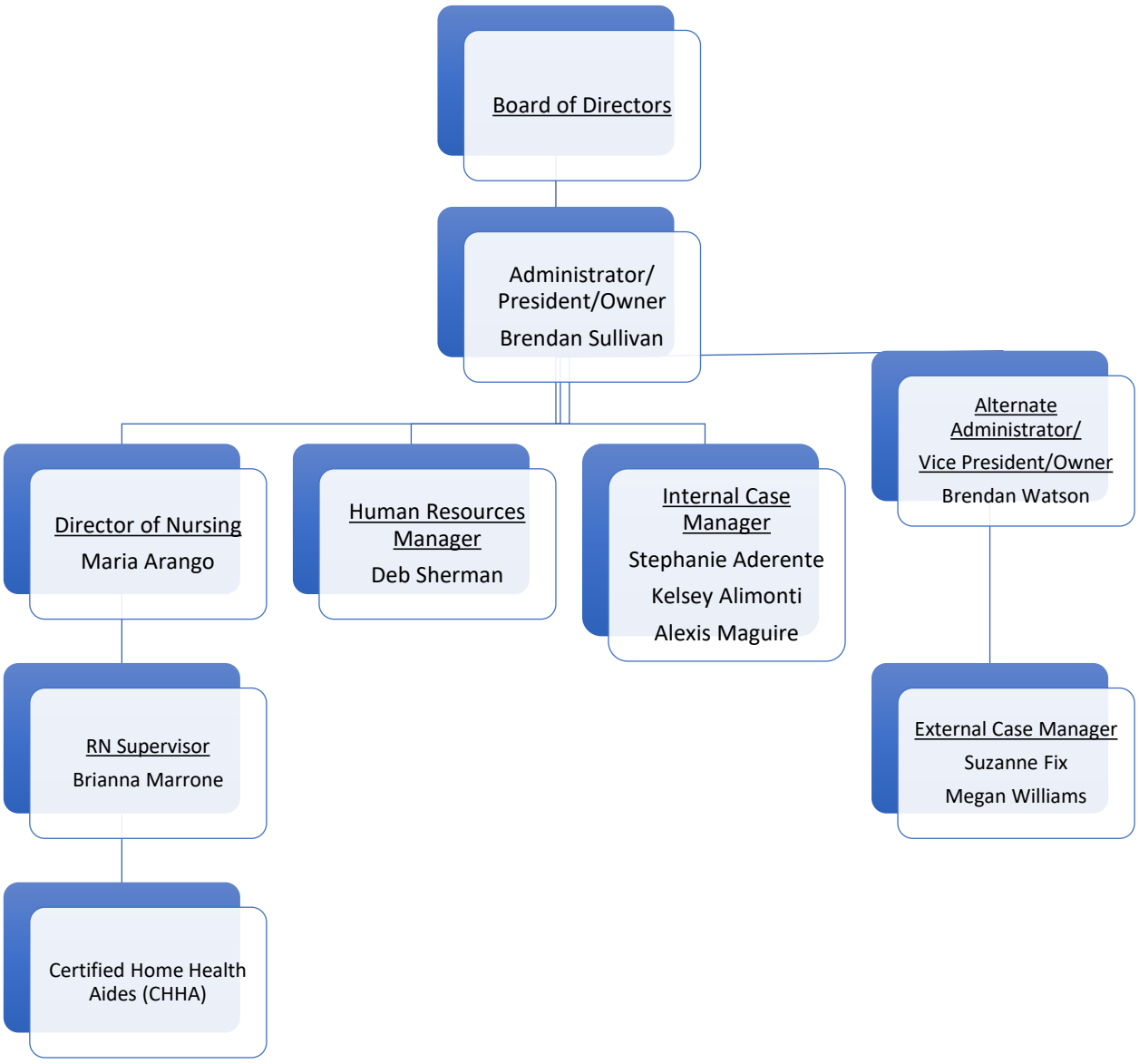
Minimum job qualifications - special skills or certificates required: A Certified Home Health aide in good standing, holding a current certificate in New Jersey. Able to effectively communicate with clients and co-workers. Ability to perform tasks involving physical activity, which may include heavy lifting and extensive bending and standing. Ability to deal effectively with stress.

Job duties:
A certified home health aide is a person who carries out health care tasks as an extension of a registered professional nurse. A CHHA also provides assistance with personal hygiene, housekeeping and other related supportive tasks for a patient with health care needs in his/her home. The CHHA has HIPAA restricted access to certain client information, and is an hourly per-diem, non-exempt Direct Care staff member with no guaranteed minimum number of hours per week.

- Write visit reports (Daily Activity Report, etc.) to accurately record the care provided in the home, and complete other forms to document the work of this position, including incident reports and time and attendance reports. Ensure the Client signs the Daily Activity Report and Time Sheets as instructed. Submit these reports on time.
- Consistently takes and records temperature, pulse, and respiration when advised and reports all variations from normal.
- Competently assists the client in bathing in bed, in tub and in shower. Competently assists the client with care
- of teeth and mouth.
- Competently assists the client with grooming, care of hair including shampoo and shaving.
- Competently assists the client with foot care.
- Competently assists the client with ordinary care of nails (no cutting). Competently assists the client on and off bedpan, commode and toilet. Competently assists the client in moving from bed to chair or wheelchair and in walking with a cane or walker.
- Competently assists the client with eating.
- Prepares and serves meals according to instructions.
- Competently assists the client with dressing.
- With guidance from the nurse, arranges a schedule so that the patient follows medical recommendations such as increased physical activity and taking their own medication.
- Remind his/her patient to take their own medications as directed by the RN.
- Maintains records as instructed by the professional registered nurse.
- Competently performs other pertinent care functions as assigned and demonstrated by the Professional Registered Nurse.
- Safely accompanies client to obtain medical care.
- Makes and changes clients bed.
- Dusts and vacuums the rooms the client uses.
- Washes the clients dishes.
- Tidies the clients kitchen, bedroom, bathroom and personal environment.
- Makes a list of needed supplies.
- Shops for the client if no other arrangement is possible. The CHHA should never purchase alcohol or non-prescription drugs for the client.
- Washes the clients' personal laundry if no family member is available or able, including ironing.
- Sends clients linen to laundry if necessary.
- Utilizes aseptic technique to clean around and secure the clients foley catheter or condom catheter.

- Competently cares for an incontinent patient.
- Assists the patient in changing position to prevent decubiti.
- Consistently follows the Aide Plan of Care developed by the RN.
- Consistently records all pertinent information on the Aide Plan of Care, and time cards in an appropriate timely manner.
- Correctly measures and records Intake and Output as directed by the RN.
- Competently assists the patient with range of motion exercises as directed by RN or therapist.
- Demonstrates the ability to communicate effectively with the client and his/her family members
- Assists the RN supervisor to make client visits by ensuring presence of self and client at the time planned.
- Demonstrates the ability to communicate effectively with other members of the health care team and staff of the agency.
- Consistently reports occurrences to the Nursing Supervisor.
- Consistently adheres to universal precautions, aseptic technique and infection control guidelines.
- Consistently implements care in a manner that is maximally safe for the client, his/her family and self.
- Consistently seeks, accepts and implements suggestions to improve performance.
- Demonstrates respect for the opinion of others.
- Consistently assumes and follows through on the responsibility for assignment.
- Demonstrates the ability to function effectively under stressful situations.
- Maintains confidentiality of client observations and records.
- Utilizes time effectively, maintaining a consistent level of productivity.
- Completes the continuing education requirements annually (12 hours).
- Consistently complies with standards for attendance, absence notification and punctuality.
- Consistently demonstrates professionalism through appearance, performance and communication.
- Assumes responsibility for reading and comprehending all posted notices, communications and policies and procedures related to CHHA's.
- Demonstrates competencies to provide care to patients of all ages.
- Respects the rights, privacy and property of others at all times.
- A criminal background check is required.
- BHC Name Badges MUST be worn at all times

ORGANIZATIONAL CHART



RECORD KEEPING AND REPORTING

Policy: The Agency will document each direct contact with the client to ensure that there is an accurate record of the services provided, client response, and conformance with the Care Plan. This documentation will be completed by the direct staff and monitored by the skilled professional (RN) responsible for managing the client's care. An accurate record is maintained for each client.

PROCEDURE:
Agency personnel shall use appropriate report to document ongoing client assessment, care, and needs when visits are made, when specific services are provided during each visit, or when specific parameters are to be followed. Entries will be signed and dated.

CHHA:

- The CHHA uses the appropriate Activity Sheet to document services rendered to the client.
- CHHA shall maintain weekly activity records, which shall include:
    - Date and time of each client assignment
    - Documentation of the activities performed, as well as those activities identified in the Care Plan that were **refused**
    - Changes in the client's condition
    - Date and signature of the CHHA
    - All entries should be legible and clear
    - Date and signature of client, family member, significant other (or Waiver of Signature on file)
- The Activity Sheet shows effective communication between all personnel involved in the client's care, including RN Supervisor, CHHAs and office staff.
- The RN or designated person is responsible for reviewing the CHHA Activity Sheet before it is filed in client chart.
    - Discrepancies are checked with CHHA
    - Errors are corrected as needed
    - Changes in client need/condition are to be reported to RN Supervisor who will review and determine necessary actions.

CONFIDENTIALITY AND PRIVACY OF PROTECTED HEALTH INFORMATION (PHI)

POLICY:
Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the privacy standards passed by Congress in response to that Act, as applicable, the Agency's policy is that any Protected Health Information (PHI) is to be treated with confidentiality by all employees. PHI is protected from misuse, disclosure and/or publication at all times other than is strictly necessary to promote the agreements between the company and clients, employees, representatives, third party payers, caregivers or other persons or entities with which the company works.

CONFIDINTIALITY
Definition of PHI & EPHI:
Under HIPAA, protected health information (PHI) is considered to be individually identifiable health information, or individually identifiable information that is created, collected, or transmitted by a HIPAA-covered entity in relation to payment for healthcare services.

- Health information such as diagnoses, treatment information, medical test results, and prescription information are considered protected health information under HIPAA, as are national identification numbers and demographic information such as birth dates, gender, ethnicity, and contact and emergency contact information.
- PHI relates to physical records, while EPHI is any PHI that is created, stored, transmitted, or received electronically.
- PHI only relates to information on patients or health plan members. It does not include information contained in educational and employment records.
- PHI is only considered PHI when an individual could be identified from the information. If all identifiers are stripped from health data, it ceases to be protected health information and the HIPAA Privacy Rule's restrictions on uses and disclosures no longer apply.

T**he types of information covered** by the policy include:

- Paper, electronic and computerized information
- Telephone and cell phone communications
- Verbal and faxed information

Persons authorized to release PHI: The Administrator/Owner are the only individuals authorized to release PHI/EPHI. All requests are submitted to Administrator/Owner.

Conditions that warrant the release of PHI/EPHI:

- For treatment, payment and healthcare operations.
- With authorization or agreement from the individual client.
- For incidental uses such as physicians talking to clients in a semi-private room.
- When requested or authorized by the individual, although some exceptions may apply.
- Without client authorization only by court order, subpoena or other legally recognized information access procedure

PROCEDURE:
1) Admission staff will obtain the signed authorization (Informed Consent form) from the client or someone legally authorized to act on behalf of the client, at the time of admission, which will allow for the release of PHI for the purposes of treatment, payment and health care operations (which include dealings with licensing, regulatory and accrediting bodies).
2) The client will receive the Notice of Privacy Practices form, which provides a description of the information the client/authorized party is authorizing the Agency to release.
3) If information is requested for any other purpose than treatment, payment or health care operations, a separate authorization form listing specific information to be released, will be signed by the client (or someone legally authorized to act on behalf of the client) prior to release by the Agency. (Authorization to Release Information form)

4) All employees and governing body members will receive training in confidentiality of client information during orientation and yearly. Employees are further required to sign a " HIPAA/ Confidentiality Agreement" during the hiring process
5) Staff will follow all HIPAA regulations
6) Staff is instructed NOT to:
   a) Leave records open and unattended
   b) Document in public places
   c) Keep records overnight in vehicles or other easily accessed locations
   d) Take one client record into another client residence

e) Review charts of clients for whom they are not providing care

7) Client names on Performance Improvement (QAPI) reports will be replaced with client numbers or initials.
8) The Business Associates Agreement is to be signed by vendors who would have access to client information, such as computer support vendor, billing agents, or other outside vendor that would access client information.

RECORDS

1) Client records are retained for a period of at least seven years from the date of the most recent discharge or the death of the client. Client records will be retained if the agency discontinues operations.
2) Original/scanned copies of all active client records are kept in a secure location on the premises. Current electronic client records are stored in an appropriate secure manner as to maintain the integrity of the client data on web-based software.
3) Documents can be archived and stored after one year. All archived documents must be easily retrievable and made available to the appropriate entity upon request.
4) Client record information is safeguarded against loss or unauthorized use. Client records are kept in a secure location to prevent loss, tampering and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and water. The Agency secures system access through the use of passwords
5) An off-site computer program keeps web-based records. The computer program can be re-established off site if the agency is destroyed.
6) The following employees are authorized to make entries in the client record:
   a) Management
   b) Clinical Management staff
   c) Clinical staff provide care to client
   d) Case Managers - internal and external
   e) Human Resources

7) Accessibility to client charts is limited to office staff, staff caring for the client, licensing, regulatory, and accrediting bodies. Staff members will discuss client-related information with company personnel only on a need-to-know basis
8) Portions of client records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care when needed. Copies will be transported in a secured folder and protected for confidentiality.

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

These Rights and Responsibilities will be followed by all employees of Boardwalk Homecare that provide services to you in your place of residence, as well as the patient/clients. You receive a copy of these rights upon admission to Agency. You have the right to exercise these rights at any time without fear of reprisal or discrimination in services.

Client has the right to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care/service and the frequency of visits, as well as any modifications to the plan of care/service
- Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the client will be responsible
- Receive information about the scope of services that the Agency will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care/service
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable. Client can call 800-792-9770 for any issues regarding Advance Directives implementation.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI) (not applicable for PDC)
- Be advised on the agency's policies and procedures regarding the disclosure of client records
- Be able to identify visiting personnel members through agency generated photo identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Choose a health-care provider, including an attending physician*, if applicable
- Receive appropriate care/service without discrimination in accordance with physician's* orders, if applicable
- Be informed of any financial benefits when referred to a PD
- Be fully informed of one's responsibilities
- Be advised of the State Abuse hotlines:
  NJ Adult Protective Services: 800-792-8820
  NJ Child Abuse Hotline: 877-652-2873
- State Complaint Hotline and the reasons for calling the hotline are for asking questions or voicing complaints about the Agency. The NJ Complaint Hotline is 800-792-9770, available 24 hour a day. You can also write to:

New Jersey Department of Health
Division of Health Facilities Evaluation and Licensing
PO Box 367
Trenton, NJ 08625-0367

OR

New Jersey Division of Consumer Affairs
P.O. Box 45025
Newark, New Jersey 07101
www.njconsumeraffairs.gov
Complaints 973-504-6200

Patient/Client has the responsibility to:

1. Notify Agency of changes in their condition or service situation (hospitalization, symptoms, etc.).
2. Cooperate and participate in the implementation of the established and agreed upon care plan.
3. Notify Agency if the visit schedule needs to be changed.
4. Keep appointments and notify Agency if unable to do so.
5. Inform Agency of the existence of, and any changes to, advance directives.
6. Advise Agency of any problems or dissatisfaction with the service.
7. Provide a safe environment for service to be provided.
8. Use appropriate language and behavior and dress appropriately around staff.
9. Provide acceptable accommodation in the home and meals **for live-in aides only**. If meals are not provided there will be an additional daily charge for meals.
10. Respect the rights of all organization personnel and cooperate with them regardless of race, color, religion, age, gender, sexual orientation or national origin.
11. Review and sign activity reports, care notes and other required agency documents, as requested.
12. Acknowledge that all original documents are the property of Agency and to return all used and unused agency documents upon discharge from care.
13. Reasonably protect, secure and store your valuables
14. Refrain from discussions of a personal nature with staff
15. Pay bills for services rendered in a timely manner.

ADVANCE DIRECTIVES

Policy:
Clients have the right to accept or refuse medical care, client resuscitation, surgical treatment, and the right to formulate an Advance Directive.

Client care/service is not prohibited based on whether or not the individual has an Advance Directive. Patients have the right to refuse care/service after the consequences of refusal of services is explained to them or their caregivers.

Client has the right to revoke or change an Advance Directive at any time. Client will need to notify the Agency of changes.

Employees will assist clients/patients with resources to obtain an Advance Directive upon request of the client/legal representative.

Client Education: Boardwalk Homecare provides client education upon admission:

- Information about Advance Directives (Advance Directives Information form)
- Boardwalk Homecare policy regarding Advance Directives, resuscitation and medical emergencies (Advance Directive/Resuscitation/Medical Emergencies Policy form)

Honor Existing Advance Directives: Boardwalk Homecare will inquire about the existence of Advance Directives and document in the client record. Agency employees shall honor all Advance Directives made available to them by client. (Advance Directives Verification form)

Staff Education: The Agency instructs staff on the Advance Directive/Resuscitation/Medical Emergencies policy.

Resuscitation and Medical Emergencies: Client medical emergencies are directed through the state's 911 emergency system.
Advance Directive General Information: Advance Directives include written instructions from a Physician and the client/patient regarding resuscitation and withholding or withdrawing treatment. These directives may include, but are not limited to, Living Wills and designating another person to make medical decisions for them should they become unable to make these decisions (Healthcare Power of Attorney). Patients/ legal guardians should discuss their desire to complete an Advance Directives with their physicians and obtain the required paperwork/form signed by all responsible parties involved.

PROCEDURE:
Client Education:
Advance Directives Information: The agency will provide all clients with the advance directive information form upon admission to educate the client/representative/family regarding the client's rights to accept or refuse medical care, resuscitation, surgical treatment, as well as the right to formulate an advance directive.
Advance Directives, Resuscitation and Medical Emergencies Policy: The agency will provide all clients with the Advance Directive/Resuscitation/Medical Emergencies Policy form upon admission to educate the client/representative/family regarding the agency's policies.

Honor Existing Advance Directives: Upon admission the agency will inquire about the existence of Advance Directives and document in the client record. Agency employees shall honor all Advance Directives made available to them by client. (Advance Directives Verification form)

Staff Education: All employees will receive instruction on the Advance Directive, Resuscitation and Medical Emergencies policy at during orientation and on an annual basis. Boardwalk Homecare employees do not administer CPR.

Resuscitation and Medical Emergencies:
Patients and families will be provided written information about the organization's policies for Advance Directives, resuscitation, medical emergencies and accessing 911 services (EMS) prior to the initiation of care/services. (BHC Advance Directives, Resuscitation and Medical Emergencies Policy form)

In the event that a client suffers respiratory or cardiac arrest in the presence of an employee, the employee will contact emergency medical services unless an Advance Directive with a Do Not Resuscitate (DNR) form is present. "DNR" orders are not to be followed by CHHAs - 911 must still be called in any emergency. The office or on-call designee is notified.

Client medical emergencies are directed through the state's 911 emergency system.

If there is a non-life-threatening emergency CHHAs are instructed to contact the office or on call number where a supervisor shall provide guidance on the situation, which may include calling 911 or following the instructions for client emergency management

(including evacuation) provided during admission.
If a life-threatening situation arises or an apparent injury (adverse event) occurs when a CHHA is alone with a client, 911 is called first, and then the office or on call designee is notified.
If the CHHA reports to client's home and the client has expired, 911 is called. The RN Supervisor or Administrator will notify the client's physician if deemed necessary and will update the clinical records to note the event(s).
Patient/Client's and primary caregivers (family) are advised upon admission that our Agency provides after hours "on call" coverage.
Clients and their families are instructed upon admission how to respond to emergencies on the Emergency Management Plan.

ADVANCE DIRECTIVES INFORMATION

All adult individuals in health care facilities such as hospitals, nursing homes, hospices, home health agencies, and health maintenance organizations, have certain rights under the New Jersey law.
You have a right to fill out a paper known as an "advance directive." The paper says in advance what kind of treatment you want or do not want under special, serious, medical conditions - conditions that would stop you from telling your doctor how you want to be treated. For example, if you were taken to a health care facility in a coma, would you want the facility's staff to know your specific wishes about decisions affecting your treatment?

What is an Advance Directive?
An advance directive is a written or oral statement which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made. Two forms of advance directives are a "Living Will" and "Health Care Surrogate Designation". An advance directive allows you to state your choices about health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. An advance directive can enable you to make decisions about your future medical treatment.

What is a Living Will?
A living will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a "living will" because it takes affect while you are still living. New Jersey law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

What is a Health Care Surrogate Designation?
A "health care surrogate designation" is a signed, dated and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. New Jersey law provides a suggested form for designation of a health care surrogate. You may use it or some other form. You may wish to name a second person to stand in for you, if your first choice is not available.

Which is better?
You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you should you be unable to make decisions for yourself.

Do I have to write an advance directive under New Jersey law?
No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive or designated a health care surrogate, health care decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend in that order. This person would be called a proxy.

