

PROTOCOLL HEALTHCARE STAFFING SERVICES

ORIENTATION MANUAL

WELCOME,

You have joined one of the areas most innovative and fastest growing companies.

Protocall takes pride in both the service we provide and the people we hire. This orientation manual was created to help you learn more about Protocall and the clients we serve.

As part of our company, the quality of service you deliver is as important as your attitude. All our employees practice sound initiative, judgment and sensitivity when working with our clients and co-workers.

We believe that each employee contributes directly to Protocall's growth and success. We are confident you will take pride in being a member of our team. Your experience here will be challenging, diversified and rewarding.

I. HISTORY AND VISION

For forty years, Protocall has been helping companies solve their staffing needs. Protocall has worked with organizations of all sizes, providing them with productive and efficient temporary personnel.

Protocall currently has seven offices throughout Southern New Jersey and in Philadelphia, Pennsylvania. These offices provide healthcare personnel for home healthcare and healthcare facilities as well as temporary personnel for all office/clerical, light industrial positions. Protocall is one of the largest Temporary Personnel Services in the Delaware Valley area.

Protocall markets personnel to business, industry, government and healthcare facilities as well as to individuals at home. Protocall complies with The Joint Commission Accreditation of Health Care Organizations standards. Ensuring consistent operating policies and procedures is critical to the clients we serve.

Below is a summary of the type of personnel we hire:

Medical Administrative: Administrative Assistants, Front Desk Receptionists, Medical Billers, Medical Records Clerks and Unit Clerks.

Clinical: Registered Nurses, Licensed Practical Nurses, Certified Home Health Aides, Companions, Nursing Assistants, Respiratory Therapists and a variety of Allied Health professionals.

Keeping both employee and client happy is our goal. We must be aware of the needs of our clients so that they are fully satisfied with every assignment for which we are responsible. Our growth is evidence that we do this well. We have retained clients who have been with us from the very inception of our business. The longevity of the temporary personnel we employ presently is another example of the confidence and loyalty that has remained consistent for more than three decades.

II. GENERAL INFORMATION

This manual is intended to provide employees with a general understanding of our personnel policies and procedures. Employees are encouraged to reference the contents of this manual, for it will answer many common questions concerning employment. This manual cannot anticipate every situation or answer every question about employment however addresses key job expectations. Please contact your supervisor at Protocall if you are ever unsure of how to handle a situation or need to seek clarification about a policy or procedure.

In order to retain necessary flexibility in the administration of policies and procedures, Protocall reserves the right to change, revise or eliminate any of the policies and/or benefits described in this manual.

Protocall Healthcare Branch Office Locations and Telephone Numbers

1. 400 Market Street
7th Floor – Suite 720
Philadelphia, PA 19106
Healthcare Staffing Division Telephone Number (215) 592-7400
Homecare Staffing Division Telephone Number (215) 627-9400
Fax Number (215) 592-0393

2. Washington Professional Campus
900 Route 168
Suite I-3
Turnersville, NJ 08012
Telephone Number (856) 227-1900
Fax Number (856) 227-1907

3. The Courtyards
707 White Horse Pike
Suite C-1
Absecon, NJ 08201
Telephone Number (609) 484-8820
Fax Number (609) 484-0693

Branch Office Hours

The branch offices are open Monday through Friday from 7:30am to 5:30pm. After 5:30pm the office is staffed by On-Call Personnel. During those hours, On-Call staff will respond to call outs, interruptions of service and/or emergency situations. Any questions relating to payroll, etc. must be addressed during normal business hours. Additionally, a Clinical Case Supervisor will respond to any homecare client issues that require immediate attention.

General Information continued...

An on-call staffing coordinator may be contacted by calling the Protocall office number. Your call may be directed to a voice mail, leave a detailed message and a return telephone number. If you do not receive a return call within 15 minutes of leaving a message, call the office telephone number again. Please do not assume your message was received until you receive a return telephone call.

Employee Relations

Protocall believes that the work conditions, wages and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly to their supervisors.

Our experience has shown that when employees deal openly and directly with supervisors, the work environment can be excellent, communications can be clear and attitudes can be positive. We believe that Protocall amply demonstrates its commitment to employees by responding effectively to employee concerns.

Business Ethics and Conduct

The successful business operation and reputation of Protocall is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of Protocall is dependent upon our customers' trust and we are dedicated to preserving that trust. Employees owe a duty to Protocall, and its customers, to act in a way that will merit the continued trust and confidence.

Protocall will comply with all applicable laws and regulations and expects its directors, officers and employees to conduct business in accordance with the letter, spirit and intent of all relevant laws and to refrain from any illegal, dishonest or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. The attitude and commitment demonstrated while working on any temporary assignment should be regarded no differently than full time employment. Displaying this type of professional conduct will afford you continued employment and greater personal satisfaction.

General Information continued...

Explanation of Compensation & Payroll Process

Protocall compensates employees on an hourly basis for worked performed is in compliance with wage and hour regulations. The pay rate is based on; previous work experience, length of employment and job duties.

It is necessary to document hours worked on a time ticket. Your time ticket is your “bill” for hours you work. A separate time ticket must be completed for each client on a weekly basis. Safeguard it, it is the most important document you will use as an employee. Make sure that all entries are accurate and authorized by the client. An unauthorized time ticket will delay payment until authorization is obtained. It is against the law to forge another individual’s signature and or change hours authorized therefore anyone found in violation will be subject to employment termination and legal action.

The payroll period begins each Monday and concludes, Night Shift on Sunday. The payment of wages shall be weekly and is based on hours worked within the previous week. Time tickets must be sent to the office weekly for all hours worked, payroll deadline is every Monday at 12 Noon for receipt of hours worked from the previous week.

When assigned to a homecare case, nursing and/or activity notes must accompany the completed time ticket. The office must have an original nursing and/or activity notes, failure to submit original documentation will result in paycheck being held. As a reminder, meal breaks are required when duration of assignment is six hours or more and is unpaid. Please document on time ticket accordingly.

You may mail, drop off and/or fax time tickets directly to the branch office. Please call to confirm receipt when faxing.

Post Employment Health Screening Requirements

Upon job offer, employee must submit the following documentation prior to placement:

- Proof of a physical exam that has been performed within the past twelve (12) months of hire date.
- Baseline PPD (Mantoux) skin test and or Chest X-Ray. For employees who have not had a documented negative PPD test result during the preceding twelve (12) months, the baseline PPD testing will be done by the two-step method.
- Proof of immunity to Rubella and Rubeola. If results of titers reveal non-immunity status, employee must submit proof of immunization.

Every year thereafter, PPD testing must be repeated annually. Your health records will be secure and protected in compliance with Federal/Regulatory guidelines.

General Information continued...

Hepatitis B Vaccination Information

The Hepatitis B Vaccine is recommended to healthcare employees who provide direct patient care who are considered at risk for exposure to blood or body fluids of a patient. The employee will be required to complete a Physical Exam Report that indicates his/her intent to complete the Hepatitis B Vaccine series. The vaccine is given in three stages, details will be provided by your Physician. The vaccine is voluntary and will be offered free of charge. If the employee refuses the vaccine, he/she may request vaccination at a later date while still employed. An employee who has previously received the Hepatitis B Vaccine series will be required to submit evidence of vaccination.

Attendance and Punctuality

To maintain a productive work environment, Protocall expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on the clients we serve, its employees and on Protocall. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, notify Protocall prior to the start of the scheduled workday. If you choose to contact the client due to lateness and or callouts you are still obligated to call Protocall. Protocall maintains ultimate responsibility to serve its client's. Excessive lateness or call-outs will result in termination.

Disciplinary Model

The best disciplinary measures are the one that do not have to be enforced and comes from good leadership, adherence to policies and fair supervision at all employment levels. It is our goal to address and resolve performance issues in a manner that is mutually beneficial. While it is impossible to list every type of behavior that may be deemed a serious offense, this manual includes examples of incidents that may result in warning or termination of employment.

III. JOB PERFORMANCE EXPECTATIONS

1. Contact the branch on a weekly basis to report availability, verify work schedule or request work assignments. Failure to contact the Branch weekly will be considered a voluntary quit.
2. Contact Protocall whenever there is a change in working hours and/or the duration of the work assignment.
3. Hours submitted by staff members must coincide with the service request unless previously arranged in order for time ticket to be processed.
4. Accept work assignments only if there is certainty that the dates hours and duration of the assignments can be fulfilled.
5. Advance notice is required if you are unable to report to work due to an unforeseen event such as illness, injury or emergency situations. At a minimum, four hours notice is considered acceptable. You must speak directly to on-call personnel when canceling after hours.
6. Be on time for scheduled work assignments. If an emergency or any situation should arise causing you to be more than ten minutes late, you must notify Protocall immediately. Do not contact the client directly. Failure to notify Protocall may result in termination.
7. On the first day of a new work assignment, report for work early to allow for orientation/training to job duties.
8. Never walk off an assignment. Contact your staffing coordinator immediately regarding the circumstances surrounding the issue/incident and he/she will facilitate a resolution. If you are dissatisfied with the resolution, the Branch Manger will intervene.
9. Staff members must represent Protocall & Client in a professional manner.
10. Client satisfaction will be elicited regarding performance of assigned personnel. Protocall will aid and assist you to improve performance.
11. Fulfill the job requirements according to the job description, duties and essential job functions. If you are unable to perform the assigned job duties and or job duties are drastically different than described, contact the staffing supervisor immediately.
12. The use of client's office equipment such as computers cannot be for personal use.

Job Performance Expectations continued...

13. Adhere to the following professional business attire standards in dress and appearance:
 - a. Maintain personal hygiene, appearance of dress shall be neat and conservative.
 - b. Casual clothes; e.g., t-Shirts, jeans, etc., is not considered business attire.
 - c. Uniform must be cleaned and pressed.
 - d. For women: wear skirt hemlines at knees length; pant hemlines at ankle length; comfortable enclosed toe and heel shoes; stockings or socks must be worn.
 - e. For Men: wear pant hemlines at ankle length; comfortable enclosed toe and heel shoes, suit and/or sport jacket and shirt and tie should be worn when working in an office setting.
 - f. Wear your personal Protocall identification badge while working on an assignment.
 - g. Fingernails must be clean; nail length must be conservative (if nails are sculptured, there can be potential for injury and infection).
 - h. Protective gloves must be worn when providing direct patient care.
 - i. Wear jewelry sparingly; for example, a ring and small earrings (long dangling earrings are prohibited since they can cause injury).
 - j. Hairstyle and color must be conservative.
14. Upon accepting employment with Protocall, employees are prohibited from seeking or accepting employment with any Protocall client to whom the staff member has been assigned either directly or indirectly. If a client approaches you regarding employment, contact Protocall immediately.
15. If an employee decides to terminate employment while working on an assignment, it is required to give a minimum of one-week notice. The notice allows for assignment of replacement personnel.
16. Do not use slang or foul language.
17. Do not accept gifts or money from client's, employees etc.
18. Maintain a calm and reassuring attitude in crisis situations.
19. Be tactful in manners and attitudes when dealing with clients and other persons.
20. Do not take family members and or friends to work.
21. Do not use client's telephone or remove client property for personal use.

Job Performance Expectations continued...

22. Safety in the workplace is a primary concern. Always perform assigned tasks in a safe and proper manner. (See Safety Bingo for additional incentives). If you sustain a work related injury, you must immediately notify the client and the staffing coordinator (see Work Related Injury Procedure).
23. Protocall has a “NO DRUG POLICY”; the use of drugs and/or alcohol in the workplace is prohibited. Your signature serves as consent to submit to drug testing upon request. Failure to comply with this policy is grounds for immediate termination.
24. Smoking is prohibited in client’s home and client facilities.
25. Do not witness signatures on any papers or legal documents.
26. Do not violate client confidentiality.
27. Conduct yourself in a friendly, cooperative and professional manner with everyone.
28. Ask for clarification when job duties are not understood.
29. Do not discuss salary or payroll issues with client or staff members. Address questions/concerns to Protocall directly.
30. Turn off cell phones during working hours. An appropriate time to make a telephone call and or check messages is during a break period.
31. Health care staff members must keep professional licenses updated. Proof of current license must be sent to Personnel Department prior to expiration.
32. Advise the Personnel Department of any changes regarding your personal status, such as home address, telephone number and number of exemptions, job title and or additional job skills.
33. Sleeping while on duty will result in termination. Any medications you are taking that cause drowsiness should be avoided while working.
34. In the event you are unable to perform the essential job functions outlined in the job description for any reason, you will be required to notify this office immediately. A physician note will be required prior to future job offers and or reassignment of job duties.
35. A physician note is required when employee calls out from work due to an injury sustained outside of the work place.
36. Altering the client office appearance and/or workspace is not acceptable; this includes changing computer screen savers, displaying personal photographs etc.

IV. CLIENT CARE

1. Staff members must function within practice standards set forth by the board of licensure and the client facility. Seek clarification of policy/procedure to department manager where applicable.
2. Communicate to Department Supervisor any changes in client condition/changes in a timely manner.
3. Do not get involved with client families' conflicts. Remember that your job is to provide patient care to the client, which does not include "getting involved" with family problems.
4. Do not accept personal gifts from clients or client family members. If a client or family absolutely insists that the gift be taken, inform staffing coordinator of the same so that documentation can be placed in your personnel file. This action shall protect you in the event there is a question as to why you are in possession of the item.
5. Do not transport a client in their automobile unless previously authorized. Transporting a client in your vehicle is prohibited.
6. Unlicensed staff members are prohibited from receiving physician orders.
7. Report suspected abuse and/or harassment or neglect immediately to the department supervisor.
8. Give a verbal and written report of client incident/accidents (e.g., client falls, client missing personal item, medication error) to the Department Supervisor immediately.

One to One Hospital Services

Hospitals will request On to One service when Patients pose a threat and or danger to his/her self. The following conditions are generally the cause for services; suicide watch, wanderer, disoriented, confused, combative etc. The role of the aide is to ensure the safety of the patient as directed by the primary nurse.

1. Upon arrival, identify the primary nurse to obtain care plan requirements.
2. Check the patient's room/bathroom for safety precautions. Look for items that may be used to harm self or others such as razor, knife, and medication.
3. You must stay with the patient at all times, never leave patient unattended.
4. Do not leave the room for breaks unless staff relief is assigned.
5. Alert the primary nurse if visitors bring gifts/items to the patient.
6. Accompany Patients when transported for tests/procedures.
7. Remain in the room while patient is bathing/showering, receiving visitors etc.
8. The primary nurse must give permission for patient to shave, shower or toilet independently.
9. Use the call button if an emergency arises; do not leave the patient alone.