Can I change my mind after I write a living will or designate a health care surrogate?
Yes, you may change or cancel these documents at any time. Any change should be written, signed and dated. You can also change an advance directive by oral statement.

What if I have filled out an advance directive in another state and need treatment in a health care facility in New Jersey?
An advance directive completed in another state, in compliance with the other state's law, can be honored in NJ.

What should I do with my advance directive if I choose to have one?
Make sure that someone such as your doctor, surrogate, or other designee is given a copy of the form.
- If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.
- Give a copy of your advance directive to your doctor for your medical file.
- Keep a copy of the advance directive for your files.
- Keep a card or note in your purse or wallet which states that you have an advance directive and where it is located.
- If you change your advance directive, make sure you doctor, lawyer and/or family member has the latest copy.

For more information, ask those in charge of your care.

CONFLICT OF INTEREST

POLICY:

Definition: Conflict of interest (COI) - A situation in which a person or organization is involved in multiple interests, financial or otherwise, and serving one interest could involve working against another. A potential for conflict of interest is said to exist when a person can gain a financial benefit, either directly or indirectly, through "insider" connections or association with the agency.

Definition: Financial interest - A person has a financial interest if the person has any of the following, directly or indirectly, through business, investment, or family:

- An ownership or investment interest in any entity with which agency has a transaction or arrangement,
- A compensation arrangement with agency, and any entity or individual with which Agency has a transaction or arrangement
- A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which Agency is negotiating a transaction or arrangement.

(Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial)

If a matter arises in which an Owner, Board Member or Employee has a conflict of interest it shall be promptly disclosed to the agency and must be approved by the Governing Body/Owner.

Board Members are generally prohibited from activities that might present conflicts of interest. The powers of directorship may not be used to personally benefit the Director at the corporation's expense.

Board Members and employees are required to demonstrate the utmost good faith in his/her dealings with and on behalf of the organization
No one is permitted to use his/her knowledge of the company operations or plans in such a way that a conflict might arise between them and the organization
No one will accept gifts or favors or entertainment that might influence their decision-making responsibilities to the organization
A full disclosure must be made of all facts pertaining to any transaction, including employment outside of the organization that is subject to any doubt concerning the possible existence of a conflict of interest before consummating the transaction
Employees are trained on conflicts of interest during orientation.

PROCEDURE:

All employees, contract staff (if applicable) and governing body members will abide by the Conflict of Interest policy.
Procedure for COI Disclosure: Disclosures are recorded on the Conflict of Interest Disclosure Form. In addition to conflicts and potential conflicts of interest that may arise for all employees, the following disclosures are required:

- Board members and executive staff at the time of appointment
- All owners with holdings of 5% or more interest in the company, at the time ownership is acquired
- Employees, at the discretion and/or specific request from the Governing Body/Owner

In the event of proceedings that require input or voting, the individual(s) with a conflict of interest is/are excluded from that activity.
Transactions with parties with whom a conflicting interest exists may be undertaken only if all of the following are observed:

- The conflicting interest is fully disclosed;
- The person with the COI is excluded from the discussion and approval of the transaction;
- A competitive bid or comparable valuation exists (if applicable)
- The governing body/owner has determined that the transaction is in the best interest of the organization.

If a conflict or potential conflict of interest appears to arise for a staff member, the staff member must immediately reveal the potential conflict to his/her immediate supervisor, who will notify the administrator. The governing body/Owner shall determine whether a conflict exists. If it determined that a conflict of interest does exist, a Conflict of Interest Disclosure Form must be signed by the applicable Governing Body member or employee. The decision shall be recorded in the minutes of the Board meeting.

EMERGENCY PLAN

Policy
Emergency preparedness plan will be maintained to meet critical client/patient needs in a disaster or crisis situation.

Coverage will be available 24 hours a day through cell phones, answering services and/or call forwarding.

Clients will be given the organization's 24 hour telephone number and instructed on procedures to take in the event of a disaster. Staff will be contacted through the existing phone tree.

Procedure
In the event of a disaster the Administrator will determine if the physical site at the organization is safe (i.e., in the event of earthquake, tornado, or hurricane) and habitable. When the power is out at the organization, the Administrator will contact the electric company for the time frame for resolution. An emergency alternate site, such as a home office, may be used.

As part of improving the emergency plan process, the organization will hold an unannounced emergency preparedness drill at least once a year.

The Administrator will determine which employees, if any, need to respond. Those employees will be requested to report to the organization.

Staff will maintain a priority list of patients needing assistance first.

In the event that the organization cannot reach the affected area, the client is instructed to take their equipment and go to the nearest emergency shelter that has electricity or an emergency generator.

Staff will respond to individual clients on an as-needed basis depending upon the accessibility of the affected area.

It is the policy of the company to establish and maintain open communication with the local office of FEMA. Our staff should be informed as to the local provisions from the local Federal Emergency Management Agency (FEMA) office for the emergency planning.

In the event the organization is unable to provide services to current clients, another Agency company will be contacted to provide services on their behalf.

The disaster plan will be reviewed with all employees during orientation and annually.

Emergency phone numbers are as follows:

- Boardwalk Homecare: 732-841-6503
- Monmouth County Office of Emergency Management: 732-431-7400
- New Jersey Office of Emergency Management: 609-882-2000 ext. 2500

TRAINING SPECIFIC TO JOB REQUIREMENTS

The Certified Homemaker-Home Health Aide Must Meet These Requirements

1. Completion of a Homemaker-Home Health Aide course approved by the New Jersey Board of Nursing.
2. Successful completion of a competency evaluation by a New Jersey-licensed home health care services agency.
3. Hold a current and valid certification by the New Jersey Board of Nursing as a Homemaker-Home Health Aide. The certificate will have a State of New Jersey Seal and date of expiration; certificates expire every two years. Should you have any questions concerning a CHHA's certification, you should call the New Jersey Board of Nursing at 973-504-6430.
4. Completion of the federal and state criminal history background checks.
5. Employment by a home care services agency.
6. Supervision by a licensed Registered Professional Nurse.

CULTURAL DIVERSITY

Policy:

Staff will respect and honor different cultural backgrounds, beliefs and religions. Employees must be able to identify differences in their own beliefs and the client's beliefs and find ways to support the client. Employees will make efforts to understand how the client's cultural beliefs impact their perception of their illness.

Cultural considerations for all clients shall be respected and observed. Where such considerations impede the provision of prescribed health care or treatment, personnel shall notify the supervisor and in an effort to accommodate the client. If an employee refuses care/service to a client, management must provide an alternate employee to complete the care/services or refer the patient/client to another company immediately.

Procedure:

Upon admission employees will attempt to identify differences in client beliefs/cultural background. The care plan will be adjusted as necessary to meet client needs.

Staff will not assign personnel unwilling to comply with organization policy, due to cultural values or religious beliefs, to assignments where their actions may be in conflict with client needs.

If the Agency cannot meet client needs a referral will be made.

Cultural Diversity training will be completed during orientation.

COMMUNICATION BARRIERS

POLICY:
The Agency's policy is to ensure that personnel can communicate with the client in the appropriate language or format understandable to the client. This may include the availability of bilingual personnel, interpreters, or assistive technologies. Personnel can communicate with the client by using special telephone devices for the deaf or other communication aids such as picture cards or written materials in the client's language.

PROCEDURE:
In order to provide optimal quality care to our clients, the Agency will facilitate communication with sensory-impaired clients and clients with limited formal education. The Agency shall attempt to arrange for bilingual staff members or an interpreter to work with non-English speaking clients, when possible.

Upon admission employees will identify differences in client's beliefs or cultural background and modify the service plan to meet their needs.

- Situations will be addressed on a case-by-basis and methods of communication will be dictated by client need.
- If the Agency is unable to meet appropriately meet client needs, a referral will be made.
- A Limited English Proficiency (LEP) person may prefer or request to use a family member, friend or significant other.
- Every effort will be made to obtain the services of an available interpreter when necessary for persons who don't speak English or use sign language.
- Every attempt shall be made to match the client to visit staff who speaks the client's language.
- Written and verbal communication will be at an educational level that the client will understand.
- If a qualified interpreter on staff is not available, an interpreter will be obtained from one of the following:
    - Accredited Language Services - 1-800-322-0284
    - Verbatim Solutions 1-800-575-5702
    - www.languageline.com

ETHICAL ISSUES

POLICY:
Boardwalk Homecare provides care within an ethical framework that is consistent with applicable professional and regulatory bodies

The Agency has mechanisms to identify, address and evaluate ethical issues.

The Agency monitors and reports ethical issues to Board.

All personnel are educated on the Agency's ethics policy during orientation, which includes:
- Examples of ethical issues
- educational in-services
- The process to follow when an ethical issue is identified

Agency management and the Governing Body/Owner will participate in the consideration and resolution of ethical issues that arise regarding business practices. A summary of ethical issues will be addressed annually.

PROCEDURE:
Identifying Ethical Issues: Agency will furnish to its staff the educational resources necessary to assist in ethical aspects of home care. (Ethics In-Service). Examples of ethical issues requiring a decision/resolution may include but are not limited to:

Withholding/withdrawal of	Accepting or Refusing Care	Admissions/Transfers
Informed Consent	Advance Directives	Confidentiality
Standards of Care	False Advertising	Abuse & Neglect
Client Safety	Fraudulent Billing Practices	Incompetent or Illegal Behavior

Address and Evaluate Ethical Issues:
- Should an employee wish to raise an ethical concern, the Ethical Issues/Concerns Reporting Form is completed and processed by Administrator
- The Agency addresses/ evaluates ethical issues through an ethics forum held at the Governing Body Annual meeting
- The forum will welcome all office staff members.
- Ethics policy and in-service will be reviewed during the forum
- The Ethics Review form will be completed at the forum, to document activities. The Ethics Review form is kept in the Ethics section of the Governing Body Record.

PROFESSIONAL BOUNDARIES

- Treat all patient/clients, visitors and coworkers with respect and courtesy;
- Do not give your telephone number or personal information to the patient/client or their family;
- Refrain from behavior or conduct that is offensive or undesirable, or which is contrary to the agency's best interests;
- Do not accept money, loans or gifts from patient/clients or their family members. If the patient/client wishes to give you a gift, you must report this situation to the office;
- Do not discuss your religious or political beliefs or personal affairs with patient/clients;
- Report to your supervisor suspicious, unethical or illegal conduct by coworkers, patient/clients or vendors;
- Report to your supervisor any threatening or potentially violent behavior by patient/clients and their family and coworkers;
- Comply with all of the agency's safety, security and confidentiality requirements;
- Wear appropriate clothing and maintain personal cleanliness and good hygiene.
- Perform assigned tasks per the Care Plan efficiently and in accord with established quality standards;
- Report to work punctually;
- Keep accurate records and submitting them on time;
- Give proper advance notice whenever you are unable to work or report on time;
- Comply with Agency's zero fraud tolerance policy at all times.
- Knock before entering a room
- Always ask permission before touching patient/clients and explain any procedure you are able to undertake
- If there is an accident, you (or the patient/client) must call the office or after hour call number immediately. Following the telephone call, prepare an Incident Report as soon as possible, but no later than 48 hours after the incident and fax or mail it to the office.

PERFORMANCE IMPROVEMENT PLAN

Policy
The agency develops, implements, and maintains an effective, ongoing, organization-wide Performance Improvement (PI) program.

The organization measures, analyzes, and tracks quality indicators, including adverse client events, and other aspects of performance that enable the organization to assess processes of care, services, and operations.

Organizational-wide PI efforts address priorities for improved quality of care and client safety, and that all improvement actions are evaluated for effectiveness.

The Governing Body participates in the Performance Improvement (PI) process. The PI Program is reviewed at board meetings and results are recorded in the Meeting Minutes

The PI Plan will be specific to the needs of the organization. The methods used for reviewing data include, but are not limited to:

- Current documentation (e.g., review of client records, incident reports, complaints, satisfaction surveys, etc.)
- Client care
- Direct observation in care setting
- Operating systems
- Interviews with clients and/or employees

The following elements are considered within the plan:

- Program objectives
- All disciplines
- Description of how the program will be administered and coordinated
- Methodology for monitoring and evaluating the quality of care
- Priorities for resolution of problems
- Monitoring to determine effectiveness of the action
- Oversight and responsibility for reports to the governing body/owner

Procedure
The Vice President is ultimately responsible for all actions and activities of the Agency's PI program and will document in job descriptions any delegation of responsibilities to other personnel relative to the program.

All personnel will be trained on the organization's PI Plan during orientation and will be updated on initiatives during staff meetings, email updates, etc.

All appropriate services and staff are involved corroboratively in PI activities. The information gathered by the agency is based on criteria and/or measures generated by personnel. This data reflects best practice patterns, personnel performance, and client outcomes.

The Governing Body will provide adequate resources necessary to ensure quality client care, maintain good business practices, and confirm that resources are utilized appropriately.

All audits and data collection will be the responsibility of the PI Coordinator.

All data collected will be available to the PI Coordinator quarterly for review, with decisions on action plans for follow-up or recommendations for performance improvement.

The plan will ensure that opportunities to improve patient care and resolve problems that are identified with follow-up action taken as appropriate when thresholds are not met.

The PI coordinator will review the plan annually and revise the plan if needed to improve the processes of care, services and operations.

COMPLIANCE PROGRAM

Policy:
This policy establishes a corporate compliance program, modeled on Federal and State guidelines that promote lawful business practices, to foster adherence to Agency policies and procedures and to comply with regulations. The Agency's Corporate Compliance Program seeks to prevent fraud and abuse, and detect violations of law and agency policies.

The Compliance Program consists of:

1. Written policies and procedures
2. Designation of a Compliance Officer and Compliance Committee
3. Conduct effective training and education
4. Developing open lines of communication between the Compliance Officer and Agency personnel for receiving complaints and protecting callers from retaliation
5. Performance of internal audits to monitor compliance
6. Establishing and publicizing disciplinary guidelines for failing to comply with the Agency policies and procedures and applicable statutes and regulations
7. Prompt response to detected offenses through corrective action

Procedure:
Implementation of Written Policies and Procedures; Conduct Effective Training and Education:
All of Agency's procedures and processes in place in some way or another aim to comply with laws, regulations and standards by providing guidelines to our employees. The Agency places particular emphasis on compliance in the following areas:

- Fraud Policy
- Abuse, Neglect, Exploitation Policy
- Clinical processes
- Orientation and In-service education

Per State regulations (NJAC 45B), the Agency and the Administrator/RN supervisor shall:

- Report any violation of State regulations to the Executive Director of the New Jersey Division of Consumer Affairs.
- Cooperate in providing information to any investigation conducted to determine whether a violation of the regulations or any applicable statute has occurred.
- An agency's failure to comply with these requirements may be deemed good cause within the meaning of NJ Regulations (N.J.S.A. 34:8-53), upon notice to the agency and an opportunity to be heard, for the suspension or revocation of licensure or for such other relief or sanctions as may be authorized by law.

Designation of Compliance Officer/Committee:
Compliance Officer: Brendan Sullivan - President/Owner
Compliance Committee: Brendan Sullivan - President/Owner, Brendan Watson - Vice President/Owner. (Meets annually at governing body meeting)

Compliance Officer duties and responsibilities include:

- Overseeing audits
- Handling inquiries by employees regarding compliance
- Investigating allegations concerning possible unethical business practices and recommending corrective action when necessary
- Preparing an annual report to the governing body/Owner concerning compliance activities and actions undertaken during the preceding year

Developing open lines of communication between the Compliance Officer and Agency personnel for receiving complaints and protecting callers from retaliation: Should personnel wish to communicate complaints anonymously they can do so by mail, fax or by placing a written letter in the company mailbox.
Performance of internal audits to monitor compliance: Internal audits are conducted in clinical, financial and educational areas. Results are summarized quarterly and annually on the Compliance Program Review form. The annual report is reviewed during the Governing Body Annual meeting.

- Clinical
    - Audits of client charts are performed by Supervisory RN on a quarterly basis to monitor adherence to policies
    - Personnel files are audited by Compliance Officer/ RN Supervisor on a quarterly basis to monitor adherence to policies, including background checks
- Financial:

    - Billing and payroll procedures: Scheduled services are entered on a weekly basis. Time/activity sheets are received and processed by office staff. After reviewing schedules for errors or misrepresentations with office staff, Administrator will process invoices and payroll.
    - Bank and credit accounts are reconciled on a monthly basis. Any unexplained discrepancies are investigated.
- Educational: In-service training assessed annually
- Annual Meeting of Governing Body: Several policies are reviewed by the governing body on an annual basis and recorded in the Governing Body Record. Policies and procedures, as well as Performance Improvement is reviewed.

Establishing and publicizing disciplinary guidelines for failing to comply with the Agency policies and procedures and applicable statutes and regulations:

- Disciplinary Actions policy is reviewed during orientation
- Disciplinary actions include warnings, loss of assignment and termination
- Employees who ignore or disregard the principles of this Policy will be subject to appropriate disciplinary actions
- Certified Home Health Aides, Companions, Homemakers, Registered Nurses, LPNs, Management and other employees should be aware of Agency's zero fraud tolerance policy, which stipulates immediate and irrevocable dismissal on verification of fraudulent or abusive activities, and may also include notification of, and cooperation with law and enforcement authorities relative to the fraudulent acts, as well as pursuing legal action against the individual. Furthermore, any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship to Agency.

Prompt response to detected offenses through corrective action:

In reviewing allegations of potential wrongdoing pertaining to fraud or abuse, the Compliance Officer will investigate the situation. The Compliance Program - Record Of Investigation form is used to document:

- Documentation of the alleged violation
- A description of the investigative process
- Copies of interview notes and key documents
- A log of the witnesses interviewed, and the documents reviewed
- The results of the investigation

OSHA REQ., SAFETY, AND INFECTION CONTROL

Infection Control

Policy

Employees will follow infection control guidelines to protect clients and fellow employees from infections and communicable disease. Employees will follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

Standard precautions are to be followed regardless of client diagnosis to avoid transmitting or contracting infectious diseases. The use of appropriate personal protective equipment (PPE) such as gloves, masks, and/or gowns are required to avoid transmission of infections.

Procedure

Hands will be washed before and after caring for each client and/or between tasks. Indications for hand washing include:

- Prior to initial entry into supply bag
- Before providing direct client care
- Following each client contact even when gloves are worn
- After touching bodily excretions on soiled materials
- Immediately following contact with blood and/or other body fluids

All employees who come into contact with blood, body fluids, tissue, solids or any moist body part or substance of any client will use the following specific procedures in compliance with standard precautions and use of PPE:

- Proper hand washing by health care personnel at the beginning and ending of each visit, and after any procedure considered as occupational risk.
- Apply gloves before contact with any moist body site, fluids or solids, including mucous membranes, e.g., when examining clients with bleeding or open lesions, large abrasions or dermatitis, and when handling items soiled with body fluids or substances.
- Wear gloves for all client care if employee's hands are chapped or if employee has any open skin areas on hands.
- Wear gloves when changing soiled linens.
- Wash hands before and after wearing gloves.
- Change gloves and wash hands between clients.
- Wear an apron or gown and protective eyewear if danger of body fluid splash is present.
- Bag all soiled dressings in plastic and close the bag securely before placing into the client's trash container.
- Any piece of disposable equipment which has been in contact with blood/body fluids or moist body substances must be disposed of in a plastic bag. Place the plastic bag in the client's covered trash receptacle.
- Any surface which has come into contact with blood or other potentially infectious body fluids must be wiped down with a commercially prepared disinfectant solution.
- When a needlestick or body fluid splash/exposure occurs, wash the area thoroughly and report the incident to the Director of Nursing and complete an Incident Report Form.
- Whenever it is necessary to use equipment on more than one client or for a client over a period of time, e.g., thermometer, blood glucose meter, stethoscopes, blood pressure cuffs, bedpans, urinals, bedside commodes, etc., the equipment should be cleaned and disinfected after use using alcohol, disinfectant wipe, and/or soap and water or per manufacturer's instructions as appropriate.

Maintain cleanliness and separation of sterile supplies during transportation.
Staff will be trained in standard precautions and occupational exposure to blood-borne pathogens and airborne pathogens during orientation.
Clients and caregivers will be provided education on standard precautions and appropriate infection control practices.
Annual training will include the following:

- PPE
- Reporting of exposures
- Tuberculosis, its mode of transmission, symptoms, risks, precautions, and prevention
- Blood-borne pathogens and infection control procedures appropriate to their job responsibilities
- Infection control training

Employees' health conditions limiting their activities, include:

- Productive cough
- Loss of appetite
- Fever – recurrent or persistent
- Chest pain
- Shortness of breath
- Tiredness – unexplained
- Coughing up blood
- Kidney or bladder infection - recurrent

When caring for immune-compromised clients the employee will:

- Follow Standard Precautions including the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.
- Cover his/her nose and mouth when coughing or sneezing.
- Dispose medical waste as follows:
    - Waste (dressings, chux, disposable bed pads, disposable aprons, gloves, etc.) should be placed in a plastic bag, secured and disposed of with other household waste.
    - Follow established cleansing procedures for:
        - Walls, floors, other surfaces not associated with disease transmission: routine cleaning, following manufacturer's instructions and applying friction.
        - Blood or body fluid spills: Wearing gloves wipe up with absorbent toweling, wash with soap and water, and then decontaminate with a commercially prepared disinfectant solution.
        - Body waste (urine, feces, vomitus): Flush down toilet.
        - Bathroom: Use commercially prepared disinfectant solution to clean.
        - Dishes: Warm soapy/detergent water or dishwasher, not necessary to separate from those used by rest of household.
        - Routine laundry: Handle as little as possible not necessary to separate from other household laundry, machine wash (follow instructions on detergent container).
        - Heavily soiled laundry with body fluid/blood, excrement: Wearing gloves remove with disposable materials and flush down toilet, wash as for routine laundry adding bleach per instructions on container.
        - Thermometers: Washed with soap and water, store dry.
        - Reusable or Durable Medical Equipment (pumps, poles, scales, etc.) are to be doubled bagged when returned to the vendor for cleaning.
        - Dirty cleaning water: Pour down toilet.