Client Care continued...

Overview of Homecare Services

Prior to the start of care, individuals requesting homecare services will meet Protocall's Clinical Supervisor. The purpose of the visit is to determine the medical status of the client and level of care required to establish a treatment plan. The Clinical Supervisor will orient, oversee and monitor the care Protocall's field staff is expected to deliver. It is the field staff's responsibility to maintain ongoing communication with the Clinical Supervisor regarding the condition of the homecare client.

The following homecare client conditions should be reported to the Clinical Supervisor:

- a. Pain or discomfort, especially chest, neck, arm, jaw and back.
 - b. Nausea or vomiting
 - c. Dizziness or faintness
 - d. Shortness of breath or pain when breathing.
 - e. Change in alertness or response
 - f. Pain or bleeding at IV spot.
 - g. Temperature >38 degrees
 - h. Pulse <60 or >110/min.
 - i. B/P – systolic <90 or >150 diastolic <50 or >90.
 - j. Patient fall or other injury.
 - k. Frequency or burning while urinating.
 - l. Foul smell, discolored urine.
 - m. Diarrhea or constipation
 - n. Chills or diaphoretic
 - o. Dressing not intact
10. Registered Nurses and Licensed Practical Nurses should have the following equipment when assigned to a homecare client:
- a. Stethoscope
 - b. Blood Pressure Cuff
 - c. Thermometer
11. Documentation on homecare client chart, activity notes must be completed with black pen. Any changes must be noted with a line through the change and initialed.

Private Duty Services

During a hospital stay, patients can request private duty services during his/her recuperation. In these instances, the patient assumes financial responsibility for the services. The primary function of the caregiver is to provide companionship and assist patient with personal care. Prior to arrival to the assignment, verify reporting instructions. You may be directed to report to the hospital staffing office and or the nurses' station prior to entering the patient's room.

V. BONUS PROGRAMS

NEW HIRE REFERRAL BONUS

When an active employee refers an applicant that is hired, referral bonuses may be earned. The new hire must meet the criteria described below within four weeks of hire date. The applicant must indicate the name of the referring employee at time of interview. Once the new hire has submitted time tickets and has met the work hour requirements the referring employee will be compensated immediately.

<u>Job Category</u>	<u>40 hours</u>	<u>60 hours</u>	<u>80 hours</u>
Registered Nurse	100.00	150.00	200.00
Licensed Practical Nurse	75.00	100.00	125.00
Medical Assistant, Technician	75.00	100.00	125.00
Certified Nursing Assistant			
Certified Home Health Aide	50.00	75.00	100.00
Medical Secretary, Billing Clerk			
Medical Records Clerk, Receptionist	50.00	75.00	100.00

INTRODUCTORY PAY PLUS BONUS

After one year of continuous employment, an employee is eligible to earn an Introductory Pay Plus Bonus. An employee must work (1500) fifteen hundred hours consecutively within a (12) twelve-month period to be considered eligible to receive the bonus. The pay plus bonus is calculated according to the average number of hours worked weekly, not to exceed (30) thirty hours. The bonus is paid at the employees average hourly pay rate and does not include overtime or any other special form of compensation.

PAY PLUS BONUS

An employee who works a minimum of 750 hours within six months following the completion of the introductory pay plus bonus period will be eligible to receive an additional pay plus bonus. Thereafter, an employee will be eligible to receive pay plus bonuses ongoing when he/she maintains the minimum hour requirement described above.

The pay plus bonus is calculated according to the average number of hours worked weekly, not to exceed (30) thirty hours. The bonus is paid at the employees average hourly pay rate and does not include overtime or any other special form of compensation.

Only two pay plus bonuses shall be paid within a twelve-month period.

Bonus Programs continued...

CLIENT REFERRAL BONUS

When a new client is serviced as a result of an employee referral recommendation, employee may be eligible for a referral bonus. When client billing reaches (100) one hundred service hours, employee will receive \$100.00.

SAFETY BINGO

Safety Bingo is a program Protocall has implemented to acknowledge and reward our employees for practicing workplace safety.

The program is designed to incentive employees to work injury free and raise the awareness of practicing safety in the work place. For every workweek, the branch office is injury free, a "Bingo Number" will be called and the dollar value of the "Bingo Pot" will increase. In the event an employee is injured on the job the game will terminate immediately. The game will resume when employee returns to work.

A new bingo number will be picked each week and distributed to the employees in the form of a payroll stuffer. Once the employee has bingo, they must notify the office immediately. See the Branch Staffing Supervisor for current details regarding Jack Pot \$\$\$.

*NOTE: Eligible Employees must be compliant and working at time of notification to receive bonuses outlined above.

VI. WORK-RELATED INJURY PROCEDURE

Protocall will investigate all employee injuries that are reported. Both an office representative and the injured employee will complete a written injury report. In the event an employee requires medical treatment, an approved provider will be selected. A written authorization to receive treatment and/or refusal of same will be required.

1. If you sustain an injury while working, you must immediately notify this office and the client.
2. If the injury requires medical treatment, you must seek treatment within twenty-four hours of injury from the panel of approved providers enclosed. Transportation may be provided if necessary.
3. If the injury is considered an emergency, employee should seek treatment at the closest hospital emergency room.
4. If you are restricted to return to work you must notify this office immediately and provide a doctor's note from the authorized treating physician stating the length of time you will be out of work.
5. If the physician releases you for Lite duty (modified duty) work may be offered. You must notify this office within (24) hours of release. Failure to contact the office for Light duty will be considered a refusal of work.
6. To ensure payment for medical treatment rendered by panel of approved providers, direct medical bills to this office.
7. Maintain ongoing communication with the staffing supervisor, as directed, regarding the status of work return release.
8. All claims will be subject to an insurance investigation. If a claim is found to be fraudulent, individuals will be subject to legal action.

*** See attachment: Provider Panel Listing**

VII. MANDATORY IN-SERVICE SUBJECTS

● Client Confidentiality/Patient Rights

Confidentiality is the safekeeping of privileged information. This includes not only medical information of a patient, but also personal information or client/company information. Confidentiality applies not only to patients, but also to all employees of the company and to the agency itself.

State and Federal Laws protect privacy and the disclosure of medical information. If you breach confidentiality, you may be breaking the law. Breaches in confidentiality occur when private and protected information is improperly given out. This can be intentional or unintentional.

Breach of Confidentiality can occur the following ways:

Rumors - Do not gossip about patients, employees or the agency. This includes starting rumors, adding to rumors and spreading rumors. Talking in public areas or where you can be overheard. Public areas include elevators, restaurants, parking lots, the drive-through lane at McDonald's, hallways, public phones, etc. Announcing names on the intercoms in the office also can be a breach in confidentiality.

Inquiries - By giving information about patients, other employees or agency to those not directly involved with a situation, confidentiality may be breached. Never assume that a person, who is inquiring, is permitted to receive the information that he or she has requested. Ask the patient/employee/agency to whom information may be released. It is always best to refer any inquiries back to the patient/employee/agency.

Written or recorded information/computers - Using a patient's or employees full name may breach confidentiality on calendars or boards, and by not shredding paper documents after use. Computer screens should be angled so others may not read what has been entered. Also, every employee who uses the computer must have a private access code to prevent unauthorized access to files. All faxes must be accompanied with a "Confidentiality" cover sheet.

- Remember that all information concerning a patient is to be held in the strictest confidence.
- Keep patient/employee files in a locked/secure area.
- Do not leave patient information lying around in the patient area.
- Use only patient numbers and initials as identifiers. Keep all accident/incident reports confidential.
- Transport patient information carefully and store records promptly.

Client Confidentiality/Patient Rights continued...

PATIENT RIGHTS/RESPONSIBILITIES

Each Patient has the right to the following:

- Be advised of who will pay for the services and how payment will be made
- Be treated with consideration, respect, dignity, individuality, and privacy.
- Be assured that those who provide care are qualified to carry out the services.
- Have confidential treatment of his or her medical records.
- Participate in the planning of his or her care/treatment.
- Be informed in advance of care that will be given or of any changes in care.
- Be taught about his or her illness.
- Be informed by a physician of his or her medical condition.
- Refuse treatment.
- Be informed about applicable federal and state law and the agency's policy on advance directives.
- Voice grievances/complaints without fear of discrimination or reprisal, and to know that complaints will be investigated.
- Be provided with information regarding ethical dilemmas.
- Be informed about the home health agency hotline.
- Know that the agency will protect and promote patient rights.

You May Violate a Patient's Rights by Not:

- Treating the patient, his or her family, or his or her property/belongings with respect.
- Treating the patient as an individual.
- Closing doors or curtains, or by letting others stay in the room while care is being provided without patient permission.
- Fully explaining patient rights and responsibilities upon admission.
- Listening to patients (Remember, patients have the right to refuse care! You need to let the patient know what may happen because he or she has refused care/treatment.)
- Completing all the admission forms in their entirety.

Each Patient Has the Responsibility To:

- Give accurate and complete health information.
- Assist with the development and maintenance of a safe environment.
- Inform staff about changes in health status.
- Voice concerns or problems and ask questions when something are not understood.
- Inform the agency when he or she will not be available for visits.
- Help develop, update, and comply with his or her plan of care.

If a patient does not comply with his or her responsibilities, then he or she could be discharged from the agency. The clinical supervisors, the administrator, and the physician will make this decision.

Client Confidentiality/Patient Rights continued...

Advance Directive & Health Care Directive

At time of hospital and/or homecare admission as required by law, a health care provider must inform a client 18 years of age or older, with information about Advance Directives. Advance Directive is a general term to apply to both Health Care Directives and the Durable Power of Attorney for Health Care Decisions. The U.S. Supreme Court decision (Cruzan) recognized that all people have a constitutional right to refuse any medical treatment, including ventilators and feeding tubes. Further, state laws authorize a person to name a person to make health care decisions for when he/she cannot. This document is intended to assure that a person's wishes are known and followed. A person needs to discuss the directive with family and physician additionally he/she may wish to share this with clergy, attorney and friends. The Advance Directive does not need to be notarized and prepared by an attorney. It maybe changed or revoked at anytime. The following descriptions outline additional information:

Living Wills

These are written instructions that explain your wishes regarding health care, should you have a terminal condition. They're called "Living Wills", because they effect while a patient is still alive.

Durable Power of Attorney

A written document, you can name a person (called a proxy) to make decisions for you if you become unable to do so. Advance Directives can protect people unable to communicate due to the following examples of extreme health conditions: Irreversible brain damage, or brain disease, which can affect the ability to think as well of communicate, permanent comatose state (or other unconscious states), which can leave one unconscious without hope of recovery and/or the diagnosis of a Terminal Illness where life expectancy is short.

Below are examples of treatments that patients may express their feelings about:

CARDIOPULMONARY RESUSITATION (CPR)-used to restore stopped breathing and/or heartbeat

INTRAVENOUS (IV) THERAPY-used to provide food, water and/or medication through a tube placed in a vein, when patients can no longer eat normally.

FEEDING TUBES -inserted through the nose, throat, etc., to provide nutrition, when patients can no longer eat normally

RESPIRATORS -machines used to keep patients breathing

DIALYSIS -a method of cleaning patient's blood by machine, when kidney function is impaired.

TREATMENT FOR PAIN RELIEF- requesting or refusing it

Client Confidentiality/Patient Rights continued...

Points to consider regarding healthcare choices:

- To die without pain and suffering
- Be able to make my own decisions
- Leave my family with good memories
- Act according to my religious beliefs and values
- Not burden my family with difficult decisions
- Be with loved ones at time of death

* NOTE: Upon admitting clients to Protocal's Homecare Service, clients will be provided with a copy of "Advance Healthcare Directive and Durable Power of Attorney" brochure. We will instruct the client to inform family etc; their intention regarding his/her right to have an advance directive/living will. A copy of the Advance Directive will be maintained in a patient medical record and appropriate agency personnel will be advised of the client's wishes.

● **Infection Control & Safety**

General Information

Standard Precautions, formerly called Universal Precautions, is a method of infection control defined by the Centers for Disease Control and Prevention, a Government agency. Under state and federal laws, health care workers are required to follow certain precautions when caring for people. Standard Precautions is defined as treating all blood, body fluids, not-intact skin, and mucous membranes as if they were infected with an infectious disease. Following Standard Precautions is the only safe way of performing your job. You cannot tell by looking at your clients or their charts if they are infected with a contagious (infectious) disease, such as HIV, hepatitis, or influenza.

From 1987 to 1995, federal and state laws required all health care workers to follow certain precautions or safety measures when caring for people. These rules were called Universal Precautions because they applied to all people being cared for, even if they were not suspected of having a disease. In 1995, the CDC issued new guidelines, called Standard Precautions. The precautions are very much like Universal Precautions. Standard Precautions mean treating all blood, body fluids, non-intact skin (like abrasions, pimples, or open sores), and mucous membranes (opening of eyes, mouth, nose, rectum, or genitals) as if they were infected with an infectious disease.

Under Universal Precautions, some body fluids and mucous membranes were not included and some were. Standard Precautions is simpler to remember because it includes everything except sweat. It is also the best way to protect you from becoming infected with diseases, such as, HIV/Aids or hepatitis. Again, because you cannot tell if someone is infectious by looking at them or even by reading their charts, Standard Precautions is the only way to protect yourself. Under Standard Precautions, "body fluids" include saliva, sputum (fluid coughed up), urine, feces, semen, vaginal secretions, and pus, or other wound drainage.

Tips for Preventing the Spread of Infection

Some diseases have become immune to the antibiotics we use. As a result, controlling diseases and preventing infections from spreading are more crucial than ever, and doing so begins with measures every individual can take. Here are some tips to remember.

- Wash your hands frequently--especially before preparing food, before eating, and after using the restroom. Don't insist that your physician give antibiotics if you don't need them. Antibiotics have no effect on illnesses caused by viruses.

Take prescribed antibiotics exactly as instructed. Do not stop taking them without checking with your physician, even if the medicine makes you feel better or worse. Keep your immunizations--and those of your children--up to date.

- Don't send your child to a day care center or to a school with symptoms of an infection--such as vomiting, diarrhea, and/or fever.

- Follow safe sexual practices.

Infection Control & Safety continued...