When an employee has an exposure incident, the manager will ensure that proper reporting, investigation and follow up is performed. In the event the employee is exposed to a blood-borne pathogen or body fluid he/she will wash/flush the exposed area as soon as possible with testing as required.
An incident report will be filled out by the employee and given to their manager within 24 hours.
If necessary, the employees will be sent to a healthcare professional for their safety, as well as that of the clients.
All medical records relevant to the appropriate treatment of the employee, including vaccination status, will be considered confidential.
Positive test results, infections, and/or determination of the presence of the disease with any employee required a documented event and the completion of an Infection Control & Communicable Disease Report Form.
The following TB/Bloodborne/Airborne Pathogen Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 19 10.1030, Occupational Exposure to Bloodborne Pathogens.

TB/Bloodborne/Airborne Pathogen Exposure Control Plan

The purpose of the TB/Bloodborne/Airborne Pathogen Exposure Control Plan is to define Agency responsibilities, educate Agency staff on all aspects of airborne and blood pathogens, and define available testing for Agency staff, as well as ensure the protection of Agency staff and clients. Agency will:

- Provide a system for early identification of individuals with active tuberculosis or those who are at high risk for active TB.
- Provide medical surveillance for TB:
    - An initial base line screening via the 2-Step Monteux method for all direct client care staff members on hire. If the employee can provide proof of TB test within the last 12 months then only a one step would be required.
    - A negative chest x-ray is required on employees that test positive for TB on hire and/or upon becoming symptomatic during their course of employment.
    - Annually, the employee will be assessed for the necessity of TB screening.
- Coordinate the home management of clients and control of employee exposure with suspected or confirmed TB infection through work practice oversight (e.g. client with suspected or confirmed TB infection will be the last one seen that day by clinical staff and/or use other measures to decrease risk of client/employee exposure).
- Provide training and information related to airborne and blood borne pathogens to all staff upon hire and annually thereafter.
- Provide appropriate personal protective equipment (PPE) when caring for a suspected/confirmed TB client. Agency will provide disposable, CDC approved masks, disposal stethoscope/blood pressure cuff, and disposable gown as needed.
- Ensure that an Infection Control & Communicable Disease Form is completed by the involved individual and documented in the home care software platform.
- Maintain current accurate logs and summaries.

- Maintain staff confidentiality with regard to follow-up testing, record keeping and identification of staff who have experienced needle sticks or any other exposure.

The local health department will be notified of any exposure as applicable. Job risk classifications include home health aides, registered nurses, case managers and designated personnel involved with in-person client/caregiver interactions.

Infection surveillance includes monitoring and reporting of employees and client infections. Staff will be monitored to assess compliance with the agency's policies and procedures related to infection control.
The administration will monitor all known infectious clients, clients acquiring an infection post admission and employees who contract a communicable disease. This will be documented in the home care software platform for future reporting and review.

The infection control reports will be utilized to identify trends and monitor adherence to the infection control program.

The organization will utilize results to determine the following:

- Need for employee or client re-education
- Need for revised or improved processes
- Education regarding specific infections or communicable diseases

Communicable diseases will be reported according to state guidelines to state health departments. This list can be obtained from the state's Department of Health website.
https://www.nj.gov/health/cd/

The PI Coordinator will complete an assessment of the community and agency TB incidence and prevalence rates as recommended by Centers for Disease Control and Prevention (CDC) guidelines.

When applicable, the PI team will develop strategies to prevent or control infections

Safety Education

Policy
All new employees will receive safety training as part of their orientation, as well as ongoing training annually.

Safety training activities include, but are not limited to:

- Body mechanics
- Workplace fire safety management and evacuation plan
- Workplace or office security
- Common environmental hazards (icy parking areas and walkways, blocked exits, cluttered stairways)
- Office equipment safety
- Personal safety techniques including in-home safety

Procedure
Annual fire drills will be completed by all locations to ensure that staff has knowledge of what to do in the case of a real fire.

In the event of an emergency, all employees will move to the nearest safe exit. A common meeting place (across the street from the main entrance) is identified for employees to gather for a head count to ensure that all staff have safely evacuated from the building.

Data such as employee knowledge of where fire extinguishers are located, the fire department phone number, and/or the time it took for the staff to exit and assemble at the common meeting point will be collected and assessed.

Employees will be educated regarding portable fire extinguisher use and the hazards involved with firefighting.

Any room that has more than one doorway will be marked by readily visible exit signs located above the door that leads to an outside access.

The exits and the path of egress exits shall be maintained so that they are unobstructed and accessible at all times.

Hazardous Materials

Policy
The acceptance, transportation, pick up, and/or disposal of hazardous chemicals will be conducted in a safe manner.

Procedure

Container labeling: The HR manager will be responsible for all containers of hazardous chemicals that are brought into the agency, and will examine all chemical containers to make sure they are labeled with: the chemical name, the biohazard sign, and the name and address of the manufacturer or importer. No container should be used until it has been checked. If the chemical is to be poured into a separate container the manager must ensure that the second container is properly labeled. All secondary containers must be labeled with a copy of the manufacturer's label that has space for identification and the biohazard warning. Address questions regarding labeling to the HR manager. The Safety Data Sheets (SDSs) and labeling system will be reviewed and updated annually by the PI Team.

SDS: The HR manager will be responsible for the SDS system. All incoming data sheets for new products will be reviewed and employees will be trained on the new information as necessary. All SDS sheets will be filed in the SDS binder. These can also be kept on the intranet system.

The SDS binder will consist of:

- A current inventory of all SDS indexed alphabetically
- The chemical name of identification used on the SDS that will be the same as used on the container label
- The chemical name and common name of all ingredients that have been determined to be a hazard shall appear on the SDS

Each SDS must include the following information:

- The physical and chemical makeup of the compound, including vapor pressure and flash point
- The fire, explosion, and reactivity hazards of the chemical mixture, including the boiling and flash point, health hazards of the chemical mixture, including signs and symptoms of exposure
- Acceptable exposure limit recommended by the manufacture
- Control measures, including fire, engineering and personal protective equipment that may be necessary
- General precautions for safe handling and use, especially during repair and maintenance, including procedures for cleaning spills and leaks
- Emergency and first aid procedures
- Date opened as well as expiration
- Name, address and telephone numbers of manufacturer or importer

The original SDS will be kept on file by the HR manager and each employee will know the location of the file if information is needed on a chemical and the HR manager is not available. New products or chemicals will not be opened or used until an SDS is on file and the employees are trained regarding potential hazards.

During orientation, the supervisor of a new employee will review the process for hazardous materials and each SDS applicable to their job.

The orientation and training for a new employee will include, but not be limited to:

- An overview of hazardous materials policy and procedures
- Chemicals used in the agency that they will be working with
- Location of the SDS binder and how to use to identify chemicals they work with
- Health hazards of the chemicals listed on the inventory
- How to minimize or eliminate exposure to these hazardous chemicals through work practices and PPE kits
- Emergency procedures when exposure occurs

Occupational Safety and Health Administration (OSHA) Hazardous Communication Standards will be followed when disposing of a hazardous material. If necessary, contracts will be obtained with a company for the disposal of hazardous materials.

- Employees will be instructed in how to deal with hazardous materials
- Hazardous materials will be transported and stored in a secure manner
- Hazardous materials will be labeled appropriately
- Disinfectants will be used on equipment according to manufacturer's recommendations

INCIDENT/VARIANCE REPORTING

Policy
All adverse events, incidents, accidents, variances, or unusual occurrences involving staff and or clients will be reported immediately to the Administrator, RN Supervisor or designee.

Monitoring of incident reports will serve as a tool to identify areas for improvement and will be part of the PI process.

An Adverse Event & Incident Report Form will be completed to document any unusual, harmful, or potentially harmful occurrences involving patients, employees, visitors, or property as soon as possible but at least within 24 hours of the incident. If after hours, an on-call member of the office staff will be notified of the incident immediately.

An incident is defined as an unusual circumstance that may result or did result in personal injury of an employee, patient or visitor from care or service being provided by the organization. Incidents to be reported include but are not limited to:

- Unexpected death, including suicide of client
- Any act of violence
- A serious injury
- Psychological injury
- Significant adverse drug reaction
- Adverse client care outcomes
- Medication and treatment errors, complications, or reactions, if applicable
- Personnel injury or endangerment
- Client/family injury (witnessed and unwitnessed) including slips, trips and falls
- Motor vehicle accidents when conducting agency business
- Environmental safety hazards, malfunctions or failures, including equipment
- Unusual occurrences
- Damage to patient or organization property
- Needle stick injury
- Dog/animal bite
- Fall
- Other occupational injury

Procedure
The Administrator, RN Supervisor or designee will be notified immediately regarding any incident that involves injury or potential injury, any incident that may involve a revision to the plan of care, and any incident that involves hospitalization of the client.

The Adverse Event & Incident Report Form will be used to report any patient, employee or property incident and occupational exposure to blood or airborne pathogens. The Administrator, RN Supervisor or designee is required to document all adverse events & incidents within the home care software platform.
The Administrator, RN Supervisor or designee will immediately investigate the incident and will take corrective measures if indicated. All follow-up actions will be documented on the adverse event & incident report form.

- Client injury – notify family and physician.
- Employee injury – notify organization insurance carrier and/or Workers Compensation Carrier and physician if medical care is required.

The Administrator, RN Supervisor or designee is required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.

- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.
- Report a Fatality or Severe Injury to OSHA https://www.osha.gov/report.html

A summary of adverse events & incident reports will be reported to the PI Coordinator quarterly.

HANDLING OF CLIENT/PATIENT COMPLAINTS/GRIEVANCES

POLICY:
It is the policy of Boardwalk Homecare to provide a formal process for clients and employees to follow in reporting a grievance/complaint and an established method of processing the grievance/complaint.

All customer grievances/complaints are:
- documented
- investigated
- brought to the best possible resolution for the patient or referral by responding to the complaint in a timely fashion.

Definition: A complaint is a grievance/complaint regarding treatment or care that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the company. A complaint may involve a violation of Clients Rights or a notification of dissatisfaction, after initial notification is not resolved. It is the follow-up to the unresolved initial complaint, that initiates the Grievance/Complaint process.

The client will not be subjected to discrimination or reprisal for reporting a complaint.

PROCEDURE:
Upon admission all clients will receive, verbally and in writing, the organization's process for receiving, investigating and resolving complaints about services. This will include state regulatory hot-line numbers and ACHC's telephone number. (Complaint Policy and Procedures form)
Any employee receiving a grievance/complaint will submit a Client Grievance/ Complaint form to the Administrator/designee. If a complaint is received after business hours, the RN on call will be notified as soon as possible and the complaint will be submitted on the next business day. Client Complaint form contains the following information:
- Date and time of complaint.
- Date and time of alleged occurrence.
- Name and address of person reporting complaint.
- Name of staff receiving complaint.
- Description of alleged incident.
- Name and discipline of staff allegedly involved in the incident.
- Inform complainant that investigation shall ensue.

Upon oral or written notification of an unresolved issue, the incident shall be logged in the complaint log as a complaint by the PI Officer. A Grievance/Complaint Documented Event is created in Hometrak, which serves as the complaint log.

Upon receipt of the grievance/complaint, the PI Officer will complete the Client Grievance/Complaint form by contacting the client/referral, investigating the problem, and taking appropriate actions to resolve the issue.

The Administrator/PI Officer/designee shall implement discipline and/or corrective action (if warranted) and shall forward summary of the complaint to the governing body/owner. The completed Client Grievance/Complaint form is filed in the Client Chart.

A summary of complaints/grievances will be reported to the governing body quarterly and included in the annual PI Report.

Employees receive instruction on the complaint/grievance policy at orientation.

All complaints will be retained for a period of seven (7) years. The monitoring of complaints shall be incorporated into the Quality Assessment Performance Improvement (QAPI) process.

GRIEVANCE/COMPLAINT POLICY & PROCEDURES

Boardwalk Homecare has complaint procedures for prompt and equitable resolution of complaints. The comfort, safety, health and happiness of the Clients and Caregivers are very important to us. Company will not discriminate or use any coercion or reprisal against you for voicing a complaint. A complaint may involve a violation of Clients Rights or a notification of dissatisfaction, after initial notification is not resolved. It is the follow-up to the unresolved initial complaint, that initiates the Grievance/Complaint process. When the agency receives the follow-up to the unresolved initial complaint, the matter is logged by the company as a Grievance/Complaint.
The following steps should be taken for filing a written complaint when you have not had a verbal complaint resolved to your satisfaction:

1. A complaint should be in writing, contain the name and address of the person filing it, and briefly describe the problem and the action or remedy requested. While we prefer it be in writing, we will accept oral complaints.
2. A complaint should be forwarded or reported to Boardwalk Homecare, located at 238 Neptune Blvd., Suite 2C / Neptune, NJ 07753 *Attn:* Administrator Phone number: 732-361-7901.
3. The Administrator /designee, shall conduct such investigation of a complaint as may be appropriate to determine its validity and possible responses. These guidelines contemplate informal but thorough investigation, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. The Administrator or his/her designee shall attempt to attain a resolution verbally. If a verbal resolution cannot be reached, a written proposed response addressing the complaint will be issued no later than 30 days after its reporting, unless circumstances require additional time. If necessary, the appropriate authority will be notified.
5. Documentation of the complaint and the steps taken to resolve it shall be logged and kept in a file in the office.
6. You have the right to appeal a determination or decision made by Company with regard to eligibility for service, the types or levels of service in the care plan, a termination or change in service, or if you feel that your rights detailed in the "Client's rights and responsibilities" section have been violated.

You may also voice complaints or concerns to:

The NJ Complaint Hotline is **800-792-9770**, available 24 hour a day.

You can also write to:
New Jersey Department of Health
Division of Health Facilities Evaluation and Licensing
PO Box 367
Trenton, NJ 08625-0367
OR

New Jersey Division of Consumer Affairs
P.O. Box 45025
Newark, New Jersey 07101
www.njconsumeraffairs.gov
Complaints 973-504-6200
Accreditation Commission for Health Care
(855)937-2242

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	ABUSE, NEGLECT, EXPLOITATION
Number of Policy & Procedure	Policy #2-04
Effective Date	03/01/2019

POLICY:
Boardwalk Homecare's policy is that all Agency employees who are aware of any abuse, neglect or exploitation (including injuries of unknown source and misappropriation of client property) of any Agency client, are mandated to report such immediately to their supervisor and to designated state authority.

Agency will document the incident on the Adverse Event/Incident Report Form and thoroughly investigate any alleged violations. Appropriate corrective actions are taken.

NJ Adult Protective Services: 800-792-8820
NJ Child Abuse Hotline: 877-652-2873
State Office - NJ Department of Human Services Phone: 609-588-6501 or 800-792-8820
After Hours: 911 or local police

Mandatory Reporting Elder or Child Abuse, Neglect or Exploitation and Domestic Violence
On January 17, 2010 the State of New Jersey enacted P.L. 2009, c.276 amending laws that govern the reporting of abuse, neglect and exploitation of "vulnerable adults." Of particular significance is the expansion of N.J.S.A. 52:27D-409 that requires that a "healthcare professional" ("[a]ny caretaker, social worker, physician, registered or licensed practical nurse or other professional) who has reasonable cause to believe that a "vulnerable adult" is the subject of abuse, neglect or exploitation report the information to the county adult protective services. N.J.S.A. 52:27D-407. The law defines the phrase "vulnerable adult" as a person eighteen (18) years of age or older who resides in a community setting (a private residence or any non-institutional setting in which a person may reside alone or with others) and who, because of physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his or her well-being and is the subject of abuse, neglect or exploitation. Please note that the onus is on the individual staff member(s) to report abuse and exploitation, and they may be fined up to $5000.00 if they do not do so. In the statute,
Abuse is defined as 1) intentionally inflicting "physical pain, injury or mental anguish" to the resident; 2) intentionally withholding services necessary to ensure the resident's mental and physical health; or 3) unreasonably confining the resident. For the first two categories above, the actions must be intentional, not accidental.
Neglect is defined as not receiving services from his/her caretaker.
Exploitation is defined as "the act or process of improperly using a person or his resources for another person's profit or advantage without legal entitlement to do so…."

PROCEDURE:
In the event of *alleged* abuse/neglect/exploitation:

- Employees are advised that alleged cases of elder abuse, neglect, fraud and exploitation must be reported to the supervisor/ Administrator or Director of Nursing (DON) and NJ Adult Protective Services immediately.
- The supervisor or designee shall
    - ensure the report is called into NJ Adult Protective Services
    - Report the allegation of suspected abuse, neglect, fraud or exploitation to the office Agency Administrator/Owner within 48 hours, if not in that role.

In the event of *verified* abuse/neglect/exploitation:

- Agency will contact local law enforcement agencies in the event of sexual or other physical abuse inflicted by an employee

- The Agency ensures that verified violations are reported to Accrediting organization (ACHC) as well as state, and local bodies having jurisdiction within five working days of becoming aware of the verified violation, unless state regulations are more stringent

RIGHTS: Upon admission, all client/family members will be made aware that all clients have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property - via the Bill of Rights & Responsibilities

Clients are provided with the Reporting Abuse, Neglect & Exploitation form, which includes information on reporting events.

EDUCATION: Agency will provide Abuse training upon orientation and annually to Agency employees. Some of the topics that will be addressed are:

Reasons for abuse or neglect
Potential victims; most likely candidates
Identification of potential abuse/neglect
On-site investigating
State laws regarding abuse or neglect
Documentation of suspected abuse or neglect
Proper officials to report suspected abuse or neglect

INCIDENT REPORT: When employees report suspected cases of abuse, neglect, fraud or exploitation, office staff will notify the client's case manager who will complete an Adverse Event/Incident Report Form.

INVESTIGATION: An internal investigation shall ensue within 5 days of receipt of the complaint and result in a written report. If the investigation validates the claim, the employee will be terminated.

CORRECTIVE ACTIONS:

- Agency supervisor will immediately remove from client contact any Agency employee suspected of abuse, neglect, or exploitation
- Agency will take appropriate corrective action in accordance with state law if the alleged violation is verified

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ALZHEIMER'S DISEASE

Understanding Alzheimer's Disease

Alzheimer's disease (AD) is the most common form of dementia. Approximately 5.4 million Americans have AD. Alzheimer is the sixth-leading cause of death in the United States. The disease is characterized by memory loss, language deterioration, poor judgment, and an indifferent attitude.

Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities. It involves the parts of the brain that control thought, memory, and language. Healthy brain tissue dies or deteriorates, causing a steady decline in memory and mental abilities.

AD is not the only form of dementia. Doctors diagnose AD by doing tests to eliminate all the other possible reasons for the person's symptoms. If no other cause is found, usually a diagnosis of AD is given.

AD causes progressive degeneration of the brain. It may start with slight memory loss and confusion but eventually leads to severe, irreversible mental impairment that destroys a person's ability to remember, reason, learn, and imagine. Usually, family members notice gradual—not sudden—changes in a person with AD.

As AD progresses, symptoms become serious and family members usually seek medical help. Progression from simple forgetfulness to severe dementia might take five to 10 years or longer.

People with mild AD may live alone and function fairly well. People with moderate AD may need some type of assistance. People with advanced AD generally require total care.

Causes

Think of the way electricity travels along wires from a power source to the point of use. Messages travel through the brain in a similar way, but they are carried by chemicals instead of wires. Information travels through the nerve cells in the brain so we can remember, communicate, think, and perform activities.

Researchers have found that people with AD have lower levels of the chemicals that carry these important messages from one brain cell to another. In addition, people with AD have many damaged or dead nerve cells in areas of the brain that are vital to memory and other mental abilities. Although the person's mind still contains memories and knowledge, it may be impossible to find and use the information in the brain because of AD.

Abnormal structures called plaques and tangles are another characteristic of AD:

- **Plaques.** It is believed that plaque deposits form between brain cells early in the disease process.
- **Tangles.** This refers to the way that brain cells become twisted, causing damage and nerve cell death.

These structures block the movement of messages through the brain, causing memory loss, confusion, and personality changes.