- Do not use I.V. drugs; if you do, do not share needles.
- Don't share personal items--such as razor blades, tooth brushes, combs, and hairbrushes--don't eat or drink from others' plates or glasses.
- Keep kitchen surfaces clean, especially when preparing meat, chicken, and fish. Disinfect kitchen surfaces. Keep hot foods hot and cold foods cold; avoid leaving food out for an extended period.
- Remove gloves immediately when finished with procedure.
- Immediately wash all skin surfaces that have been contaminated with blood and body fluids. Flush skin with running water for one minute. Wear a disposal gown if you may come into contact with blood or body fluids (for example, emptying a urinary drainage bag). If your client has a contagious illness, you should wear a gown even if it is not likely you will come into contact with blood or body fluids. Wear a mask and protective glasses if the possibility exists that you will come into contact with splashing blood or body fluids (for example, emptying a bed pan). Wear gloves and use caution when handling razor blades, needles, and other sharp objects. Discard these objects carefully in a puncture-resistant, biohazard container. Avoid nicks and cuts when shaving clients. Carefully bag all contaminated supplies and dispose of them according to your agency's policy.

Hand Washing

Hand washing is the single most effective way to prevent infection. Hands should be washed before and after patient contact. Wash hands during patient care as hands can become soiled. Wash hands with soap and water immediately after removing gloves. Wearing gloves does not eliminate the necessity for hand washing. If soap and water are not available, antiseptic hand cleanser or towelettes may be used, wash hands with soap and water as soon as possible. Hands should be scrubbed a minimum of 10 to 15 seconds. Dry hands with a paper towel and turn faucets off with the paper towel.

You carry millions of microbes on your hands. Most are harmless, but you can pick up some that cause illnesses, such as colds, flu, and diarrhea. When we forget to wash our hands, or don't wash them properly, we can spread these germs to other people, or give them to ourselves by touching our eyes, mouths, noses or cuts on our bodies. We can also pick up germs from objects, such as doorknobs and stair railings, touched by other people who aren't good hand washers. Think about all the things you touch each day and how many people may have touched them before you. Hand washing with warm water and soap can greatly reduce the chances of spreading or getting germs. The mechanical action of scrubbing loosens up the dirt and microbes on our hands and soap picks them up and bonds to them so that the water can wash them away.

Hand Hygiene Guidelines: Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of anti-microbial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates.

Infection Control & Safety continued...

CDC is releasing guidelines to improve adherence to hand hygiene in health care settings. In addition to traditional hand washing with soap and water, CDC is recommending the use of alcohol-based hand rubs by health care personnel. Alcohol-based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation for patient care because they address some of the obstacles that health care professionals face when taking care of patients.

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Hand rubs should be used before and after each patient just as gloves should be changed before and after each patient.

When using an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long. Many facilities prohibit staff from working with artificial nails because of the potential infection risk.

Wash hands before you:

Prepare or eat food

Treat a cut or wound

Tend to someone who is sick

Put in or take out contact lenses

Do any kind of activity that involves putting your fingers in or near your mouth, eyes,

Wash hands after you:

Go to the bathroom

Handle uncooked foods, especially raw meat

Eat

Blow your nose, cough or sneeze

Handle garbage

Tend to someone who is sick

Change a diaper

Play with a pet

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The following is a description of Personal Protective Equipment.

Gloves

Put on gloves before contact with non-intact skin or with blood or body substances. Change gloves between each patient procedure. Wear non-sterile latex gloves when performing any clinical procedure that may expose the staff to the patient's blood or other body substances (e.g., with venipuncture and during perineal care). Sterile latex gloves are worn during certain clinical procedures that require sterile technique (e.g., during certain dressing changes or while inserting a urinary catheter). After each use sterile and non-sterile latex gloves are discarded in a leak resistant waste receptacle, such as a plastic trash bag.

Infection Control & Safety continued...

Gowns

Wear moisture-proof, disposable gowns if clothing may be contaminated with blood or other body substances. Remove personal protective equipment after use, and dispose of it according to facility policy and procedure.

Masks

Disposable facemasks are worn whenever aerosolization or splattering of blood or other body substances may occur. Follow facility's procedure for disposal of mask. When respiratory isolation is required, a STOP sign is posted outside the patient's room. The STOP sign should alert staff/visitors, including children, of the necessity to wear a mask when entering the patient's room.

Goggles

Goggles or safety glasses with side shields are worn when aerosolization or splattering of blood or other body substances may occur to the eyes. Clean the goggles with soap and water after each use. If the goggles become cracked or heavily contaminated, discard them according to facility procedures.

Disposable CPR Masks

Use disposable CPR masks if they are required to provide artificial mouth- to-mouth resuscitation or mouth-to-stoma ventilation.

HANDLING SHARPS

A needle-stick or a cut from a contaminated scalpel can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS). Few cases of AIDS have been documented from occupational exposure. The Occupational Safety and Health Administration (OSHA) standard covering blood-borne pathogens, specifies measures to reduce these risks of infection.

Prompt Disposal: The best way to prevent cuts and sticks is to minimize contact with sharps. That prevention means disposing of them immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps – either for disposal or, for reusable sharps, later decontamination for reuse. Contaminated sharps must never be sheared or broken.

Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending or removal is necessary the employees must use either a mechanical device or a hand-handed technique. If recapping is essential – for example, between multiple injections for the same patient – employees must avoid using both hands to recap. Employees might recap with a one-handed “scoop” technique, using the needle itself to pick up the cap and pushing cap and sharp together against a hard surface to reassure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

Sharps Containers: Containers for used sharps must be puncture-resistant. The sides and the bottom must be leak-proof. The container must be labeled or color-coded red to ensure

Infection Control & Safety continued...

that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and the sharps inside. Employees must never reach by hand into containers of contaminated sharps. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing, or employees could use tongs or forceps to withdraw the contents.

Reusable sharps disposal containers may not be opened, emptied, or cleaned manually. Containers need to be located as near to the area of use as feasible and safeguarded to ensure safety. The containers must be replaced routinely and not to be overfilled, which can increase the risk of needle sticks or cuts.

PROCEDURES FOR REPORTING EXPOSURES, MEDICAL EVALUATION & TREATMENT

If an incident occurs, tell your immediate supervisor and call Protocall right away. You will be required to complete an incident report. If you are exposed, the exposed area must be washed immediately. If your skin is broken (by a needle-stick) or fluid has splashed in your eyes, your mouth or onto broken skin, both you and the source patient will be tested. Blood tests should verify that you're immune to hepatitis B and don't currently have a blood-borne infection. The source patient's current and past infections will also be checked.

If the source patient is infected with hepatitis B and, despite immunization, you never developed immunity to hepatitis B; you will be given hepatitis B immune globulin. If the source patient has syphilis, you will be offered antibiotics. If the source patient has HIV infection, you may take preventive medicines for four weeks. These medications should be started within hours of the accident. You will have repeat blood tests 6 to 9 months, depending on the risks posed by the source patient. Thus, if any infection develops, it will be found as soon as possible. If you are splashed with blood and your skin has no breaks, cracks or rashes, you have virtually no risk of getting a blood-borne infection despite the splash of blood. If you do receive an exposure to your skin, immediately wash the affected area thoroughly.

Specimen Collection

Blood or other body-substance specimens should be placed in a leak-proof bag and secured in a puncture-proof container during collection, handling, storage, and transport. The specimens must be labeled with the patient's name and identifying data. Place the puncture-proof container on the floor of the car during transport.

Handling Regulated Waste

The proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste is liquids or semi-liquid blood and other infectious materials and contaminated sharps. Containers used to store regulated waste must be leak proof to prevent leakage of fluids. Containers designed for sharps also must be puncture resistant. They must be labeled or color-coded to ensure that employees are aware of the potential hazards. If the outside of a container becomes contaminated, it must be placed within a second suitable container. Regulated waste must be disposed of in accordance with applicable state and local laws.

Infection Control & Safety continued...

Isolation Policies and Procedures

When a client has or is suspected of having an infectious disease, special isolation precautions are required to keep the infection isolated, or separate from individuals who are not infected. These precautions will always be listed in the client's care plan and on the assignment sheet. It is for your safety and the safety of others that these precautions be followed. When entering a patient's room you must wear appropriate personal protective equipment. Display an isolation sign on the patient's door, the sign will alert staff personnel and visitors to the required precautions.

Place the corresponding isolation sticker on the patient's chart. The sticker will alert personnel in ancillary departments to the required precautions. There are 3 categories of isolation in addition to Standard Precautions:

Contact Precautions (C)

To reduce the transmission of infectious agents spread by direct (skin to skin) or indirect (contaminated objects) contact.

Applies to patients who are infected or colonized with epidemiologically important organisms including:

- Multi-drug resistant bacteria (MRSA, VRE, ESBL, etc.)

- Enteric infections such as C. difficile

- Skin infections such as scabies, impetigo, major abscesses

If entering a patient's room, must wear a gown and gloves.

Airborne Precautions (A)

To reduce the risk of airborne transmission of infectious agents. Applies for patients known or suspected to have infections spread by droplet nuclei including: Tuberculosis, Varicella (chickenpox) and disseminated zoster* (Measles*)

Droplet Precautions (D)

To reduce the risk of droplet transmission of infectious agents. Involves contact of the conjunctivae or mucous membranes of the nose or mouth of a susceptible person with large droplets containing microorganisms. Illnesses included are: Diphtheria, Rubella, Pertussis, Mumps, Invasive N. meningitis disease, and invasive H. influenza disease. Droplets are generated during sneezing, coughing, talking, and during certain procedures such as suctioning or bronchoscopy. Close contact (usually 3 feet or less) to the infectious person is required for transmission of the disease. Large droplets travel only short distances and do not remain suspended in the air.

BLOODBORNE & AIRBORNE PATHOGENS:

HIV, HEP B, TB & OTHER INFECTIOUS DISEASES

An infection is the invasion of body tissue by disease-producing organisms. An infectious disease is one, which is really communicable or easily passed on to others (contagious).

A blood-borne disease is transmitted by microorganisms carried in the blood. These microorganisms may also be present in body fluids, non-intact skin, and mucous membranes.

Infection Control & Safety continued...

Blood borne diseases can be transmitted if infected blood enters your bloodstream or if infected semen or vaginal secretions contact your mucous membranes. Mucous membranes include vaginal, penis, rectum, nose and mouth. It is not necessary to have sexual intercourse to transmit disease-several kinds of sexual activity can easily cause an infection. Using a needle to inject drugs, sharing needles with others and pregnant women to their unborn children can transmit blood borne diseases.

Hepatitis is caused by a virus and is transmitted by blood-to-blood transfusion or by use of contaminated needles or contaminated items. Hepatitis refers to swelling (-it is) of the liver (hepa) caused by the infection. The disease comes quite suddenly and can be severe and result in chronic illness. The disease can cause a fever and tiredness, and the client's skin becomes jaundiced (yellow). The client may be nauseated and have breathing problems; the liver may become enlarged. Several different viruses can cause hepatitis; the most common are Hep A, B, and C. Hep B and Hep C are blood borne diseases that can cause death. A vaccination for Hep B is available to prevent the disease. All healthcare professionals should have this vaccination. One never knows when he/she will be exposed to the virus that causes hepatitis B. A vaccination is also available for hepatitis A.

Clients with hepatitis B need excellent skin and mouth care. You will also need to supplement their meals with highly nutritious liquid drinks. These clients usually have no appetite and have problems eating. They need a great deal of emotional support. Many people have Hepatitis B than AIDS (HIV). The risk of acquiring hepatitis is greater than the risk of acquiring HIV.

Behaviors that put people at high risk for hepatitis B and C are for those individuals sharing used needles, unprotected sex, and or having multiple sex partners.

TUBERCULOSIS

Tuberculosis (TB) is an airborne disease carried on mucous droplets suspended in the air. When a person infected with TB talks, breaths, sneezes, they may release mucous droplets causing the disease. TB usually infects the lungs, causing coughs, difficulty breathing, fever and fatigue. Tuberculosis is an infection caused by slow-growing bacteria. These bacteria can infect the lungs or any body structures, including the brain, the skeleton and the lymphatic system. You could catch tuberculosis by breathing in infected droplets that get into air when infected people cough.

There are two types of TB:

- TB infection (latent TB)
- TB disease (active TB)

Someone with TB infection carries the disease but does not show symptoms and cannot infect others. A person with active TB disease shows symptoms of the disease and can spread TB to others. TB infection can progress to TB disease. Signs and symptoms of TB are:

- Coughing up blood (hemoptysis)
- Night sweats
- Fever
- Chills
- Decreased appetite
- Abnormal Chest X-Ray
- +Mantoux skin test (Positive)

Infection Control & Safety continued...

TB is more likely to spread in small, confined, or poorly-ventilated places. TB disease is more likely to develop in people whose immune systems are weakened by the illness, alcoholism, malnutrition, or drug abuse. People with cancer and HIV/Aids are especially susceptible to develop TB disease when exposed, because their immune system is weakened.

As a health care worker, you should have a tuberculosis skin test once or twice a year. The test will determine if you have picked up the bacterium that causes tuberculosis, but the test won't tell if you have the disease or active infection. A negative skin test means that you have not picked up the bacteria (unless you are HIV-positive or otherwise immunosuppressed.) If you have any illnesses or take medicines that keep you from reacting to the tuberculosis skin test, you may need to have additional skin tests to see if you are able to react to the test. If you have a positive reaction to the tuberculosis test, it usually means that you have been exposed to the bacteria, but there is a better than 90% chance that your body's immune system has suppressed the infection. When your skin test is found to be newly positive, you will have a chest x-ray to make sure that you don't have an active infection.

If you have a positive skin test and an abnormal chest x-ray or symptoms of tuberculosis, you'll be treated for active disease. When you're diagnosed with active disease, you're infectious to others. You may be treated with 3 or 4 medicines for 9 to 12 months. You'll need to take precautions with your family, and you'll be kept out of work until you're no longer infectious. Active tuberculosis is much less common than a tuberculosis infection your immune system can suppress on its own.

The BCG vaccine is not generally recommended for health care workers. However, if in the past you received BCG vaccine to prevent tuberculosis, you may have a mild reaction to the tuberculosis skin test, but you should still be tested. Usually, BCG reactions related to the tuberculosis skin test become less severe over time. If your skin test increases in size and intensity, it may indicate that you have been infected with tuberculosis, and you need to be treated. The BCG vaccine is not 100% protective, so you could still get tuberculosis even if you had the vaccination.