Complications

According to the Alzheimer Association, Alzheimer's is the sixth-leading cause of death in America with one in three seniors dying with Alzheimer's or other forms of dementia. In advanced AD, people lose the ability to do normal activities and care for their own needs. They may have difficulty eating, going to the bathroom, or taking care of their personal hygiene. They may wander away, get lost, or become injured. They may develop complicating health problems such as pneumonia, infections, falls, and fractures. They may experience lack of appetite resulting in weight loss.

Treatment

There is no cure for AD. Medications are available that may slow the progress of the disease, lessening its symptoms, but they are unable to stop or reverse it. These include tacrine (Cognex), donepezil (Aricept), rivastigamine (Exelon), and galantamine (Reminyl).

Medicines are sometimes ordered to help with symptoms such as sleeplessness, wandering, anxiety, agitation, and depression.

Prevention and research

There is no known way to prevent AD. Researchers continue to look for ways to reduce the risk of this disease.

The person with AD has no control over these symptoms and cannot be held responsible for behavior problems.

It is believed that lifelong mental exercise and learning may create more connections between nerve cells and delay the onset of dementia. People should be encouraged to learn new things and stay mentally active as long as possible.

All persons with AD need unconditional love and constant reassurance, no matter what stage of the disease they are in.

Caring for the AD Patient

AD progresses at a different rate with each person. It is important to focus on things that the person with AD can still do and enjoy.

You will recognize the following signs in many patients with AD:

- Increasing and persistent forgetfulness.
- Difficulty finding the right word.
- Loss of judgment.
- Difficulty performing familiar activities such as brushing teeth or bathing.
- Personality changes such as irritability, anxiety, pacing, and restlessness.
- Depression. Depression may show itself in some of the following ways:
  - Wandering
  - Anxiety—this can be caused by noise, feeling rushed, and large groups
  - Weight loss
  - Sleep disturbance
- Pacing and agitation. Agitation often is a symptom of underlying illness or pain. Medication can also cause agitation, as can changes in the environment.
- Cursing or threatening language.
- Disorientation, delusions, or hallucinations. A person with hallucinations sees, hears, or feels things that are not there. A person with delusions believes strongly in something that is not true, such as believing that he has been captured by enemies.
- Difficulties with abstract thinking or complex tasks. Balancing a checkbook, recognizing and understanding numbers, or reading may be impossible.

The following suggestions will help you care for a patient with AD:

Structure. Serenity and stability reduce behavior problems. When a person with AD becomes upset, the ability to think clearly declines even more. Follow a regular daily routine. Plan the schedule to match the person's normal, preferred routine and find the best time of day to do things, when the person is most capable. Be sure to keep familiar objects and pictures around.

Bathing. Some people with AD won't mind bathing. For others it is a confusing, frightening experience. Plan the bath close to the same time every day. Be patient and calm. Allow the patient to do as much of the bath as possible. Never leave the patient alone in the bath or shower. A shower or bath may not be necessary every day—try a sponge or partial bath some days.

Dressing. Allow extra time so the patient won't feel rushed. Encourage the patient to do as much of the dressing as possible.

Eating. Some patients will need encouragement to eat, while others will eat all the time. A quiet, calm atmosphere may help the patient focus on the meal. Finger foods will help those who struggle with utensils.

Incontinence. Set a routine for taking the patient to the bathroom, such as every three hours during the day. Don't wait for the patient to ask. Many people with AD experience incontinence as the disease progresses. Be understanding when accidents happen.

Communication. When talking, stand where the patient can see you. Use simple sentences and speak slowly. Focus attention with gentle touching if permitted.

Environment. Make the environment familiar and safe. Set the water heater no higher than 120°. Keep medicines and any potentially dangerous items out of reach.

Exercise. This helps patients improve their motor skills, functional abilities, energy, circulation, stamina, mood, sleep, and elimination. Avoid pushing the patient to exercise, but provide encouragement. Give simple instructions. Mild stretching exercises are good. Demonstrate how to tense and release muscle groups in sequence, keeping the order the same each time. Exercise or walk at the same time each day. A daily walk may reduce wandering.

Night ritual. Behavior is often worse at night. Create a ritual that is calming. Soothing music is helpful for some. Leave a night light on to reduce confusion and restlessness.

Ideas for dealing with difficult behaviors

Sundown syndrome. Many patients with AD are more agitated, confused, or restless in the late afternoon or early evening. Research shows the following things help:

- Leave lights on and shut out the darkness by closing blinds and shades.
- Provide more activity earlier in the day. This will use up energy, reducing stress.
- Schedule essential activities and appointments early in the day.
- Encourage an afternoon nap every day. This reduces fatigue and agitation.
- Play classical music on a portable radio or music player through headphones or earpieces. This shuts out disturbing noises and soothes the patient.
- Warm, relaxing baths, foot soaks, or massages may help.
- Reduce activity and distractions toward the end of the day.
- Discourage evening visits and outings.
- Avoid overstimulation. Turn off the television or radio before speaking to a patient.
- Keep the patient well hydrated by offering plenty of water throughout the day.

Hiding, hoarding, and rummaging. These common problems can be disturbing to caregivers and to others the AD patient lives with. Try the following strategies:

- Lock doors and closets.
- Put a sign that says "No" on places you want to keep the person out of, such as certain rooms, closets, or drawers.
- Watch for patterns. If a patient keeps taking the same thing, give him one of his own.
- Don't leave things lying around in the open; put things away neatly.
- Make duplicates of important items like keys and eyeglasses.
- Keep the person's closet open so she can see her things in plain view. When the patient can see at all times that she still has her everyday items, she may not feel the need to go looking for them.
- Designate an easily reached drawer as a rummage drawer. Fill it with interesting, harmless items like old keys on chains, trinkets, or plastic kitchen implements. Allow the patient to rummage freely in this drawer.
- Look through waste cans when something is lost and before emptying them.
- Patients with AD tend to have favorite hiding places for things. Look for patterns.

Most behaviors have a reason. Look for the reason for the behavior before responding.

Repetition. A person with AD can become fixated on a task and repeat it over and over without stopping. Pacing, turning lights on and off, or washing hands repeatedly are examples of this. As long as the activity isn't dangerous, there is nothing wrong with letting the person continue doing it. When the time comes that the patient must be asked to stop, try these tips:

- Say "stop," firmly but quietly.
- Touch the person gently.
- Lead the person by the arm away from the activity.
- Point out something distracting.
- Say, "Thank you for folding all those towels. Now let's go to dinner."

Confusion. Don't try to enter the person's world by pretending to see or hear the things he seems to see or hear. Help the person stay grounded in reality by patiently using some of the following techniques:

- Ask questions with yes/no answers.
- Make positive statements that let the person know what you want. For example, say "stand still" instead of "don't move."
- Give the person a limited number of choices.
- Lay out clothes in advance. Keep the wardrobe simple, and try the following things:
  - Avoid buttons and zippers if possible
  - Use Velcro fastenings and elastic waistbands
  - Limit the number of colors in the wardrobe
  - Eliminate accessories
- Use memory aids, such as posting a list of the daily routine or putting up a large calendar and clock. Other aids include:
  - Put name tags on important objects.
  - Use pictures to communicate if the person doesn't understand words.
  - Make memory books with pictures of important people and places.
  - Post reminders about chores or safety measures.
  - Put a sign that says "No" on things the person shouldn't touch.
  - Paint the bathroom door a bright color, and put a brightly colored seat cover on the toilet. These will remind the person where to go.
- Give simple, precise instructions. Reduce distractions during a task. Give only as much guidance as necessary.

- Say the person's name and make eye contact to get his attention before touching him.
- Reassure the person if needed, but don't needlessly distract a patient who is doing a task.
- Each step of a process should be handled as a separate task. Instead of saying, "It's time for your bath," say, "Take off your shoes. That's good. Now take off your socks."
- Allow plenty of time for every task.
- If the person can't complete a task, praise her for what she has accomplished and thank her for helping you.

Wandering. First, find out if the patient needs something. Look for patterns in the wandering and possible reasons, such as time of day, hunger, thirst, boredom, restlessness, need to go to the bathroom, medication side effect, overstimulation, or looking for a lost item. Perhaps the patient is lost or has forgotten how to get somewhere. Help meet the patient's need and keep him safe by trying the following things:

- Remind the patient to use the bathroom every two hours.
- Have healthy snacks and a pitcher of water readily available.
- Provide a quiet environment away from noise, distraction, and glaring light.
- Provide a purposeful activity such as folding clothes or dusting.
- Provide an outlet such as a walk, a social activity, a memory book, or classical music played through headphones.
- Give the patient a stuffed animal to cuddle.
- Keep lights on at night.
- Try using different shoes on the person. Some people wander when they are wearing shoes but not when they are wearing slippers.
- Use alarms, bells, or motion sensors. Bed alarms are flat strips laid under the sheets that sound when the person gets up. Outside doors should have bells or alarms that sound when opened. Motion sensors can be used in hallways.
- If the patient is in a home or agency with stairs, porches, or decks, child safety gates should be used to block these. Two gates can be used for height.
- Use child-resistant locks on doors and windows.
- Put a black mat on the ground in front of outside doors, or paint the porch black. Patients with AD often will not step into or over a black area.
- If possible, the person should carry or wear some form of identification, such as an ID bracelet that looks like jewelry but is engraved with the person's name, address, and phone number.

- Educate neighbors on what to do if they find a wandering patient.
- Call the police if an AD patient wanders away.

Aggression and agitation. First be sure that the person is not ill or in physical pain, such as from an infection or injury. Then try the following suggestions:

- Maintain a calm environment.
- Reduce triggers such as noise, glare, television, or too many tasks.
- Check for hunger, thirst, or a full bladder.
- Make calm, positive, reassuring statements. Use soothing words.
- Change the subject or redirect the person's attention.
- Give the person a choice between two options.
- Don't argue, raise your voice, restrain, criticize, demand, or make sudden movements.
- Don't take it personally if the person accuses or insults you.
- Say, "I'm sorry you are upset; I will stay until you feel better." Don't say, "I'm not trying to hurt you."
- Encourage calming activities that have a purpose. Sorting and folding laundry, dusting, polishing, vacuuming, watering plants, and other quiet, repetitive tasks can be soothing.

BLOODBORNE PATHOGENS

Why Is It Important to Protect Yourself From Contact With Blood and Body Fluids?

Though they can't be seen, there are hundreds of tiny organisms living in blood and other body fluids that can cause disease in humans. These are called "bloodborne pathogens."

Some of these organisms are harmless and can be handled easily by the body's immune system, but others can cause severe illness, such as hepatitis or AIDS.

Bloodborne Diseases: HIV/AIDS, Hepatitis B, Hepatitis C

Bloodborne pathogens include the hepatitis B virus (HBV), the hepatitis C virus (HCV), the human immunodeficiency virus (HIV) that causes autoimmune deficiency syndrome (AIDS), and others.

These pathogens are transmitted through contact with infected body fluids such as blood, semen, and vaginal secretions. Exposures occur (a) when the skin is punctured by a contaminated needle, razor, or other sharp item or (b) when broken skin or mucous membranes are splashed with blood or body fluid. Fortunately, most exposures do not result in infections.

Standard precautions are designed to prevent transmission of HIV, HBV, and HCV. Standard precautions must be observed in all situations where there is potential for contact with blood or other potentially infectious body fluids.

Standard precautions apply to:

- Blood
- Semen
- Vaginal secretions
- Saliva
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid

- Amniotic fluid
- Feces
- Nasal secretions
- Sputum
- Sweat
- Tears
- Urine
- Vomitus

Treat all human blood and body fluids as if they are infectious. Remember who you are protecting—YOURSELF!

Proper hand washing procedure

1. Remove your watch, if you are wearing one, or push it up your arm. You should not wear rings or bracelets at work.
2. Do not touch the sink with your hands while you are washing, and stand back from the sink to keep it from touching your clothes.
3. Use warm water. Hot water may dry out your skin.
4. Either bar soap or liquid soap is okay. If using a bar, rinse it first and hold it the whole time you are lathering. Soap does not have to be an antiseptic type, unless you are doing an invasive procedure such as catheterization.
5. Wet your wrists and hands.
6. Apply plenty of soap. Work up a thick lather all over your hands and wrists, between your fingers and thumbs, and on the back of your hands and wrists.
7. Vigorously rub all areas of your hands, fingers, and wrists for a minimum of 10–15 seconds. Sixty seconds is better. Friction helps remove dirt and microorganisms.
8. Clean under your nails by using the nails on your other hand, or rub your nails into the palm of your other hand. Clean around the top of your nails.
9. Rinse with warm water, letting water run down from wrists to fingertips and into the sink.
10. Dry with a clean paper towel and throw it away.

11. Turn off the faucet with a clean, dry paper towel and throw the towel away.
12. Use lotion on your hands to prevent irritation and chapping, which makes skin more prone to infection.

When hand washing facilities aren't available, use an agency-approved antiseptic hand cleaner or an antiseptic towelette. As soon as possible, rewash your hands with soap and water following the correct hand washing procedure.

Standard precaution 2: Gloves

- Use gloves in all situations where you may come in contact with blood or body fluids
- Use gloves for patient care involving contact with mucous membranes, such as brushing teeth
- Change gloves and wash hands between patient contacts
- Use gloves when you have scrapes, scratches, or chapped skin
- Do not wash or disinfect disposable gloves for reuse

Standard precaution 3: Protective barriers

Protective barriers, including gloves, reduce the risk of your skin or mucous membranes being exposed to potentially infective blood and body fluids. You should wear the appropriate barriers for the work you are doing.

Employers must provide suitable personal protective equipment (PPE) in the right sizes. Protective equipment includes gloves, gowns, masks, eye protection, face shields, mouthpieces, resuscitation devices, and other things. Hypoallergenic gloves, glove liners, powderless gloves, or other alternatives must be available for those who are allergic to the regular gloves.

The equipment you need depends on your work. When splashing of blood or body fluids is likely, wear the following PPE in addition to gloves:

- Mask if your face could be splashed with blood or body fluids
- Eye protection if your eyes could be splashed with blood or body fluids
- Gown if your clothing or skin could be splashed

Standard precaution 4: Proper disposal of sharp items

A "sharp" is any object that can penetrate the skin, such as needles, scalpels, broken glass, broken capillary tubes, and exposed ends of wires. A sharp is contaminated if it has been in contact with blood, body fluids, or body tissues.

Contaminated sharps must be disposed of properly. Follow your agency's policies.

- Be careful to prevent injuries from needlesticks and other sharp instruments after procedures, when cleaning used instruments, and when disposing of used needles. Do not recap or manipulate needles.
- It's best to use needleless injection systems or needles with injury protection. If you must use a regular needle, remember:
  - Do not recap needles. If it is absolutely necessary to recap a needle, use one hand to slide the needle into a cap lying on a flat surface. Do not hold the cap in your other hand while recapping.

Tips

- Use thick rubber household gloves to protect your hands during housekeeping chores or instrument cleaning involving potential blood contact
- Treat all linen soiled with blood or body secretions as potentially infectious
- Surfaces that have been contaminated with blood or body fluids should be cleaned with a disinfectant according to your organization's policies

If an Exposure Occurs

Immediately following an exposure to blood or body fluids:

- Wash needlesticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigants.

Next:

- Report the exposure at once. Treatment may be recommended, and it should be started as soon as possible. See a medical professional.
- Discuss the possible risks and the need for treatment with the person managing your exposure.
- Remember that mandatory testing of a patient is not legal. Patients who might be the source of an infection must give consent to be tested.

Workers' Rights

The Occupational Safety and Health Administration (OSHA) is a federal agency that guarantees rights to a safe workplace. Under OSHA's rules, workers who might be exposed to contaminated blood or body fluids have specific rights.

Employers must train workers that might be exposed to blood or body fluids about the hazards and how to protect themselves. This training must occur during working hours at no cost to employees, at orientation, and annually thereafter.

Standard precautions must be practiced at all times. Punctureproof and leakproof containers must be provided for disposal of sharp items. There must be a system for reporting exposures to blood or body fluids.

Employers must provide free hepatitis B vaccination, free protective equipment, and free immediate medical evaluation and follow-up for anyone exposed to blood or body fluids. Employees must receive confidential treatment, and their medical records must be protected.

Workers' responsibilities

- Always use standard precautions.
- Actively participate in evaluating safer equipment and encouraging your organization to purchase safer equipment. Be open to new products or practices that could prevent exposure and protect workers and patients.
- Be immunized against hepatitis B, getting the series of three injections.
- Report all exposures immediately after cleaning and disinfecting the exposed skin or mucous membranes.
- Comply with postexposure recommendations of your organization.
- Support other workers who have been exposed. HIV-infected workers who continue working deserve support and confidentiality.
- Know your own HIV/HBV/HCV status. If you are positive for any of these viruses, you do not pose a risk for patients if you don't do invasive procedures.

Specific Exposure Risks and Treatments

Human immunodeficiency virus

HIV is the virus that causes AIDS.

Risk of infection after exposure:

- Needlestick is the most common cause of work-related infection.
- Risk factors include the amount of blood or fluid, the puncture depth, and the disease stage of the infected person.

- The average risk of HIV infection after a needlestick or cut exposure is 1 in 300. The risk after exposure of the eye, nose, skin, or mouth to positive blood is less than 1 in 1,000. If the skin is damaged, the risk may be higher.

Treatment after exposure:

- There is no vaccine against HIV.
- Postexposure treatment is not always recommended. A physician or exposure expert should advise you.
- Drugs used to prevent infection may have serious side effects.
- Perform HIV antibody testing for at least 6 months after exposure.

Hepatitis B virus

Risk of infection after exposure:

- Hepatitis B vaccine prevents this disease. Persons who have received the vaccine and developed immunity are at virtually no risk for infection. A series of three injections are required, given initially, then 1–2 months later, then 4–6 months after the first injection.
- Workers should be tested 1–2 months after the vaccination series to make sure the vaccination has provided immunity.
- For the unvaccinated person, the risk from a single needlestick or cut exposure ranges from 6% to 30%, depending on the level of virus in the infected person's blood. A higher concentration of virus makes it more likely that someone exposed to that blood will become infected.

Treatment after exposure:

- Everyone with a chance of exposure to blood or body fluids should receive hepatitis B vaccine, preferably during training, unless it is contraindicated because of allergies, pregnancy, or potential pregnancy.
- Hepatitis B immune globulin (HBIG) effectively prevents HBV infection after exposure. Recommendations for postexposure management of HBV may include HBIG and/or hepatitis B vaccine. The decision to begin treatment is based on several factors, such as whether the:
  - Source person is positive for hepatitis B
  - Worker has been vaccinated
  - Vaccine provided immunity

Hepatitis C virus

Infection with HCV carries a great potential for chronic liver disease and can lead to liver failure, liver transplants, and liver cancer.

Risk of infection after exposure:

- HCV is a growing problem
- The risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%
- The risk after a blood splash is unknown but is believed to be very small; however, HCV infection for such an exposure has been reported

Treatment after exposure:

- There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection.
- Immune globulin (HBIG) is not recommended.
- Following recommended infection control practices is vital.
- There are several tests that should be performed in the weeks after an exposure and for 4–6 months afterward. Confer with a physician or an exposure specialist.

Additional Precautions for Infection Control

If you know or suspect that a patient has a disease that is spread in one of the following ways, use the following extra precautions, in addition to standard precautions.

Airborne germs can travel long distances through the air and are breathed in by people. Examples of diseases caused by airborne germs are TB, chickenpox, and shingles. Precautions include the following:

- Wear a mask. If the patient has, or might have, TB, wear a special respiratory mask (ask your supervisor). A regular mask will not protect you.
- Remind the patient to cover nose and mouth when coughing or sneezing.
- Treat the patient's used tissues or handkerchiefs as infected material.