Unless you recently had your yearly tuberculosis test, you should have a baseline tuberculosis skin test if you are exposed to a patient with active tuberculosis, especially if the disease wasn't recognized, and isolation and masks were not used. A follow-up test in 3 months will show if the exposure resulted in infection.

Once you have had a positive skin test, you shouldn't continue to have skin tests because the tests almost always will be positive. Once you have a positive skin test, it's necessary to rely on symptoms to determine if you have tuberculosis. A chest x-ray should be obtained if you have a cough lasting for 2 to 3 weeks, if you are bringing up mucus with blood in it or if you have fever or weight loss. Routine yearly chest x-rays usually are not necessary. Some people think that once they've been infected with the bacteria that causes tuberculosis, they don't need to take precautions or wear a mask when dealing with tuberculosis patients. Since there have been rare instances of persons being reinfected with a new tuberculosis strain, however, you should continue to take precautions.

Infection Control & Safety continued...

HIV/AIDS

HIV/AIDS classified as an autoimmune blood borne disease. The body's immune system is weakened. People with AIDS lose all the ability to fight infection and can die from illnesses that a healthy body can handle. The disease is caused by a virus called human immunodeficiency virus (HIV). This virus lives in the infected person's blood, semen, and other body fluids. It can be transmitted by intimate contact- oral, vaginal, rectal- or by direct contact with body fluids or blood. One does not get AIDS by casual contact such as shaking hands, kissing, coughing, drinking from glasses, or sharing dishes. Many studies have been done within the homes of AIDS clients and no instant of AIDS was noted in families with casual contact. In most cases, AIDS is transferred through contaminated blood transfusions (prior to 1985), sexual contact, drug users sharing needles, and babies infected with the virus before birth.

When AIDS was first diagnosed (1980) it was found mainly among homosexuals and intravenous drug users. Later, it was discovered that it was also transmitted by contaminated blood transfusions. At this time it is considered to be the most dangerous of the sexually transmitted disease (STD). It has been found in persons of both sexes and in homosexuals and heterosexuals from all walks of life. Many times whole families are infected. It has spread to more than 100 countries. It has also been estimated that worldwide HIV has infected 8 to 10 million adults and million children.

Once an individual has been diagnosed with AIDS, the client may display swollen lymph glands, diarrhea, skin lesions, fever, chills, and night sweats, nausea and vomiting, mouth sores, difficulty breathing, cough, hair loss, tiredness, difficulty in walking, memory loss, and confusion. Your nursing care will be designed around these problems. Remember no two clients will be alike. Some may be confused, whereas others will be alert and oriented. Every client's care plan will need to be individualized to meet physical and emotional needs of the client. There is a great deal of fear as well as a lot of misinformation about the disease. With all of the publicity about the disease and the fact that a number of famous people have died from it, many people have become unreasonably fearful. In a town near Kokomo, Indiana, a large number of citizens grew alarmed because it was learned that a young boy suffering from hemophilia had developed AIDS from blood transfusions given to him at the hospital. They demanded that he not be allowed to go to the public school because he would spread the disease. For several months he was denied the right to attend school and some teachers refused to go to his home to give homebound classes.

It has been found that AIDS can also be transmitted to newborn babies during delivery or through the mother's milk. A new mother infected by a blood transfusion can also pass the disease breast-feeding her infant. However, diagnosis of an infant with AIDS is difficult during the first year of life. Nonetheless, every effort is being made to make an immediate diagnosis of the newborn since it is hoped that experimental drugs, AZT and DDZ, may arrest the disease if given immediately after birth. Children with AIDS need special attention and care.

The incubation time for the virus varies, but can be as long as 7 to 15 years. Thus, it is possible that individuals who received blood transfusions as far back as 1977 may be at risk for AIDS. Anyone who feels that he or she has been exposed because of sexual contact, transfusion, or drug use can be tested for AIDS. The results of such tests must be kept confidential.

Infection Control & Safety continued...

As more information has come to light about the dreaded disease, the public is more aware of what is and what is not true. According to Dr. C. Everett Koop, former surgeon General of the United States, we must come to terms with the fact that we are fighting a disease, not the people who have AIDS. He also said that those who are already afflicted are sick of people who need to be cared for like any other sick individuals.

At this time there is no vaccine to prevent AIDS and there is no cure for AIDS. There are experimental drugs being used for AIDS victims and great deal of research is underway to isolate the virus and discover effective treatments.

The only way to lessen the impact of the AIDS virus is to avoid situations that are dangerous. For example, careful choice of sex partners, practicing safer sex by using condoms, establishing a monogamous relationship (staying with one partner), practicing abstinence, not "shooting" drugs intravenously, not using a "dirty" needle (best of all, not getting involved in drug use of any kind), making sure that blood used for transfusions is free from the AIDS virus, and using precautions when caring for an AIDS client. Such precautions include wearing gloves when cleaning up vomit or when changing a soiled bed.

By 1993, it is predicted that of the 300,000 to 480,000 people who develop AIDS, most will require hospitalization at least once and between 285,000 and 340,000 will die of AIDS. This means that home health aides will probably be involved in caring for AIDS clients between hospital visits. The Surgeon General states that quarantine has no role in the management of AIDS because it is not spread by casual contact, unless the AIDS victim deliberately exposes others by sexual contact and sharing drug equipment.

Chickenpox

A vaccination to prevent chickenpox is available. If you were not vaccinated and don't have a history of chickenpox (varicella) infection, you should have a blood test to check for immunity. Most adults are immune to varicella, even if they have no history of the disease. If your test is negative, you should have the varicella vaccine. If you aren't vaccinated, you're at risk of getting chickenpox and spreading it to patients.

A history of chickenpox infection usually means that you are immune. However, some people do get chickenpox a second time. This can happen if a blood test is positive for immunity. There is no 100% certain way to avoid this, but it happens only rarely. The disease is usually milder the second time. If you have a second round of chickenpox infection, tell your supervisor as soon as you find out you have the disease so you can avoid patient contact.

Whooping Cough

Pertussis (whooping cough) can be life threatening to unimmunized infants. After children are immunized, the immunity only lasts until they are teenagers. Because pertussis vaccine has side effects in older people, it's not given to adults and teenagers. This means teenagers and adults can get "pertussis". Pertussis is responsible for some coughs or bronchitis that seem to "hang on" longer than the usual cold. If your cold lasts more than 2 weeks, you should see your doctor.

Infection Control & Safety continued...

Infection Control Terms & Definitions:

Asepsis: Sterility or no infection present. Refers to the clean and sanitary conditions you want to create in your client's home or setting.

Pathogens: Germs (micro organisms) that cause disease can be transmitted to human being.

Source: The source of infecting microorganisms, the source can be a person, contaminated surface, plants, pets, or anything that can carry a germ.

Mode of transportation: the way the microorganisms get from source to susceptible host. Transmission occurs in many ways:

- *Direct person-to-person contact
- *Indirect person-to-person contact
- *Air borne.

Blood borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include (but are not limited to) hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or an item so that it is no longer capable of transmitting infectious particles: the surface or item then is rendered safe for handling, use or disposal.

Engineering Controls: Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

Exposure Control Plan: A written plan designed to eliminate or minimize employee exposure (required of all employers whose employees have occupational exposure that is identified in a job description).