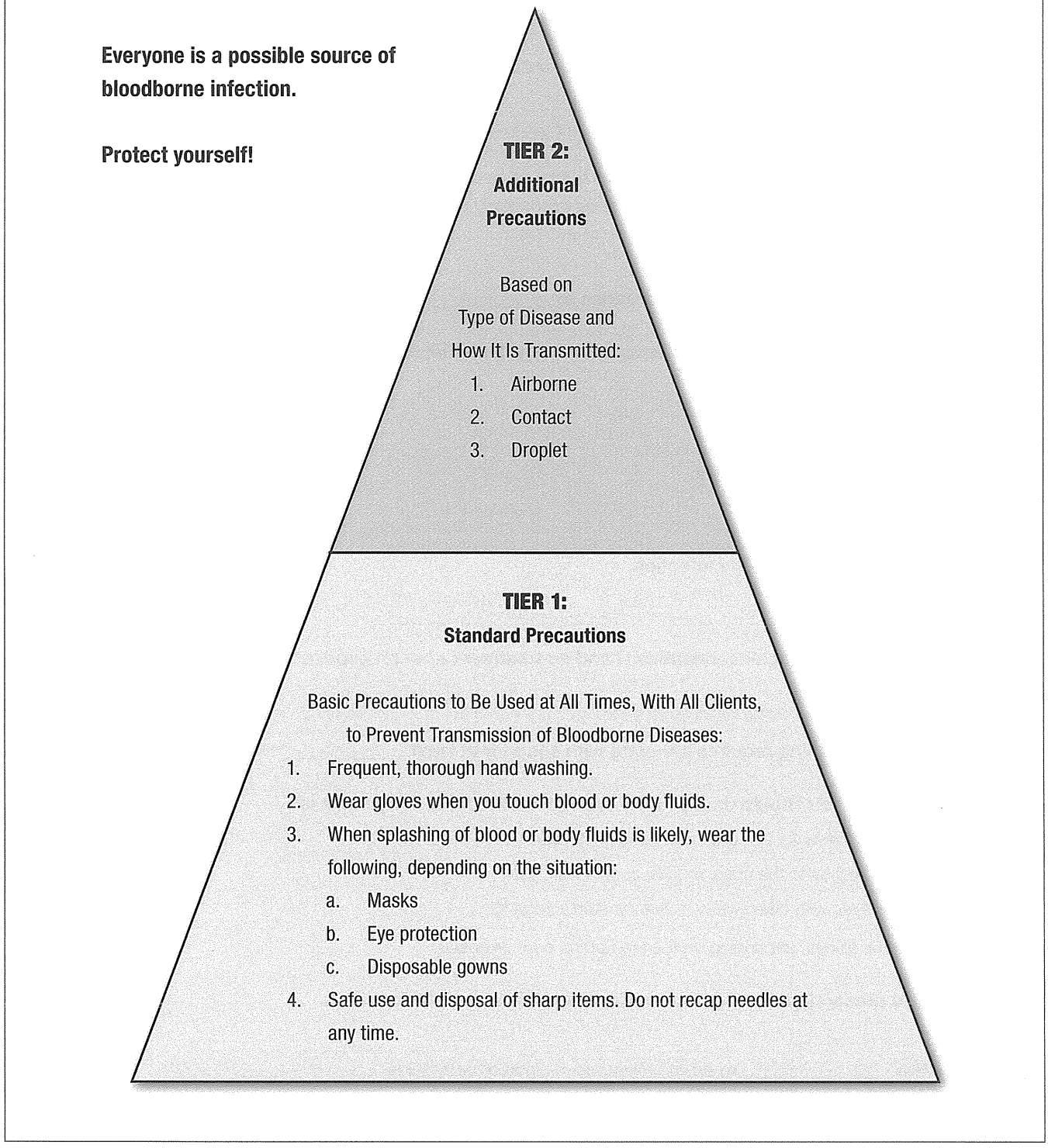
Contact germs can cause the spread of disease by touch. Examples of diseases caused by contact germs are pink eye, scabies, wound infections, and methicillin-resistant *Staphylococcus aureus*. Precautions include the following:

- Wear gloves
- Treat bed linens, clothes, and wound dressings as infected material
- Wear a gown if the patient has drainage, has diarrhea, or is incontinent
- Use a disinfectant to clean stethoscopes, blood pressure cuffs, or other equipment

Droplet germs can travel short distances through the air, usually not more than three feet. Sneezing, coughing, and talking can spread these germs. Examples of diseases caused by droplet germs are flu and pneumonia. Precautions include the following:

- Wear a mask when working close to the patient (within three feet)

FIGURE 7.1 | CENTERS FOR DISEASE CONTROL AND PREVENTION TWO-TIERED SYSTEM TO CONTROL DISEASE TRANSMISSION



COMMUNICATION

Active Listening

To communicate well you need to start with learning to listen.

First, prepare environment:

- Choose quiet area or eliminate distractions
- Make eye contact, but be aware some cultures such as Asian, African and Latin America cultures view eye contact as signs of disrespect or aggression
- Use the seven skills of active listening

SEVEN SKILLS OF ACTIVE LISTENING

1. Show interest. Use encouraging sounds, and nod your head. Don't appear impatient or hurried.
2. Be other-focused. Ask questions so others will talk about themselves. Focus conversations on the person you are talking to, not on yourself. Other-focused example:

   Patient: "I have 15 grandchildren but Tommy lives closest to me."

   Staff member: "You have 15 grandchildren?! That's wonderful. Tell me about them."
3. Reflect. Keep conversations focused on the other person by reflecting back their thoughts and questions. Concentrate on their feelings and concerns. A reflect example:

   Patient: "What should I do about my mother?"

   Staff member: "What do you think you should do?"
4. Be quiet. Sometimes people need some silence to gather their thoughts.
5. Clarify. Find out exactly what someone means when he or she says something. You can learn valuable information this way. Clarify anything that raises a question in your mind. A clarify example:

   Patient: "I'm too tired to take a bath today. Leave me alone."

   Staff member: "Can you tell me why you are so tired today?"
6. Ask open questions. Ask questions that require more than just a "yes" or "no" answer. You get more information that way. For example, rather than "Are you okay today?" ask, "How are you feeling today?"
7. Repeat. To be sure you understand something, repeat what you hear in your own words and then ask if you repeated it correctly.

Effective Talking

To get your message across, practice the following speaking skills:

- Speak clearly and distinctly
- Use simple words and sentences
- Give all the information the person needs, such as whom you are and what you are going to do
- Use descriptive gestures to reinforce your words
- Use humor when appropriate
- Use expressions, gestures, and body language that reinforce your message

Five "Don'ts" of Communication

To be an effective communicator, eliminate the following habits:

1. **Don't offer your opinions.** Help your patients make their own decisions; don't tell them what you think they should or shouldn't do.
2. **Don't become defensive.** When a patient criticizes you or someone else, reflect his concern back to him so you can learn more about the problem.
3. **Don't make judgments.** Instead of showing disapproval, ask the patient about his reasons for acting or feeling a certain way. Be open to differences of opinion.
4. **Don't ask "Why?"** "Why" questions make people feel defensive. Word questions in a nonthreatening way, such as asking calmly, "What happened?" or "Can you tell me about it?"
5. **Don't give empty assurances.** "Everything's going to be fine" isn't necessarily true. Focus on helping the patient talk about his or her concerns.

Nonverbal communication

Communicating with words is not the only way we communicate. Our nonverbal communication also affects communication. Be aware of the following nonverbal communications impact on effective communication with your patients.

Expressions and gestures:

- Facial expressions

  - Smiling vs frowning
  - Eye rolling vs eye contact
- Head movements
  - Nodding yes or no
- Posture
  - Slouching vs sitting upright and leaning towards person
  - Arms crossed or arms open
- Body Contact
  - Shaking hands
  - Holding hands
  - Invading personal space
- Appearance
  - Type of clothing
  - Grooming and Cleanliness

Ways to Improve Nonverbal Communication

- Respect personal space and sit at an appropriate distance
- Touch only when appropriate
- Maintain eye contact (if culturally appropriate)
- Be aware of your facial expressions
  - keep neutral facial expression
  - smile only if appropriate
  - Widened eyes and raised eyebrows portray fear or shock
  - Eyes squeezed together, with eyebrows lowered portrays anger
  - Eyebrows pulled together and nose wrinkled portrays disgust
  - Eyes half open and avoiding eye contact portrays boredom or disinterest
- Be aware of you posture and body movements
  - Do not cross arms in front of your body portrays defensiveness
  - Do not tap fingers or foot portrays impatience
  - Covering mouth portrays that you are hiding emotions

Barriers to Effective Communication

Sometimes, patients have trouble speaking, hearing, or understanding, or sometimes they get angry or emotional, making it difficult to communicate. The following are some tips to follow when you're in this situation:

- Communication with speaking or hearing impairments:
- Turn off or remove distractions such as a television or radio. You might have to close the door to the room if there is noise in the hallway.
- Stay on the patient's "good" side, where his or her hearing or speech is best. Let him or her see your mouth as you speak.
- Allow plenty of time for the person to respond to something you say.
- Don't rush the person or finish his sentences for him, unless you can help by patiently supplying a word or two.
- When you are speaking, use the correct voice volume. You may have to be louder if the person is hard of hearing, but remember that individuals with dementia or people who have had a stroke aren't necessarily hard of hearing. A normal volume works best in these situations.
- Use short, simple words and phrases.
- Ask "yes" or "no" questions to make it easier for the patient to answer.
- When the person has difficulty finding the right words, ask him to point to words or pictures on a board or a piece of paper. Encourage the patient to use gestures such as head nodding and hand motions.
- When giving directions, state one instruction at a time. Break your directions down into simple steps.
- Communication when someone is angry:
- Keep your mood, facial expression, body language, and voice calm, quiet, and relaxed.
- Do not argue. This will only increase the individual's anger and cause the incident to get worse.
- Maintain eye contact even if someone is angry.
- Avoid touching an angry person.
- Keep a clear exit for yourself, being sure that the angry person doesn't block your way to the doorway.
- Use the skill of reflection. Reflecting is the process of paraphrasing and restating both the feelings and words of the speaker
- Reflect feelings back to the angry individual.
- Don't pass judgment on someone's words or behavior. Stay open-minded and listen actively to hear the underlying feelings and concerns.
- After you have listened to the reasons for the person's anger, help him or her solve the problem or handle the situation.

If these tactics don't work, or if you fear harm, leave the scene and notify your supervisor.

Communicating With Health Care Professionals

A home health aide needs to communicate information to other health care professionals related to changes in the patient condition or other concerns.

General changes to report include:

- Vital signs outside of specified ranges
- Changes in alertness
- Changes in appetite
- Change in bowel movement pattern or no bowel movement in 2 days
- Change in urination including new incontinence or no urine about in 8 hours
- Change in ability to perform activities
- Change in ambulation or transfer ability
- Swelling of legs, hands or feet
- Shortness of breath
- Increased pain or new onset pain
- Changes in sleeping patterns
- Falls – with or without injury
- Skin Changes to Report:
- Any change in color of skin including pink, red, brown or black areas
- Any temperature change including coolness or warmth
- New bruises
- Any itching or scratching
- New or worsening rashes
- New redness or open areas on skin especially on pressure points:
  - Buttocks or coccyx
  - Hips
  - Heals

- Ears
- Elbows
- Back of skull
- Shoulders

If the patient has an existing wound, the home health aide should not remove dressing unless nursing staff has instructed the aide on the dressing care and it is included on the aide care plan.

Observe the covered wound area and alert nursing if:

- Dressing has fallen off
- Increase drainage that has seeped through the dressing
- Redness or warmth surrounding dressing
- Swelling around dressing
- Patient complaining of increase pain at wound site
- Emitting a foul odor

QUIZ FOR COMMUNICATION WITH PROFESSIONAL STAFF

Should you communicate the following with professional staff?

1.	The aide should report each of the following items to the nurse.	Yes	No
2.	The patient is able to walk to the bathroom using the walker.	Yes	No
3.	The patient tells the aide that she fell last night getting up to go to the bathroom but she is fine.	Yes	No
4.	The aide discovers that the patient has not eaten any of the prepared meals from the prior day.	Yes	No
5.	The patient tells the aide that she went to the doctor yesterday and had a clean bill of health	Yes	No
6.	During the bath, the aide notices that the patient's heals have a dark brown spot.	Yes	No
7.	The patient states that her back has been hurting more than usual and she can't get comfortable at night.	Yes	No

CULTURAL DIVERSITY

Defining Cultural Diversity

Culture is a social pattern of behaviors, beliefs, and characteristics of a group of people that are passed on from generation to generation. It is very important to understand that cultural characteristics are very different from physical characteristics. Many people who have similar physical characteristics do not always have similar cultural characteristics.

Cultural diversity is the variety of human societies or cultures in a specific region or in the world as a whole. There are also more obvious cultural differences that exist between people, such as language, dress, and traditions.

Geographic culture

Some culture originates from the area of the world that the person is from. This is called geographic culture. There are many geographic cultures that greatly influence a patient's views on diet and medical care.

The following are some types of geographic cultures. They are listed here to give you a better idea of the variety within these cultures and not to provide specific information about an individual patient or family. Keep in mind that these are very general and will not apply to all patients.

Eastern Asian and Pacific Islanders

Eastern Asian and Pacific Islanders contain many different ethnic groups. These groups include, but are not limited to, Chinese, Korean, Japanese, Vietnamese, Hmong, Indonesian, Filipino, and Samoan people. Dietary habits are varied, based on the culture, and there are often special diets to be taken into consideration during illness. Fish, fruits, vegetables, and rice are the primary diet, along with small amounts of chicken, pork, or beef. In most of these cultures, a meal is almost like a ceremony and should not be interrupted. There are several religions practiced, including Confucianism, Buddhism, Taoism, Islam, Shintoism (Japan), and Roman Catholic. Medicinal herbs and folk remedies and rituals are commonly used to prevent or treat illness. Most believe that good health is a result of harmony and may use health healers and spiritual healers before seeking standard medical care. Drawing of blood is especially upsetting to many. There is a tendency to hide outward signs of pain, so it may be difficult to determine how much pain a patient is having. Many believe in some type of reincarnation.

Haitian, Puerto Rican, Cuban

Generally, diet is very important for maintaining good health for people of Haitian, Puerto Rican, or Cuban culture. Many believe foods have "hot/cold" properties, and these must be in harmony. Some believe illness is supernatural and caused by evil spirits or enemies of deceased relatives. They may wear amulets to protect against evil spirits. Most consult folk healers or spiritualists before seeking standard medical care. Use of herbs and rituals for healing is common. Many are suspicious and fearful of hospitals. Cuban-Americans are most likely to use the standard medical practices in combination with religious or home remedies.

Religious culture

In addition to cultures passed on from different geographic areas, there are many general religious cultural beliefs you may find among your patients. Keep in mind that not all members of a particular religious group will hold the same beliefs. These are generally held beliefs and may not be those of each and every member.

Baptist

Almost all Baptist groups prohibit alcohol as a beverage. Many groups strongly believe in faith healing or "laying on of hands" by preachers or others empowered by God to heal. Many believe that when medical treatment cures them, it is because God is functioning through the doctors and nurses. They may refuse ventilators or resuscitation, believing it interferes with God's will. Mission work is very much part of most Baptist churches, because many of them believe that only Christians will go to heaven.

Church of Jesus Christ of Latter Day Saints

People who practice at the Church of Jesus Christ of Latter Day Saints are commonly referred to as Mormons. While meat is not forbidden, members are encouraged to eat meat "infrequently," and they generally do not drink tea, coffee, or alcohol. Most will fast for 24 hours on the first Sunday of the month. They are strong believers in divine healing with anointing and "laying on of hands" by church elders but do not prohibit standard medical care. Special "garment"or underwear are worn by Mormons as a symbolic gesture of promises that they have made to God. They begin wearing the garment during their first visit to temple The garment is made of a top and bottom piece and is worn both during the day and night. Never remove these undergarments without discussing the process with the patient or family. The church headquarters is in Salt Lake City, Utah.

Islam

People who practice Islam are referred to often as Muslims or Nation of Islam. Muslims do not eat pork and pork products and generally do not use alcohol. During Ramadan (the last month of the Mohammedan year), they do not eat during daylight hours. They accept standard medical care and generally oppose faith

healing. Muslims perform prayers five times daily. There is usually ritual washing before prayers. There are several different sects of Islam, and each is somewhat different.

Jewish

Dietary habits depend upon whether they are Orthodox, Reform, or Conservative. The most common dietary habit for most Jews is the avoidance of pork; some Jewish people keep kosher, which means only eating only meat that comes from animals that eat vegetables, have cloven hooves, or chew their cud. Meat must be slaughtered in a specific way to make it kosher. They do not eat seafood unless it has scales and fins (no shellfish). Orthodox and other Jews who strictly observe kosher laws, which means never eating or storing meat and dairy products together. Since kosher meats are often brined and therefore high in sodium, patients on low-salt diets do not have to use kosher meats. Jewish people may have two sets of dishes, utensils, and cooking equipment—one for meat and one for dairy. During Passover, many Jewish people do not eat any leavened bread (bread containing yeast or other ingredients to cause it to ferment and rise). Jews may refuse surgery during the Sabbath (sundown on Friday until sundown on Saturday). The Jewish faith generally oppose prolonging life after life support. Many Jews will not withhold food or fluid for patients who can no longer swallow. They will request feeding tubes, intravenous fluids or continue to offer fluids even when the patient can not swallow. Amputated limbs and other parts of the body removed by surgery are given to family for burial. There is no single Jewish authority over all Jewish synagogues. All congregations are independent and control their own activities. The Sabbath is observed by many Jews in different ways. It's a day of rest and worship. Like all Jewish holidays, it begins and ends at sundown. The Jewish Sabbath begins on Friday at sundown and lasts until sundown on Saturday. During this time, some Jews do not use cars, do not cook or do work of any kind.

Roman Catholic

The catholic church is the largest Christian church worldwide. The authority over all Roman Catholics is the Pope. Catholics fast during Lent, 46 days prior to Easter by not eating meat on Ash Wednesday the beginning of Lent or on any Friday until Easter. Some Catholics still follow the old practice of no meat on any Friday of the year. The church does not approve of contraceptives, abortion, or fertility treatments. Two of the rituals that Catholics practice include communion and anointing of the sick. Communion is a sacred practice in which wine and bread is taken by the patient along with prayer. Annoiting of the sick is a prayer performed by a priest or lay person as a spiritual healing. Most request anointing of the sick during major illness. Homecare patients may refuse to eat or drink for an hour before someone is bringing them communion.

Stereotypes

All information in this lesson reflects general beliefs of many geographic and religious cultures. That said, it is important to understand that not every person, even if that person is of a particular culture, practices that way. For example, someone may be Roman Catholic, but not go to church or take communion. Someone from Puerto Rico may never eat the types of food from his or her region. Every person is different.

One thing that we must always be careful to never do is to stereotype someone based on physical features. Just because someone is from the Middle East does not mean that person is Muslim. Just because someone is Mormon does not mean that person never drinks alcohol. There are many stereotypes in the world, and they are often reflected on TV, the internet, and more. It is important to never assume; always make sure you listen and communicate with the patient so that you understand what cultural beliefs he or she holds.

Communication and Active Listening

Patients from different cultures will communicate in different ways. It is hard to know what is appropriate for patients of different cultural backgrounds. Observation between family members and nonverbal reactions to communication can be clues to aid you. Always address a person from a different culture by his or her formal name. In some cultures, direct eye contact may be considered disrespectful and communicating with eyes downcast is a sign of respect. Be aware of personal body space. Some cultures may see a close body space as threatening, whereas others may maintain a close body space. Cultures vary with regard to comfort with physical contact, especially when from someone of the opposite sex. When providing personal care for someone from a different culture, ask permission to touch or uncover areas of the body and expose only one area at a time.

It is so important for home health staff to listen to their patients. Many patients may not share their culture with you right away, but if they do, it is important to listen and retain that knowledge. An important part of effective communication is the art of active listening.

All of us are distracted by our personal lives and work responsibilities. This can interfere with our ability to be active listeners. Active listening does not always come easy. It is a technique that takes practice and a dedicated effort to maintain. But once you learn how to become an active listener, there is so much more information that can be gained from our patients or caregivers, and there is much more that we can do for them. Tools used in active listening are not complicated; they just take consistent use for them to become second nature.

The following are guidelines to use in active listening:

- Pay attention to what the patient or caregiver is saying
- Maintain eye contact
- Face the patient or caregiver directly
- Acknowledge that you are listening to the patient
- Do not interrupt the patient or caregiver when he or she is talking
- Do not talk when the patient is talking
- Ask questions to clarify what the patient or caregiver said if you did not understand him or her
- Repeat back to the patient or caregiver what you thought you heard by paraphrasing
- Be aware of the patient or caregiver's nonverbal communication
- Be honest in your response
- Treat patients as you would want to be treated

Home health's role

A person's culture is a part of that person. As someone who cares for people in their homes, you may witness different cultures you have never encountered before.

Your role may include:

- **Respecting the patient's beliefs.** You may not always agree with a patient's values or lifestyle, but you must respect his or her beliefs, lifestyle choices, culture, attitudes, and other preferences. You must not be judgmental, and you must honor his or her choices.
- **Observing, reporting, and documenting.** Keen observation skills are important for anyone who works with patients in healthcare. Observation can be important to notice cultural practices. Patients may not always be open to communicate with you about their beliefs and rituals, but by observing patients, you may be able to understand them better. Sometimes patients will expect you to understand without communicating with you at all. Although this is unrealistic, you can get a head start to understanding by observing the patient. Report anything out of the ordinary to your supervisor, even if you don't think it's important. You should document anything that can improve care (types of food a patient doesn't eat, prayer schedule, etc.), as this is important information. An example of when cultural diversity may need to be observed, documented, and reported is as follows:

  > *A patient always prays at certain times during the day. Although he has not mentioned his prayers to the home health staff, he gets upset if he is busy during his prayer times. Once*

he even tried to get out of the bath in the middle of bathing to prepare to pray. The home health staff member tries to talk to the patient about it, but he does not want to talk about his religion, and there is a slight communication gap because of a language barrier.

Home health staff first need to respect this patient's choice to not discuss his religious practices. Since the patient doesn't communicate, you must observe the patient and help base his care on the observations. By observing the times that the patient prays, the home health staff can document and let the clinician know when the patient prefers to be visited and cared for. If there is a routine in the patient's prayer schedule, as there often is, make sure you document it. This information can make it easier for you to schedule care and also make the patient happier.

ELDER ABUSE AND NEGLECT: PREVENT, RECOGNIZE AND REPORT

Elder abuse: Any mistreatment or neglect of an elderly person. Everyone has the right to be treated with respect.

There is no acceptable excuse for abuse and neglect of the elderly, but recognizing and preventing the problem of caregiver stress may help prevent some elder abuse.

Ways Elders Are Abused

Match the definition to the term:

1. _____ Psychological abuse
2. _____ Neglect
3. _____ Physical abuse
4. _____ Rights violations
5. _____ Financial abuse
6. _____ Sexual abuse

a. Stealing or mismanaging the money, property, or belongings of an older person. Also called exploitation.

b. Using physical force to cause physical pain or injury.

c. Failing to provide something necessary for health and safety, such as personal care, food, shelter, or medicine.

d. Causing emotional or psychological pain. Includes isolation, verbal abuse, threats, and humiliation.

e. Confining someone against his or her will, or strictly controlling the elder's behavior. Includes improper use of restraints and medications to control difficult behaviors.

f. Forcing sexual contact without the elder person's consent, including touching or sexual talk.

Other ways elders are abused:

- Overmedicating
- Denying aids such as walkers, eyeglasses, or dentures
- Dirty living conditions
- Inadequate heating and air conditioning

Are You an Overly Stressed Caregiver?

Do you agree with the following statements? Write "yes" or "no."

1. I am frequently unable to sleep because I have so much on my mind. _____
2. Most of the time I don't feel very good. _____
3. I have difficulty concentrating and often forget to do routine tasks. _____
4. I feel depressed or sad much of the time. _____
5. I feel worried and anxious almost all the time. _____
6. I lose my temper easily and become angry at other people. _____
7. I don't think there's anything wrong with me; I just wish everyone else would stop doing things that upset me. _____
8. Most days I feel irritable and moody, often snapping at others. _____
9. I feel tired almost all the time, and just drag myself through my days. _____
10. I'm too busy to do anything fun or to go out with my friends. _____

Any "yes" answers could be a sign of excessive stress. More than three "yes" answers should prompt you to talk to your supervisor or physician about the way you are feeling.

Signs of Elder Abuse and Neglect

As our population ages, the elderly start becoming frail and may suffer hearing and vision loss and become unable to think as clearly as they once could. This leaves them open for unscrupulous people to take advantage of them.

Types of elder abuse include:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect and abandonment by a caregiver
- Financial exploitation
- Healthcare fraud and abuse

Be concerned if you see an elderly person showing the following new behaviors or signs:

- **General signs of abuse:**
  - Becoming withdrawn, unusually quiet, depressed, or shy
  - Becoming anxious, worried, or easily upset
  - Refusing care from caregivers
  - Not wanting to be around people and not wanting to see visitors
- **Physical abuse signs:**
  - Unexplained burns, cuts, bruises and cleeding
  - In a woman, vaginal bleeding or bruising of the genitals or thighs
  - Sprains or fractures
  - Unreasonable or inconsistent explanations for injuries
  - Frequent emergency room visits
  - Caregiver refusal to allow the nurse to see the patient alone
  - Patient refusing to be seen by a doctor for wounds
- **Emotional abuse signs:**
  - Belittling, threatening, or controlling behavior by the caregiver in your presence
  - Behavior from the patient that mimics dementia; i.e., rocking or mumbling
  - Patient becomes withdrawn or frightened
  - Patient is depressed, confused or lose interest in things previously enjoyed
  - Patient has difficulty sleeping
- Sexual abuse signs:
  - Torn or bloody clothes, especially undergarments
  - Sexually-transmitted diseases

  - Bruises ,especially around the breast and genital region
  - Bleeding from the vagina or anus
- **Financial abuse signs:**
  - Items or cash are reported missing from the home
  - Withdrawals from back accounts that patient cannot explain
  - A new friend who is helping with shopping or finances
  - Missing financial papers
  - Unpaid bills, utilities that are being shut off or debt collector calls
  - Unnecessary goods, services, or numerous subscriptions
- **Healthcare fraud signs:**
  - The patient complains about duplicate billing for the same service provided
  - Evidence of the patient being over- or under-medicated
- **Signs of possible neglect:**
  - Weight loss, malnutrition, or dehydration
  - Insufficient clothing, shoes, or basic hygiene items
  - Missing or broken dentures, eyeglasses, walkers, etc.
  - Medications not filled or taken Doctor visits not scheduled or kept
  - Unclean appearance or smell
  - Skin ulcers or sores
  - Missing medication
  - Unexplained declining health
  - Unsafe living conditions (e.g., no running water)

While most of these things are controlled in an institution, it is possible for any of them to occur anywhere. Abusive or neglectful caregivers can be professionals as well as family members. It is important for everyone to be alert to the signs.

Reporting Abuse and Neglect

Anyone who knows of an elderly person being abused or neglected is obligated to notify the proper authorities. Reporting procedures vary by state. Home health staff who suspect abuse of a patient by either a family member or another professional caregiver should first report it to their supervisors. You should

become familiar with any statements of rights that your state has issued to protect homecare patients—ask your supervisor for a copy.

Every state has an office or department that deals with abuse and neglect of the elderly. There are different names for these offices: Human Services, Adult Protective Services, Health and Welfare, Department of Aging, etc. Write the name and number of your state agency here:

_____

This is the place to call when you know of, or suspect, elder abuse or neglect.

Prevention

You can help prevent abuse and neglect by:

- Listening to the patient and caregivers
- Intervening when abuse or neglect is suspected
- Educating the patient and caregivers on how to recognize abuse and neglect

ETHICS

Healthcare workers face ethical issues in every setting. This is especially true in the home, where the independence of both the patient and the care providers, along with limited supervision, makes identifying and dealing with ethical issues a challenge.

For home health staff, ethical issues in the home may be due to patient care concerns, patient choice, family involvement, and the staff member's personal involvement and compliance with agency policies and laws. To understand the risk involved and act responsibly, the staff member must have an understanding of ethics and be able to recognize and report potential ethical issues.

Ethics can be defined as the study of the difference between right and wrong. Ethics is closely related to human behavior, values, and morality. Over time, many people have accepted basic beliefs about right and wrong. Those common beliefs are known as ethical standards or principles.

The common standards, as well as a person's own standards, guide the way that a person acts. Actions can show a person's understanding of right and wrong and the person's beliefs about ethics. Home healthcare staff must also be aware of the ethical standards, or requirements, of their roles and their workplace. Those standards are used to guide ethical actions while providing care. Staff must also think about how well those standards match their own understanding of ethical actions.

Key Terms to Aid Your Understanding

Bioethics: healthcare ethics; the ways the standards of right and wrong are used in healthcare
Code: a set of written rules
Compliance: following the rules, doing what is expected
Morality: acting in ways that agree with customs and traditions, often in relationship to personal or religious beliefs
Standards: requirements for the way something should be done; in ethics, standards are also called principles
Values: beliefs that are important to a person or group of people

Basic Ethical Standards

There are several ethical standards that revolve around the simple concept of doing good. Each can be described by the following guidelines:

- Be kind to others
- Do no harm
- Treat people fairly
- Respect the rights of others to make their own choices
- Keep promises
- Tell the truth
- Respect privacy and personal property

Most people agree to follow those guidelines and try to live by them each day. In many cases, "doing good" can be quite simple, such as donating food or helping a neighbor.

Doing good and doing no harm are two concepts that go hand in hand. Sometimes it becomes harder to tell the difference between doing good and avoiding harm.

> It's usually good to tell the truth. Occasionally, though, telling the truth might hurt someone's feelings, especially if it concerns something such as the person's weight or new hairstyle. When healthcare issues are involved, it can become even more difficult to tell the difference.

Ethical Requirements in Healthcare

Healthcare professionals encounter situations daily that require ethical behavior and decision-making. These may involve patient care, families, or a healthcare staff member's personal behavior. Additionally, sometimes there are ethical and legal requirements affecting the same situation, making it difficult to tell the difference between the two. For example:

- **Patient care.** When caring for patients, it is normal for healthcare workers to want to do the right thing and avoid harming those patients. Following policies and procedures helps ensure that care is provided properly. However, patient care questions may occur, such as how to care for a patient who refuses to eat. Healthcare workers often find themselves wondering whether to support the patient's right to make choices when it seems that the patient is making a poor choice.
- **Advance directives.** Patients may sign these documents to indicate their choices about care at the end of their life. These statements are signed in advance, because patients may not be able to make choices when they reach the final stages of illness. Healthcare workers are required by laws and ethical standards to follow advance directives.
- **Patient mental status.** There are a number of ethical questions healthcare workers must answer when a patient's mental status changes and the patient begins having problems making decisions and

choices. To meet basic ethical standards, the team of care providers must often work together. Sometimes obtaining legal advice is necessary.

- **Families.** Working with families also requires understanding ethical, and sometimes legal, standard The Health Insurance Portability and Accountability Act (HIPAA) is a law that protects patient information. Doing the right thing means allowing the patient to decide how much information is shared with family members.
- **Personal behavior.** In addition to ethical concerns about patient care, care providers must be aware of their own behavior as employees. This includes telling the truth when documenting care and reporting the number of hours worked. It also includes behavior toward patients and their families, as well as protecting property that belongs to the patient or the employer.
- **Billing and finance.** A healthcare organization's billing practices receive a great deal of attention. Organizations must follow ethical standards when billing patients and insurance companies, including the Medicare and Medicaid programs. This means accurate reporting of time and services, along with accurate charges. Every employee who is involved with billing or reporting the amount of care given to a patient must act ethically. When unethical practices occur, individual employees and entire organizations can be charged with legal offenses.
- **Compliance with laws.** In addition to the regulations for accurate billing, hospitals and homecare agencies must meet many other federal and state regulations and requirements for providing care. Hospitals and homecare agencies usually have a "compliance plan," which explains how employees will meet these requirements.

Ethical Dilemmas in Healthcare

Ethical conflicts, or disagreements, occur when people have different beliefs about what is right and wrong. This happens in both personal lives and in the professional world. When different beliefs and backgrounds are combined with the many choices and technologies of today, it's easy to understand how there can be disagreement.

Sometimes the disagreement occurs because a healthcare choice can have both positive and negative results. People may follow ethical standards but still find that there is no correct answer. This is known as an ethical dilemma.

Think about ethical dilemmas in healthcare by comparing actions that seem to agree with standards but also have both good and harmful effects or may conflict with the patient's rights. Figure 17.1 describes potential ethical dilemmas.

FIGURE 17.1 | EXAMPLES OF ETHICAL DILEMMAS

Ethical standard	Example of following ethical standard	Possible dilemma
Do good.	Give someone a heart transplant.	The family of another patient who is brain dead must decide whether to end life support and allow the patient to die and provide a heart to the transplant patient.
Do no harm.	Do not give fatty food to a patient with a heart condition.	This may conflict with the patient's right to choose and request the type of food he desires.
Tell the truth.	A physician informs a wife that her husband will not recover from his heart condition.	The wife feels very sad and it seems that telling the truth caused harm to the wife.
Respect the right of others to make their own choices.	A patient has an advance directive, so as a nurse, you do not resuscitate him when he stops breathing.	A family member may not agree with the patient's choice and may feel that the patient was "left to die."
Respect privacy and personal property.	Following HIPAA guidelines, do not release patient informations except as allowed.	A daughter says she wants to help her father but needs information in order to do so. The patient has refused to release information. The patient may be harmed by not accepting the daughter's help.

In each of these situations, following the ethical standard can seem to conflict with "doing the right thing." Good communication is most important. A review of the different possibilities and viewpoints of those involved is necessary. Healthcare organizations, such as hospitals and home health agencies, usually have an ethics committee that will help staff discuss these types of difficult situations and make the best decision possible.

Educating those involved in ethical dilemmas about different options is helpful, although these situations also involve human emotions. It's important to be concerned about both the type of information communicated and the way communication occurs.

Professional and Organizational Ethics

Most healthcare professions have a written code of ethics, such as the American Nurses Association (ANA) Code of Ethics for Nurses. A code contains guidelines that members of a profession have created over time. The guidelines, or standards, help staff members understand the expectations for their daily work, as well as how to make decisions when facing ethical dilemmas.

Job descriptions often include statements that are similar to ethical standards. Organizations, such as homecare agencies, may choose to use basic ethical standards and professional codes when creating job descriptions. An example of a job description that includes a requirement for ethical behavior is:

> *The home health aide will function according the agency's code of conduct. The aide will demonstrate this by maintaining confidentiality, acting with ethics and integrity, protecting the property of the organization, reporting noncompliance, and adhering to applicable federal and state laws and regulations and accreditation and licensure requirements.*

Home health staff will be evaluated according to whether they meet the requirements of the job description. However, even the job description cannot include guidelines for all the situations that might occur while working in home health.

Personal Ethics and Responsibilities

Healthcare workers must recognize that there are times when their own actions or the actions of coworkers, patients, and families may be questioned. As you've seen, there are times when even doing something good may cause other people harm or may conflict with someone's rights. Cultural differences, personal background, religion, and other beliefs may also affect actions and the way actions are judged by others.

Working in homecare allows staff members to be much more independent compared to working in hospitals and nursing homes. Working away from supervisors and other employees, along with the increased time spent working with families in their own homes, can sometimes make it challenging to act in an ethical manner. Agencies have policies that require ethical actions. Situations that may be addressed by policies, which may result in discipline or termination of employment if an employee does not meet standards, include the following:

- It is unethical to become involved socially with patients or family members, such as dating a patient's son while also being responsible for the patient's care. This situation may make it difficult to make good decisions about the patient's needs.

- Staff members are required to protect patient property, which includes not stealing or even borrowing from patients. Staff members should also avoid any involvement with a patient's finances.
- Timesheets, visit notes, and mileage records must be accurate. Unethical practices would include documenting a visit even though the patient cancelled or adding extra mileage to each visit in order to obtain additional reimbursement.
- It's normal for patients and families to want to reward good care, but most agencies have specific guidelines for accepted tips, etc. (For example, a box of cookies may be accepted, but a check for $50 could not be accepted.)
- It is unethical to provide extra care that is not part of the care plan. Patients sometimes request extra services, such as walking the dog or grocery shopping. Following the care plans means that each patient receives the necessary and fair amount of care. Meeting extensive extra requests can create conflicts.
- Even though patients may have personalities that make it difficult to care for them, it's always right to "do good" for each patient as well as "do no harm," which means never physically or emotionally abusing a patient. In addition, there are ethical and legal requirements to report suspected abuse of patients.
- Ethical behavior requires respect for each patient. As long as care can be provided in a safe manner and the patient is safe within the home, homecare staff members must respect the patient's lifestyle and never try to force one's own beliefs and needs on the patient.

Ethical Decision-Making

When faced with a potential ethical problem, there are steps you can take to help make the best decision possible. Before acting, ask yourself the following questions:

- Is it right?
- Is it fair?
- Will someone get hurt?
- If my actions were reported in the newspaper, would I be embarrassed?
- Would I tell someone else, especially a child, to do the same thing?
- Does this "smell" right? (Your common sense may tell you that there's something wrong.)

Source: Bowditch & Buono, 1997, as cited in Sellers, 2008, in P. Kelly (ed.), Nursing leadership and management (2nd ed., p. 523). Clifton Park, NY: Delmar Learning: Thomson.

Home Health Staff Role in Ethics

Ethical standards are part of everything you do as a home health staff member. Understanding the basic ethical standards helps you care for patients appropriately while also meeting the agency's employee standards.

Maintain knowledge of employee requirements

Even though you understand basic ethical standards, it's important to know how your agency includes those in its policies. Read your job description and ask questions about any requirements you don't understand.

Stay up to date with changes in agency policies, especially those that affect ethical and legal requirements. Read each new message or policy change that is posted. Attend meetings and complete annual education requirements. This might include annual training about HIPAA, the agency's compliance plan, or identifying and reporting abuse.

Avoid any appearance of unethical behavior by keeping careful records of the care that you've provided, the time it took, and the mileage you drove. Complete agency forms immediately after providing care or completing a trip to a patient's home. Studies have shown that accuracy decreases as time passes between performing an activity and documenting the activity.

When you understand agency polices and standards, you will be better prepared to make good decisions about the care you provide, as well as respond properly to unexpected situations that you may face in a patient's home.

Uphold professional behavior

Recognize that your own personal problems may affect your reactions to work requirements. It may be tempting to talk about your own personal problems with patients and their families, but doing so places a burden on those who are already struggling with illness and their own problems. Ethical standards for doing good, treating patients fairly, and showing respect require that you focus your attention on them while in their homes.

Provide personal care

The primary role of home health staff members is personal care. Since personal care is a very intimate activity and may even be embarrassing to the patient, it's important to follow the care plan and agency procedures carefully. Be sure that you understand the requirements of the care plan, and ask questions if any part of the assignment does not seem to fit the needs of the patient. By acting in this way, you'll make sure that all your actions are good for the patient.

Offer support

Many patients have a need for emotional support. They may be lonely, dealing with a difficult diagnosis, or in pain. As a result, they may be weepy, overdependent on you, or demanding. Keeping in mind that you want to do good, you will also need to balance requirements to allow the patient to make choices and to be fair to all patients.

You can show your support by listening carefully when patients talk with you and by showing kindness through gentle touch and paying attention to details while providing care. If a patient likes to be covered with two blankets after a bath, or to be left with the television on when you leave, he or she will feel supported when you remember to do those things.

Remember to remain professional; while you may feel as though you're a family member, you are not. Performing your duties in an ethical manner is easier when you maintain your separate role as a caregiver.

Observe and report

Since you may be involved in ethical dilemmas at any time or may see situations that appear to be questionable, it's important to observe for changes in a patient's physical status, changes in a caregiver's behavior, or changes in plans that patients may tell you about. Report these changes to your nurse or case manager. In particular, if a patient tells you about a new advance directive or a change in how he or she wishes to be cared for, report this to your nurse or case manager immediately.

Participate in team meetings

Team meetings at the agency are a time to discuss new information and different points of view. If ethical dilemmas already exist, attending the meeting can bring new ideas to light and team members can provide support to one another. Sharing information about patient care problems that you're having can also help you understand how to handle a situation and avoid future ethical issues.

Reinforce education

Supporting a patient's right to make his or her own choices depends on ensuring the patient has the right information. If a patient has questions or does not seem to understand information, follow up with the nurse or therapist, letting them know about possible problems you've observed.

HIPAA

Activity: What Should You Do If . . .

Directions: Discuss each scenario. Answers follow on the next page.

1. A patient asks to see or copy his patient record.
2. A doctor's office asks you to fax them something from a patient's record.
3. A patient or a friend of a patient asks you about another patient's condition.
4. A patient's family member asks to see the patient's record.
5. A coworker wants to talk to you about a patient.
6. A coworker wants to talk to you about a patient while you are at a restaurant.
7. You notice a patient's record sitting open and out where others can see it.
8. A computer screen that can be seen by others is on, displaying patient information.
9. You answer the phone and someone asks for information about a patient.

Activity Answer Guide

1. Refer the patient to your supervisor. Your organization must allow the person to view and photocopy his record if requested, except in certain special circumstances.
2. If the patient has signed a consent form releasing the information, you may fax the information, using a cover sheet marked "Confidential."
3. Politely explain that you cannot discuss a patient's health condition with others.
4. Patients must sign a special authorization for anyone to see their records other than for purposes of providing healthcare (for which they must sign a consent form).
5. Go to a private area where you cannot be overheard by others.
6. Remind your coworker that you should not discuss patients where others can hear you, and you should discuss patients only when it is important for providing care.

7. Put the record away immediately, out of sight of unauthorized persons.
8. Turn the computer screen so unauthorized persons cannot see it and/or clear the information from the screen if you are able to do so safely.
9. If the individual on the phone is authorized to access the patient's information, you may give the information as long as no one else can overhear you. If the patient has not signed a consent form or a specific authorization, you may not give the information.

HIPAA History and Overview

Congress passed HIPAA to require the security, confidentiality, and privacy of every person's health information.

Privacy is about who should and should not have access to health information. Patients have the right to privacy, meaning that information about them should be available only to people who need it to provide care.

Confidentiality is about preventing someone from hearing or seeing a person's private health records and information unless they have the proper authorization. All health information is confidential. Anyone who possesses personal health information (PHI) is responsible for protecting it.

Security is the means used to provide privacy and confidentiality. The purpose of security is to ensure that only those persons having authorization may access PHI.

Frontline staff should remember the general HIPAA rule of thumb: the right information, to the right person, for the right reasons.

The American Recovery and Reinvestment Act of 2009 and HITECH

On February 17, 2009, the American Recovery and Reinvestment Act of 2009 became a federal law. A subset of that law, called the HITECH Act, enhances and expands the HIPAA Privacy and Security Rules and adds requirements for breach notification. The HITECH Act not only makes privacy regulations more strict, but it gives more power to federal and state authorities to enforce privacy and security protections for patient data, and it raises the fines for noncompliance.

The 2013 Omnibus Privacy, Security, Enforcement, and Breach Notification Rule (Omnibus Rule) implements many of the HITECH Act provisions for PHI protection.

Why Do We Need HIPAA?

More and more health information is in the form of electronic data, either instead of or in addition to paper files. We must protect data in any form. Federal laws make sure every state and every provider follow the same rules for privacy, confidentiality, and security.

Who Has to Follow the HIPAA Rules?

The following public and private organizations must follow the HIPAA rules:

- Health plans and health insurance companies, such as health maintenance organizations (HMO) and preferred provider organizations (PPO)
- A healthcare clearinghouse, such as a billing service
- Healthcare providers, such as doctors, dentists, chiropractors, therapists, hospitals, nursing facilities, clinics, pharmacies, home health agencies, hospices, and long-term care or personal care facilities of any type or size

The HIPAA rules call these organizations covered entities.

What Else Are Covered Entities Required to Do?

Covered entities are required to communicate how HIPAA is implemented to both patients and frontline staff. They must:

- Notify patients about their privacy rights and give clear, written explanation of how the provider may use and disclose the patient's health information. This notifies patients of their right to view their own records, obtain copies, have copies sent to another person or organization, request restrictions on how their PHI is used and disclosed, receive confidential communications, receive a report of certain disclosures of their PHI, and request amendments to their information. The privacy notice must also let patients know how to file a complaint with the entity or with the OCR.
- Adopt written privacy procedures that define who has access to protected information, how the entity will use the information, and when the entity might disclose the information to others.
- Train employees in the privacy procedures.
- Implement safeguards to prevent intentional or accidental misuse of PHI.
- Appoint an individual to make sure that employees follow the privacy procedures.
- Give an accounting of instances where the entity has disclosed PHI for purposes other than treatment, payment, or healthcare operations.

Information Protected Under HIPAA

The privacy protections of HIPAA apply to PHI. PHI is information:

- Created or received by a covered entity or an employer that relates to a person's past, present, or future health condition, health treatment, or payment for healthcare services
- That could identify an individual, such as name, address, telephone number, date of birth, diagnosis, medical record number, Social Security number, employer, position, or other identifying data

PHI can be in any format: paper, electronic, or oral. The most common example of PHI is the patient record.

Protecting Patient Records

If a provider wants to disclose a person's PHI for purposes of providing care, the provider needs that person's consent. These purposes include routine healthcare-related uses of the information, such as when a doctor consults with another doctor in order to provide better care for an individual.

If a covered entity wants to disclose a person's PHI for purposes other than providing care, the covered entity needs that person's specific authorization.

Only authorized personnel should enter confidential medical information into a computer-based patient record. Computer systems should be password protected to help guard against unauthorized access and use.

What is the difference between consent and authorization?

To give consent, a patient must sign a consent form. The patient needs to sign the consent only one time for each provider. The consent will apply whenever that provider discloses the person's PHI for purposes of providing healthcare.

Specific authorization is required when a covered entity wants to use or disclose a person's PHI for purposes not related to providing healthcare. The person must sign an authorization form for each specific instance.

May a person see his or her personal PHI and make changes?

A covered entity must allow a person to view and photocopy his or her PHI if the person submits a request. The organization may charge for copies of these records.

In a few special circumstances, such as when a covered entity has compiled information for use in a civil, criminal, or administrative proceeding, that entity does not have to give a person access to his or her PHI.

A covered entity may deny a person access to his or her PHI if they have reason to believe that access would create a risk of danger to that person's health.

If a person believes that his or her PHI contains information that is incorrect, the person may ask the covered entity to make changes. The covered entity may deny the request if they believe the current information is accurate and complete, or if the entity did not create the information.

Exceptions to the HIPAA Privacy Rule

The HIPAA Privacy Rule permits covered entities to disclose healthcare information without a person's specific authorization in certain situations, depending upon state or local law, such as:

- Emergencies
- Public health needs (such as infectious disease registries)
- Mandatory reporting of child or elder abuse and neglect
- Judicial and administrative proceedings
- When there are substantial communication barriers

If there is no state or local law specifically requiring disclosure of information in the instances listed above, covered entities are required to use "professional judgment" in deciding whether to disclose information and how much to disclose.

Protection of Patient Privacy and Confidentiality

Quality patient care requires communication between care workers. Computers, the internet, emails, and faxes make it easier to share patient records. However, this information is often readily available to anyone who walks by a fax machine or logs on to a computer. Some people fear that the exposure of their PHI could result in job discrimination, personal embarrassment, or the loss or denial of health insurance.

IMPORTANT HIPAA CONSIDERATIONS

- Confidentiality of information, whether in written, electronic, or verbal form, is a priority.
- Confidentiality should extend to all health information.
- Handle all patient records as confidential at all times. Do not leave them open where unauthorized persons can see them.
- Learn the safeguards your organization requires for the use, disclosure, and storage of PHI. Know your organization's privacy policies and procedures.
- Individuals have the right to decide and to know who may have access to their health information and under what circumstances they may have it.
- Discuss patient information in a private place so others cannot overhear the conversation.
- A cover sheet marked "Confidential" should accompany all faxed information.
- When emailing information about a patient, remove any detailed identifying information. For example, refer to the patient by initials or by the internal patient number, instead of by the patient's full name.
- Only authorized personnel should enter confidential medical information into a computer-based patient record. Computer systems should be password protected to help guard against unauthorized access and use.
- Use only objective, precise language when documenting in the patient record. Avoid casual remarks and abbreviations that might be misunderstood.
- Always take the utmost care to protect the privacy and confidentiality of all health information. Be aware of who is around you while you are working and do not allow unauthorized people to hear or see PHI.
- Think about how you would want your PHI treated, and give your patients that much protection and more.
- Always obtain permission from patients before sharing PHI with their family or friends.
- Do not share information you learned while performing your job with patient's family or friends.

Mobile and Online Considerations

Properly managing your electronic passwords, preventing the spread of viruses, logging off your computer, protecting your tablet and smartphone (if used for care), and being aware of and responsible for any patient information taken or accessed off-site are important ways you can contribute to information security. You should know and understand your agency's policy on which devices can be used for work and in what manner.

Remember that HIPAA applies to all communication. This includes any and all types of social media: Facebook, Twitter, LinkedIn, Instagram, etc., are no places to share any kind of patient information. This includes text and pictures.

Before quickly sharing information you might think is innocent on your smartphone at lunch, realize that if you are in any way identifying a patient's health information, you could find yourself in serious trouble.

Consequences

Covered entities are required to have a sanctions policy covering employees and other workforce members who violate HIPAA privacy and security regulations. Violating HIPAA's Privacy, Security, or Breach Notification Rules can result in civil or criminal penalties for an individual or group of individuals, and your agency will also encounter severe consequences.

HAND HYGIENE

Overview

As an HHA, you care for people in ways they need care—bathing, grooming, feeding, and attending to all sorts of needs. This care involves close contact and touching, often with individuals who are ill, who have weak immune systems, or who simply cannot afford to get sick.

You must recognize that you are a common factor between all your patients; this means that you can carry germs from one patient to another, even if you do not feel ill. Many illnesses such as the flu can be transmitted before symptoms develop. This means you must be on guard and use methods to prevent the spread of infection at all times. Once someone is sick, it's too late.

You don't have to use a hazmat suit all day long, but you should take simple yet effective measures every day. This in-service gives general and practical advice for stopping the spread of infection and explains effective measures to take and why they are so important.

Facts

Many people have weakened immune systems for a lot of different reasons, including cancer, HIV, and receiving organ transplants. People who have undergone an operation have a higher chance of developing an infection. People with diabetes have a difficult time healing from skin infections and often suffer from unusually high blood sugar during illness. Older adults often cannot recover quickly from illness. Older people who come down with the flu or a chest infection might have a harder time staying hydrated and breathing. People who are susceptible to the flu can die from it. These are just a few examples of why it's critical to protect your patient population and yourself from getting ill.

Keeping a distance from those who are sick is a good prevention method but one that is difficult for healthcare workers to implement. Some illnesses, such as the flu, are spread through droplets in the air. Other illnesses are contracted only through bodily fluids. Many are spread by hands. Knowing and diligently applying the principles of hand hygiene and standard precautions is the best way of protecting your patients and yourself.

Hand Hygiene

Hand hygiene is the most effective way of preventing the spread of infection. Germs can stay on your hands and be transferred. Think of all the things and people you touch in a day. You use the bathroom, are in pub-

lic spaces, handle money, care for patients, touch your face, touch doorknobs and food—the list is endless. Practicing good hand hygiene helps protect your patients, yourself, your family, and others. You might think you don't always have time to clean your hands, but in all the things you're rushing around to do—caring for your patient—you might be causing more harm than good if you don't take a moment for hand hygiene.

KEY TERMS TO AID YOUR UNDERSTANDING

Hand hygiene: A general term referring to any action of hand cleansing.
Immune system: A system of biological structures and processes within the body that protects against disease. A weakened immune system leaves the body susceptible to disease.
Contagious: Able to be passed from one person or animal to another by touching.

You should wash your hands:

- Before and after caring for a patient
- After caring for personal needs, such as using the toilet, blowing your nose, covering a sneeze, combing hair, etc.
- Before consuming, handling, or serving food or drink
- Upon return from public places
- Before and after each shift or upon leaving one home and entering another
- After any contamination or after handling waste materials, secretions, drainage, or blood
- After handling soiled items, including linens, clothing, bedpans, urinals, or garbage
- Before and after wearing gloves
- Before and after touching wounds

The CDC has guidelines for hand hygiene. They include:

- Wet hands with warm water.
- Apply soap.
- Rub your hands palm to palm.
- Put one hand over the other, both palms facing down. Interlock your fingers and rub.
- Put your hands palm to palm, interlace your fingers, and rub.
- With fingers together, grab one set of fingers with the other, palms facing each other.
- Grab your thumb with your other hand and twist; repeat with the opposite hand.

- With closed fingers, cup your hand and rub the tips of those fingers into the palm of your other hand. Do this to the opposite hand.
- Rinse hands.
- Dry hands thoroughly.
- Use a towel to turn off the faucet.

Always wash your hands when they are visibly soiled. Hand washing should take 15 to 20 seconds.

Alcohol hand rub products are more effective than hand washing with soap unless the:

- Hands are visibly soiled
- Person has a condition that is known or potentially spread by spores, such as norovirus or Clostridium difficile diarrhea

Please note that the effectiveness applies only to alcohol-based products. Avoid sanitizers in which the active ingredient is triclosan or others that do not contain 60%–95% alcohol. Higher concentrations are less potent because they contain less water than lower concentrations. The reduction in water causes some of the original germ-killing properties to be lost or diminished.

The following are hand rub guidelines:

- Apply the rub to your palm.
- Rub hands together, palm to palm.
- Put one hand over the other, both palms facing down. Interlock your fingers and rub.
- Put your hands palm to palm, interlace your fingers, and rub.
- With fingers together, grab one set of fingers with the other, palms facing each other.
- With closed fingers, cup your hand and rub it into the palm of your other hand. Do this to the opposite hand.
- Continue to rub for length of time recommended by manufacturer, until hands are dry, or for at least 20 seconds. Hands must be dry for the sanitizer to be effective.

Clean personal equipment such as a stethoscope or bandage scissors with alcohol after use. Clean nonwashable items with disinfectant wipes.

Standard Precautions

Be familiar with the principles of standard precautions and select the correct personal protective equipment (PPE) for the task.

Guidelines for standard precautions

Routinely cleanse hands.

Wear gloves for any contact with blood, body fluids, secretions, excretions (except sweat), mucous membranes, or nonintact skin. Also:

- Anytime your hands are cut, scratched, chapped, or have a rash
- When cleaning up blood or body fluid spills
- When cleaning potentially contaminated equipment

Make sure your gloves are intact and fit properly. Gloves that are torn or too large or small will not protect you.

Change gloves:

- After caring for each patient
- Before touching noncontaminated articles or environmental surfaces
- Between tasks with the same patient if there is contact with infectious materials
- When caring for multiple wounds on the same patient
- Any time your gloves become soiled for any reason

Dispose of gloves properly, according to agency policy.

Wear a waterproof apron or gown for procedures that are likely to produce splashes of blood or other body fluids:

- Remove a soiled apron or gown as soon as possible and dispose of it properly
- Wash your hands

Wear a mask and protective eyewear or a face shield for procedures that are likely to produce splashes of blood or other moist body fluids. The surgical mask covers both the nose and the mouth. The mask is used once and discarded. If it becomes damp during use, change it. Masks lose their effectiveness when moist.

Goggles or a face shield help protect the mucous membranes of the eyes from splashes or sprays of blood and other body fluids. Wear a surgical mask with goggles or a face shield to protect the nose and mouth. Your eyeglasses, if you wear them, will not protect you.

A good rule to follow is that a surgical mask may be worn without protective eyewear, but protective eyewear is never worn without a surgical mask. Apply the mask first, followed by the protective eyewear. Some one-piece, disposable masks have a protective eye shield attached to them.

You should:

- Know where to obtain PPE.
- Correctly apply the PPE.
- Be familiar with the principles of standard precautions and select the correct PPE for the task.

Do not contaminate environmental surfaces with used PPE. Correctly remove and discard the PPE before leaving the work area. Place used PPE in the proper container for laundering, decontamination, or disposal. A plastic bag is usually the best option.

Remember that humans need to be touched. It is not necessary to wear gloves 100% of the time unless needed to apply the principles of standard precautions.

Ebola Raises PPE Removal Questions

In 2014, an epidemic of the deadly Ebola virus in Liberia resulted in the evacuation of patients to other countries. At the time of this writing, this includes patients in Spain (two), Germany (two), France (one), the UK (one), Norway (one), and the United States (four).

A visitor from Liberia became the first person in the United States to be diagnosed with the disease. After his death, two nurses who cared for him were diagnosed with Ebola, though luckily both survived. CDC dignitaries were quick to note that a breach in protocol must have been responsible for transmission of the virus in both instances. "It's important to wear it, but it's important also that when you take it off, you take it off properly," CDC insists. "It is conceivable that you could be protected while you're doing everything you need to do with the patient, and then as you remove the protective material that could be a point of vulnerability." Since the technique used for removal of PPE was implicated by the CDC in the contamination, a federal inquiry is underway in the United States.

Wear Gloves

Gloves are an important part of patient care. They are worn to avoid:

- Picking up a pathogen from a patient
- Giving a patient a pathogen that is on your hands
- Picking up a pathogen and contaminating environmental surfaces and personal property on the hands
- Passing a pathogen to a coworker, visitor, family member (or other person) from your hands

Clean exam gloves are generally used in the home. Most of the gloves used today are made of nitrile, vinyl, and other synthetic products. Inform your employer if you are allergic to latex. They will provide another type of glove. Disposable gloves are to be used only once and may not be washed for reuse. Even if he or she is properly gloved, an HHA who has broken skin should be sure to inform the care team members. Gloves do not take the place of proper hand hygiene. You must clean your hands before and after touching a patient, even if you wear gloves.

Gloves will become contaminated while providing care to a patient, so it's important to remove gloves immediately after providing that care. Gloves must be changed if they become damaged or soiled in any way. It's easy to contaminate the patient's room with gloved hands, so HHAs must remove gloves, wash hands, and replace gloves in the presence of open sores and cuts, before touching bodily fluids, and before and after:

- Assisting with or performing mouth care
- Assisting with or performing perineal care
- Performing any other personal care
- Shaving a patient
- Disposing of soiled linens, dressings, or pads

Putting on gloves:

- Wash hands
- Place glove on one hand
- With your gloved hand, put the other glove on
- Look for tears and holes and immediately replace gloves that are damaged

Taking off gloves:

- Touching the outside of one glove with the gloved fingers of the other hand, pull the glove down from the wrist.

- As the glove comes off, roll it inside out.
- Hold the removed glove in your opposite gloved hand.
- With bare fingers, grasp the inside of your glove and roll it down from the wrist, turning it inside out. You will now have one glove in your hand, clean side out, with the other glove inside it.
- Dispose of used gloves properly.
- Wash hands again.

Sick Days

If you feel sick, you might think that your patients still need you and the gallant thing to do is to work anyway. However, you should assess how sick you are and take the necessary precautions. Discuss with your supervisor whether you should work at all that day.

Vaccination

Healthcare workers should be vaccinated against many diseases, including the flu. Because you provide care in close quarters with many patients, your having the flu creates a danger to a wider net of people who are more vulnerable to illness. Every healthcare worker who doesn't come down with the flu could stop countless others from catching it.

Sanitation

Always wipe down and clean high-traffic areas or hazardous areas, such as surfaces in bathrooms and kitchens. Wipe items that are used for meals or snacks, such as tray tables or trays attached to wheelchairs, with soap and water after each use. Keep kitchen eating and food preparation surfaces clean. Wiping down doorknobs, cabinet knobs, counters, remote controls, phone receivers, cell phones, toilet flush handles, faucets, keyboard, mouse, light switches, and handles to appliances such as the microwave, oven, or toaster often is always a good idea. Linens, eating utensils, and dishes belonging to those who are sick should not be shared without washing thoroughly first.

Sneezing and Coughing

Never sneeze or cough into your hands. If you do accidentally, be sure to immediately sanitize or wash them. Using a tissue is best, but if you can't use a tissue, use the crook of your arm. This is an area unlikely to touch others and it provides a better shield to prevent contact with others. Either way, clean the hands or elbow with alcohol. Discard tissue correctly. Try to cough and sneeze away from others. Even if the cause is allergies, you can still transmit microbes you might be carrying.

General Infection Control Practices

To limit the spread of infection, follow your agency infection control procedures. Some tips to remember include:

- Basic hand washing: Wash your hands before and after patient care. Use an alcohol-based hand sanitizer if your hands are not visibly dirty.
- Use warm water and soap when washing hands. Hot water from the tap is not hot enough to kill germs and can cause skin problems.
- Cough or sneeze into a tissue and then discard the tissue. Clean your hands with alcohol. If you do not have a tissue, cough into your elbow or upper sleeve.
- Wash your hands with soap and water after coming in contact with any body fluids from your patient or yourself. This includes an unprotected sneeze or cough.
- Wear gloves for patient care that may include body fluids.
- Wear a surgical mask for care of patients with flu.
- Try not to touch your face. Germs from your hands can enter the mouth, nose, or eyes through contact.
- Do not share drinks or food.
- Use gloves when emptying wastebaskets at the patient's home to avoid contamination by used tissues and other items carrying germs.
- Use gloves when cleaning the patient's home to avoid contact with germs on the surface of chairs, tables, toilets, wheelchairs, and other items. Remember that germs can travel many feet from a sneeze.

Patient Education

Stopping the spread of illness is everyone's job. Teach your patient to use alcohol hand cleaner or wash hands often and to keep a clean home. Make sure the patients tell you when they're not feeling well. Teach them this content. Be sure they keep surfaces clean and keep liquid soap in the bathroom.

Outcomes and the HHA

Infection control prevents harm to the patient and others. The last thing a patient needs is to develop an infection. Viruses like the flu can make recuperation difficult and take longer. A recently discharged patient may have to return to the hospital. Old, young, chronically ill, and healthy persons die of the flu each year. Your role in preventing these outcomes is critical. As a constant observer, you can also alert the healthcare team if a patient has signs of infection so treatment can begin as soon as possible.

CMS' Expectations

As a result of the Outcome and Assessment Information Set, the Centers for Medicare & Medicaid Services (CMS) reviews the quality outcomes and processes regarding the care a homecare agency provides. It also reviews potentially avoidable events. It expects that agencies use the information available for their quality improvement programs. CMS expects an agency's quality improvement efforts to take a multidisciplinary approach in meeting and improving the care needs of its patients.

Case Study

Molly is an 80-year-old married female, being cared for at home after hospitalization for pneumonia. She lives with her husband, Donald, in their lovely waterfront home. While in the hospital, she was given intravenous fluids and antibiotics. She was discharged to home after just 3 days, although very weak and still with a slightly productive cough. She was able to eat small meals. Home health was called in to follow up with Molly at home.

The RN admitted her to home health care and has arranged for the HHA, Madeline, to provide assistance with personal care and activities of daily living (ADL). She left a care plan for Madeline in the home as well as talking with her in the office about Molly's needs.

Madeline called ahead and arranged to come to the home at 11 a.m., the next day. Upon arrival, Madeline was greeted at the door by Donald, who escorted her to Molly's bedside. She found Molly a bit groggy when speaking to her. Madeline asked where she could put her bag and proceeded to access her alcohol-based hand sanitizer and cleaned her hands, which took about 20 seconds. When fully dry, she took Molly's vital signs and had a conversation with her.

Molly revealed that since coming home, she had developed some abdominal pain and unrelenting diarrhea. Molly reported feeling weaker since returning home, but the cough she had experienced was less and her breathing had improved. She complained of thirst.

Madeline asked to use the house phone to report the changes to her supervisor. After using the phone, she wiped it down with an antiseptic towel.

Madeline then went on to assist Molly with her bath, oral hygiene, and toileting. Prior to doing so, she put on nonsterile gloves. After the care was provided, Madeline removed her gloves with the dirty side inside and again cleansed her hands with the hand sanitizer. She then went on to the kitchen and prepared a half sandwich and cup of soup for Molly and served her, pausing to straighten Molly's clothing and shift her sheets a bit.

Molly was assured that the RN on the case would be in contact with her physician about the diarrhea and weakness.

Madeline once again used the hand sanitizer before leaving the home.

THINK ABOUT IT

1. Should Madeline ever during this visit have used the water and soap method of washing her hands instead of the sanitizer? Why or why not?
2. Since Madeline did not know the cause of Molly's diarrhea, should she assume it could be from the Clostridium difficile bacteria until proven otherwise?
3. Identify three times during the visit when Madeline made the right decision to cleanse her hands.
4. Were there any other times a hand cleansing would have been appropriate?
5. How should Madeline make the decision whether to use sanitizer versus soap and water? (Consider the possible diagnosis.)

INFECTION CONTROL: GUIDELINES FOR STANDARD AND ADDITIONAL PRECAUTIONS

Disease Transmission

There are four ways diseases are passed around.

A—Airborne transmission

Airborne germs can travel long distances through the air and are breathed in by people.

Examples of diseases caused by airborne germs are tuberculosis, chickenpox, influenza, and certain types of pneumonia.

B—Bloodborne transmission

The blood of an infected person comes in contact with the bloodstream of another person, allowing germs from the infected person into the other person's bloodstream. Blood and bloodborne germs are sometimes present in other body fluids, such as urine, feces, saliva, and vomit. Examples of diseases caused by bloodborne germs are HIV/AIDS and viral hepatitis.

C—Contact transmission

Touching certain germs can cause the spread of disease. Sometimes you touch an infected person, having direct contact with the germ. Sometimes you touch an object that has been handled by an infected person, having indirect contact with the infection. Examples of diseases caused by contact germs are pink eye, scabies, wound infections, and methicillin-resistant Staphylococcus aureus (MRSA).

D—Droplet transmission

Some germs can travel only short distances through the air, usually not more than three feet. Sneezing, coughing, and talking can spread these germs. Examples of diseases caused by droplet germs are flu and pneumonia.

Standard Precautions

You should wash your hands with soap and warm water, especially if visibly soiled, or with alcohol-based hand rub if not visibly soiled.

Guidelines on hand washing:

- Wash your hands upon entering the home and/or prior to reaching into your nursing bag.
- Wash your hands after touching blood, body fluids, or objects contaminated by blood or body fluids. Do this even if you were wearing gloves.
- Wash your hands after removing gloves.
- Wash your hands between each patient's care.

Guidelines on wearing gloves:

- Wear gloves whenever you touch or potentially could come in contact with blood, body fluids, or contaminated objects.
- Wear gloves before touching a patient's broken skin or mucous membranes (mouth, nose). Put on clean gloves if you already have a pair on.
- Change gloves between tasks. Dirty gloves spread germs, just like dirty hands!
- Remove gloves immediately after use and discard before touching noncontaminated items or other surfaces.
- Always wash hands after removing gloves.

Guidelines on wearing personal protective equipment:

- Wear a gown, mask, and goggles If there is a potential for you to get splashed with blood or body fluids.
- Use a waterproof gown if you might get heavily splashed.
- Personal eyeglasses and contact lenses are not considered adequate eye protection.
- Remove protective clothing as soon as you can and wash your hands afterward.
- Dispose of protective equipment per agency policy. Gowns should not be worn for more than one patient.

As a last precaution, keep everything clean and clean up spills as soon as possible.

Use standard precautions for all patient care. This is a basic infection control measure that reduces the risk of transmission of microorganisms from identified and nonidentified sources of infection.

Standard precautions protect both you and your patients.

Standard Precautions for Handling Objects

- Clean any equipment that has been used by one patient before giving it to another patient. You should wear gloves when cleaning contaminated equipment. Follow your agency's cleaning procedures.
- Use disposable equipment only once.
- Dirty linens should be rolled, not shaken, and should be held away from your body. Linens soiled with body fluids can be washed with other laundry, using your agency's procedures.
- No special precautions are needed for dishes or silverware. Normal dish soap and hot water (water temperature must be hot enough to meet state requirements) will kill germs.
- Change cleaning rags and sponges frequently.
- Stethoscopes, blood pressure cuffs, and thermometers should be cleaned between each use, using your agency's procedures.
- Dispose of dangerous waste, such as needles, very carefully. Needles and other sharp devices should go into clearly marked puncture-proof containers, not the regular trash container! Do not recap used needles—put them in the puncture-proof container without the cap on.
- Trash that is contaminated with germs, such as wound dressings, should be disposed of according to your agency's procedures.
- Any container marked "biohazard" is only for discarding contaminated waste; don't remove anything from it! If you must handle anything in the container, always use gloves. Don't put your hand in anything that contains needles or other sharp objects.
- Check your gloves and other protective clothing frequently. If you see tears or holes, remove the gloves, wash your hands, and apply clean gloves.

Don't touch your face (nose, mouth, eyes) when giving patient care, unless you remove your gloves and wash your hands first. Protect yourself from infection.

Additional Precautions

Use additional precautions in addition to standard precautions when a patient has an illness requiring extra infection control measures. If you know that a patient has a disease that is spread in one of the following ways, use these extra precautions:

Airborne:

- The patient should have a private room, possibly one with a special air filter.
- Keep the patient's room door closed.

- Wear a mask. If the patient has or might have TB, wear a special respiratory mask (ask your supervisor). A regular mask will not protect you.
- Remind the patient to cover nose and mouth with a tissue when coughing or sneezing.
- Dispose of the tissue in nearest waste receptacle and wash your hands immediately. Ask the patient to wear a mask if he or she wants or needs to be around others.

Contact:

- If the patient is cognitively impaired, is unable to follow standard precautions, or has open draining wounds, then the patient should be encouraged to stay in one room (the door may stay open). Encourage at least daily cleaning of the patient's room and disinfect frequently touched surfaces and equipment.
- Gloves should be worn prior to entering the room.
- Change gloves after touching a contaminated object (bed linens, clothes, wound dressings).
- Remove gloves right before leaving the room. Don't touch anything else until you wash your hands. Wash your hands ASAP!
- Wear a gown in the room if the patient has drainage, has diarrhea, or is incontinent. Remove the gown right before leaving the room.
- Limit the amount of nondisposable equipment bought into the home.
- Utilize disposable equipment or patient-dedicated equipment if at all possible.
- If equipment cannot remain in the home, then clean and disinfect items per agency policy.

Droplet:

- Patients that are cognitively impaired or noncompliant with covering their mouth when sneezing or coughing should be maintained in one room, but the door may stay open.
- Wear a mask when working close to the patient (within three feet) and follow standard precautions.
- Instruct the patient on using a tissue when coughing and disposing of it in a waste receptacle immediately.
- Ask the patient to wear a mask if he or she wants or needs to be around others.

Hand washing rule: Rub hands together with soap and running water for at least 20 seconds. Dry hands using disposable paper towels or air dry. Always wash hands when visibly soiled.

If soap and water are not available, then an alcohol-based hand sanitizer that contains 60% alcohol should be used. Apply gel to palm of hand and rub hands together and over all surfaces of hands and fingers until your hands are dry.

LIFTING AND TRANSFERRING PATIENTS

Caring for people who are not very mobile tends to involve a great deal of lifting. You may need to assist them from the bed to the chair or the wheelchair and back to bed, and at times, you may need to help a person who has fallen onto the floor.

Improper lifting could injure your back and jeopardize your future ability to work. Do you know correct techniques for lifting and transferring that might keep you from injuring yourself or the person you are assisting?

Practice preventive care, which includes:

- Good posture
- Stretching and exercise
- Lifting and transferring skills
- Proper lifting devices
- Teamwork

Ergonomics

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of workers. It is the science of fitting the job to the worker.

When the physical requirements of the job and the physical capacity of the worker do not match, then work-related injuries can result. Stress on the musculoskeletal system causes the majority of job injuries. Some of these muscular injuries have been linked to work habits that result in temporary or permanent disability.

Using ergonomic methods can mean:

- Using equipment that will take the strain out of lifting and transferring
- Organizing work in new ways, such as storing items that are used daily on easy-to-reach shelves rather than near the floor or above the shoulders
- Changing how tasks are done

Ergonomics can prevent injuries by helping us understand which tasks and body movements can hurt us and by finding new ways to do these tasks.

Keeping your back strong, stretched, and healthy is good. Good posture and mobility, proper lifting skills, and exercises are very important, but they are not enough to prevent injuries. Too much lifting and lifting in awkward ways can lead to injuries. Teamwork is important so you do not lift and transfer by yourself and do not get in awkward positions to do your tasks. Proper lifting devices help prevent injuries.

Posture and Work-Related Injuries

Good posture means more than just sitting up straight, particularly when speaking of protecting workers from work-related musculoskeletal disorders. How does good posture affect the musculoskeletal system? Good posture ensures that muscles will receive a good blood supply, thereby allowing the muscles to eliminate waste, receive nourishment, and repair damage caused by stress. Good posture helps the body work more effectively and efficiently.

Since the body is designed to be in motion, standing or sitting in the same position for an extended period puts strain on the musculoskeletal system as tendons are pulled and joints are compressed. This leads to a reduction of the blood supply to these areas, causing inflammation and pain.

Bad postures increase the risk of injury, so do not:

- Slouch
- Push the head forward beyond the plane of the shoulders
- Stand in an awkward position that unevenly distributes your weight
- Hold the head in an awkward or twisted position

Good postures decrease the risk of injury, so:

- Sit or stand tall
- Keep the ears over the shoulders
- Keep the shoulders over the hips
- Hold the head straight, not tilted
- Position the head over the neck
- Keep your abdomen and buttocks tucked in

The proper way to sit includes the following:

- Always sit all the way back on a chair.
- Your lower back can be supported with a pillow.

- Try to keep your knees at the same height as your hips. If necessary, elevate your knees by putting your feet on the rungs of a chair or stool, or support your feet on a phone book.
- You may need to raise the height of the seat in order to keep your knees at the same height as your hips. If possible, adjust the height of the chair, or sit on a phone book if necessary.

The proper way to stand includes the following:

- Spread your feet at shoulder width and put equal weight on each foot.
- Put one foot up on something stable, such as the rung of a chair or stool.

The proper way to sleep includes the following:

- Never sleep on your stomach
- Sleep on your side with the knees slightly bent and one pillow between the knees
- When sleeping on your side, pull your pillow down toward the shoulder to support the neck
- When sleeping on your back, place two pillows under the knees to reduce stress to the middle and lower back and the neck
- When on your back, support the neck with a pillow under the back of the head and neck

Poor posture can create problems by destroying the balance of the spine's natural curves. Strain on muscles adds stress to the spine that may harm the discs. Poor body mechanics upset the balance of the natural curves of the spine. Good body mechanics keep your spine balanced during movement.

Why Exercise?

Exercise relieves stress through activity. Stretching and strengthening exercises combine to balance the strength and tone of the muscles and ligaments. The muscles and ligaments are the supporting structure of the spine, so fitness benefits spinal health.

Lifting and Transferring Techniques

Serious back, shoulder, and neck injuries occur as a result of poor lifting and transferring habits. The following are some tips to reduce the strain on your back and the possibility of injuries. Protecting your back is working smarter, not harder.

General tips for lifting and transferring include the following:

- When lifting and transferring, the most important consideration is safety for yourself and the patient.
- Ask for help and use teamwork. Talk to your helpers about what you plan to do, and talk to each other about what you are doing as you do it.
- When needed, use the right equipment.
- Plan the job. Move anything that is in the path.
- Maintain the correct posture: Keep your back straight and knees bent. If you must bend from the waist, tighten your stomach muscles while bending and lifting. Bending your knees slightly will put the stress on your legs, not your back.
- Never twist when lifting, transferring, or reaching. Pick up your feet and pivot your whole body in the direction of the move. Move your torso as one unit. Twisting is one of the leading causes of injuries.
- Maintain a wide base of support. Keep your feet at least shoulder width apart or wider when lifting or moving.
- Hold the person or object close to you, not at arm's length. Holding things close to your body can minimize the effects of the weight.
- Pushing is easier than pulling, because your own weight adds to the force.
- Use repeated small movements of large objects or people. For example, move a person in sections, by moving the upper trunk first and then the legs. Repeated small movements are easier than lifting things or people as a whole all at once.
- Always face the patient or object you are lifting or moving.
- Always tell a patient what you are planning to do, and find out how he or she prefers to be moved.

Take the following steps when transferring from the bed to a wheelchair or bedside chair:

- Plan the job and prepare to lift.
- Place the chair at a slight angle to the side of the bed.
- If using a wheelchair, lock both brakes. Fold up the foot pedals and remove the footrests.
- Stabilize the bed so it will not move.
- Put footwear on the patient.
- Lower the bed so the patient's feet will reach the floor.
- Move the person to the edge of the bed. First move the upper trunk and then the legs one at a time.
- Place the person's legs over the side of the bed.

- Place your arms around the person, circling the back in a sort of hug.
- Raise the person to a sitting position on the side of the bed.
- Place a gait belt around the patient's waist if you so desire (recommended).
- Gradually slide or "walk" the person's buttocks forward until his or her feet are flat on the floor. "Walk" the buttocks by grasping both legs together under the knees and swinging them gently back and forth as the buttocks move forward.
- Place your feet on both sides of the person's feet for support. Your feet should be far enough apart to give you a good base of support.
- Have the person lean forward and if possible place his or her arms around your shoulders. Do not allow the person's arms to encircle your neck, as this can injure your neck.
- Allow the person to reach for the far wheelchair arm.
- Bend your hips and knees while keeping your back straight.
- Place your arms around the person's waist. If using a gait belt, grasp the belt at the sides of the back with both hands. Do not hold the person under the arms—this can cause injury to the patient.
- Keep the person's knees stabilized by holding your knees against the person's.
- Pull up to lift the patient, straightening your knees and hips as you both stand.
- Keep the patient close to your body. Keep your knees and hips slightly bent.
- When the person is high enough to clear the armrest or chair surface, turn by taking small steps. Keep the person's knees blocked with your own knees.
- When turned, bend your hips and knees to squat, lowering the patient to the seat.
- Replace the footrests. Adjust the height of the foot pedals so the person will be sitting with a 90-degree angle at the hips and knees.
- When transporting a person in a wheelchair, pull it backward up steps or curbs.
- Follow the same principles to return the person to bed.

If a patient begins to fall, keep the following in mind:

- Once a patient has started to fall, it is almost impossible to stop the fall
- Instead of trying to stop the fall, try to guide the patient to the floor
- Once the patient is on the floor, get help to lift him or her

Take the following steps when lifting from the floor:

- You might find that someone has slipped to the floor but is not seriously injured. He or she may be able to assist you in getting up.
- Always get a coworker to help you get a patient up if the patient cannot assist you. Assistance of four to six people may be required. When appropriate, use a mechanical lift or hoist to raise a patient.
- Roll the patient onto a blanket or lift sheet.
- Have two or more people stand on each side. Each person should kneel on one knee and get a secure hold on the blanket. On the count of three, everyone should lift the patient and stand up, moving the patient onto a bed or stretcher.

Take the following steps when transferring in and out of a car:

- Put the front seat of the car as far back as possible.
- Position the wheelchair at a 90-degree angle to the car seat.
- Bend your knees and hips in a squat.
- Place your arms underneath the person's armpits and around the upper part of his or her back. The person may place his or her arms around your shoulders but not your neck. Grasp the person's upper back and do not pull under the person's arms. Hold him or her close to you.
- Straighten your legs and hips slightly as you smoothly lift the person's torso into the car, placing his or her buttocks on the seat. Move your feet to turn; do not twist.
- Be sure the person's buttocks are as far back toward the driver's side as possible before lifting his or her legs into the car. When lifting his legs, keep your back straight.

Take the following steps when pulling a patient up in bed:

- Always get help when pulling a patient up.
- Place a draw or lift sheet under the patient.
- Remove the patient's pillow from under his or her head and place it against the head of the bed to provide a cushion between the patient's head and the headboard.
- Place the bed at a comfortable height for you and your coworker.
- Both you and the coworker should bend your knees and push with your feet.
- Grasp the draw or lift sheet firmly, holding the sheet close to the patient's body.
- Lean in the direction you want to move the patient.
- Instruct the patient to lower the chin to the chest if possible. If the patient cannot hold his or her head up, be sure the lift sheet is supporting the person's neck and head.

- Ask the patient to bend his or her knees to assist by pushing backward.
- On the count of three, lift the draw sheet and pull the patient up.

Take the following steps when pulling a patient up in a chair:

- Have the patient fold his or her arms across his chest. Lock the wheelchair brakes.
- Stand behind the patient, bend your knees, and wrap your arms around him or her, hugging the person's torso securely by folding your arms just under the person's in front.
- Straighten your legs, lifting the patient's torso up and back in the chair.

Take the following steps when turning a patient from side to side:

- Stand at one side of the bed, with the bed raised to waist height.
- Place your arms under the patient's shoulders and hips, or grasp the lift sheet.
- Pull the patient to the edge of the bed, trunk first and then legs.
- Cross the patient's leg closest to you over the other leg.
- Place your hands on the patient's shoulder and hip closest to you.
- Lean in toward the patient and push the patient's torso away from you.
- Place the top leg in front of the bottom leg.
- Support the patient's shoulders, back, and hips with pillows. Place a pillow between the patient's legs to support the top leg. Adjust for comfort.

Devices that can help you work smarter, not harder, include the following:

- **Draw sheets** make it easier to pull people up in bed or move them to the side. To place a draw sheet under a patient, turn the patient on his or her side and lay the draw sheet on the bed. Roll half of the draw sheet up against the patient. Turn the patient to his or her other side, rolling him or her over the rolled-up draw sheet, and pull the rolled draw sheet out and straighten it on the bed. The lift sheet should extend from above the shoulders to below the hips and should support the neck and head if the patient cannot do so.
- **Bed controls** raise or lower the bed to a comfortable and safe position for you, your coworker, and the patient.
- **Slide boards** help to reduce friction so the patient can slide from the bed to another surface.
- A **trapeze** over the bed can allow patients to help you move them. They can grasp the trapeze, pull themselves up, and assist as you move them.

- **A gait belt** is made from heavy canvas with a sturdy buckle. Place the belt around the patient's waist and use it to assist you in moving him or her.
- **Mechanical lifters/hoists** can lift a patient who is heavy or one who has fallen. Ask your supervisor for instructions before using these devices.

Conclusion

Protect yourself:

- Work in teams
- Call for support to prevent unsafe transfers
- Use lifting equipment
- Exercise to maintain a strong, healthy back
- Use proper posture and body mechanics

Most companies have an ergonomic plan to prevent back sprain and strain injuries from happening. These plans should include:

- Regular inspections to discover hazards that might lead to strain and sprain injuries
- Training for everyone on how to prevent injuries
- Safe staffing levels so workers don't get hurt lifting heavy patients alone
- Useful and safe lifting devices

Your body has natural limits. Some tasks can lead to injuries when you go beyond these limits. Jobs should be designed to fit the worker. This is ergonomics. This is working smarter, not harder.

FIGURE 26.1 | WHAT IS WRONG WITH THESE STORIES?

1. Sharon is helping Mr. Smith move from a chair into bed. She positions the chair close to the bed at a slight angle. She locks the brakes on both the bed and the wheelchair. She places her feet widely apart but does not block Mr. Smith's knees. She bends over, puts her hands under Mr. Smith's arms and instructs him to place his arms around her neck. She pulls Mr. Smith to a standing position, twists her body to pivot him so his back is to the bed and then sits him down on the bed. The bed's position is at the lowest level. Sharon lays Mr. Smith back on the bed and then bends over and lifts his legs onto the bed. As she straightens up, she feels a sharp pain in her back.

   Identify at least five things Sharon did that may have contributed to her injury, and at least two things she did that could have harmed the client. What techniques did she do right? What steps did she incorrectly perform?

2. Mike sees that Mrs. Jones has slipped down in her chair. He leans over her from the back, grasps her under the arms and pulls her up. He keeps his feet close together and stands so the wheelchair will push against his legs as it rolls backward.

   What process did Mike do wrong? What process did he do right?

3. Patty is walking with Mr. Smith when he begins to fall. She tries to stop the fall, but instead he pulls her to the floor with him.

   What should Patty have done differently?

Answers to stories:

1. Sharon should have bent at the knees instead of the waist; she should not have let Mr. Smith put his arms around her neck; she should not have twisted her body; she should have raised the bed to the right height; and she should not have bent over to lift his legs. If she had raised the bed to waist height after sitting him on the bed, she could have moved his legs without bending. She could have injured the client by pulling him under his arms and by not blocking his knees. She correctly locked the brakes on the bed and wheelchair, kept her feet widely spaced, and placed the chair close to the bed.

2. Mike should not have kept his feet close together, he should not have put his hands under Mrs. Jones' arms to pull her up, and he should have locked the wheelchair's brakes. He correctly approached the client from behind the chair, but he should have bent with his knees instead of bending at the waist.

3. Patty should have tried to guide Mr. Smith to the floor instead of trying to stop his fall.