Exposure Incident: A specific contact with the eye, mouth, other mucous membrane, or no intact skin or a percutaneous contact with blood or other potentially infectious materials that occurs during the performance of an employee's duties.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or percutaneous contacts with blood or other potentially infectious materials that may occur during performance of an employee's duties.

Microbes: Microbes are the foundation of life: Microbes are everywhere. There are more of them on a person's hand than there are on the entire planet. Microbes are in the air we breathe, the ground we walk on, the food we eat-they're even inside us. We couldn't digest food without them-animals couldn't either. Without microbes, plants couldn't grow, garbage wouldn't decay and there would be a lot less oxygen to breathe. In fact, without these invisible companions, our planet wouldn't survive, as we know it.

Infection Control & Safety continued...

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by using a two-handed technique)

● Abuse - Adult/Child

A staff member that suspects abuse/neglect is required to report it according to the Vulnerable Adult Abuse Act. Examples of adult abuse and neglect:

Physical Abuse: physical act by a person that causes pain, suffering, injury, or hurt to a client; physical acts by a person that chastise, belittle, embarrass, humiliate, or degrade a client; use of unapproved or excessive physical or chemical restraint techniques toward a client by a person.

Verbal Abuse: any derogatory, threatening, or demeaning language, whether oral or with gestures, directed toward a client by a person; any profane language directed toward a client by a person.

Neglect: failure or refusal to attend to the necessary care and necessary treatment of a person; action or inaction by a person that denies clients the prescribed care and treatment to which they are entitled; actions by a person contrary to the prescribed treatment or program; unauthorized removal or unauthorized denial of a client's personal possessions (e.g., cigarettes, radio, phonograph, toiletries, etc); unauthorized removal or unauthorized denial of a client's scheduled meals or snacks; failure to implement individual treatment programs as designed by the interdisciplinary treatment team; unauthorized use of seclusion and/or restraint; failure to secure proper or sufficient clothing and to see that client is properly clothed; preventing a client during normal waking hours from communicating by letter, telephone, or personal visit with the client's lawyer, physician, client advocate, or guardian; preventing a client from having visits from relatives unless such visits are un authorized; failure to intervene or protect client from abuse/mistreatment by another client or staff member; removal or denial of a client's normal comfort needs (e.g., bed, hot water, lights, heating, clothing).

Sexual Abuse: any sexual activity between a person and a client, even if such actions are consented to by the client, or that a person in the caregiver's position should have reasonably known that the client would perceive as sexual activity; caregiver using his/her position for sexual gratification or exploitation of clients.

Financial Abuse/Exploitation: the illegal use and/or mismanagement of a person's funds, assets or property.

Characteristics of an Abused Person:

Low self-esteem

Believes all the myths about the battering relationship

Accepts responsibility for the batterer's actions.

Suffers from guilt yet may deny the terror and anger

Presents passive face to the world but has the strength to cope with his/her environment so that he/she does not get killed.

Has severe stress reactions with psychosomatic complaints in order to cope with the batterings.

Uses sex as a way to establish intimacy.

Believes no one will be able to help him/her resolve his/her predicament without fear of any type of consequences.

Covers up and lies about physical marks of abuse.

Abuse - Adult/Child continued...

Characteristics of an Abuser:

Low self-esteem.

Believes all the myths about the battering relationship.

Blames others for his/her actions

Is pathologically jealous and intrusive into the person's life.

Presents a dual personality; a Dr. Jekyll – Mr. Hyde.

Has severe stress reactions during which he/she uses alcohol/drugs.

Uses sex as act of aggression to enhance his/her self-esteem.

Does not believe his/her violence should have any negative consequences.

Adult Protective Services:

A person is eligible for Adult Protective Services if he/she is disabled or elderly adult age 18 years or older, and is at risk of abuse, neglect or exploitation and lacks the capacity to act in his own behalf.

Additionally, disabled and elderly adults are eligible even if they do not lack the capacity to act in their own behalf, if they request assistance in dealing with abuse, neglect or exploitation.

Services are provided without regard to income.

Adult Protective Services will:

Investigate and evaluate all reports of abuse, neglect and exploitation of eligible clients within established time limits. They respond immediately if the referral is urgent, or within three working days on all other referrals.

Provider agencies provide housing, medical care, heat and food.

Provider agencies help financially exploited clients through the use of financial management and legal tools and by cooperating with banks, law enforcement authorities, and other community agencies.

Provider agencies visit clients on a regular basis, discuss options, periodically reassess at-risk situations, plan for appropriate services and assure these services are delivered.

Provider agencies inform professional and lay members of the community about adult abuse, neglect and exploitation by talking to local groups and disseminating information on the problem.

Provider agencies help clients find surrogate decision-makers and file to have a guardian appointed for incompetent clients when necessary.

Provider agencies provide supportive counseling to clients which may include information sharing and mediation of client conflicts with significant others.

Provider agencies arrange for homemaker/home health care services and respite care in order to restore domestic order and relieve overwhelmed caretakers where there is a risk of abuse or neglect.

Provider agencies arrange for home-delivered meal service to elderly and disabled persons.

Children as Secondary Victims

Domestic violence is a serious problem of major proportion facing our society today. Yet, only recently have we come to recognize the devastating impact that domestic violence has on children who are not themselves abused, but who instead witness abusive behavior between their parents. The primary victims of domestic violence are not the only ones at risk. Each family member is exposed to an ever-widening circle of problems. Children, as secondary victims, often end up struggling alone with serious emotional problems that can

Abuse - Adult/Child continued...

result in diminished academic and interpersonal functioning. These children must cope with a high level of stress that comes from the fear of injury as well as from poor parental role models. Many children whose parents are battered often become victims of the abuse themselves. Current estimates indicate that between 45-60% of all abuse cases eventually include a child battering as well.

Domestic violence clearly creates problems for the entire family, not just those being directly abused. Children who live in these homes manifest their problems with a wide range of behaviors. Systematic prevention and individual intervention responses are necessary to reduce the impact of domestic violence on both current and future generations. Recognizing domestic violence as a problem for many children and working toward breaking the pattern cannot only help reduce the frequency of family violence in future generations. Examples of child abuse and neglect:

Physical indicators of abuse:

Unexplained Bruises and Welts:

- on face, lips, mouth
- on torso, back buttocks, thighs
- in various stages of healing
- clustered, forming regular patterns
- reflecting shape of article used to inflict (electrical cord, belt buckle)
- on several different surfaces areas
- regularly appear after absence, weekend or vacation

Unexplained Burns:

- Cigar, cigarette burns, especially on soles, palms, back or buttocks
- Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia.
- Patterned like electric burner, iron, etc.
- rope burns on arms, legs, neck or torso

Unexplained Fractures:

- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures
- Unexplained Lacerations or Abrasions:

Physical Neglect:

- consistent hunger, poor hygiene, inappropriate dress
- consistent lack of supervision, especially in dangerous activities or long periods
- consistent fatigue or listlessness
- unattended physical problems or medical needs
- abandonment

Abuse - Adult/Child continued...

Sexual Abuse:

- difficulty in walking or sitting
- torn, strained or bloody underclothing
- pain or itching in genital area
- bruises or bleeding in external genitalia, vaginal or anal areas
- venereal disease, especially in pre-teens
- pregnancy

Emotional Maltreatment:

- speech disorders
- lags in physical development
- failure to thrive

Behavioral indicators of abuse:

- wary of adult contacts
- apprehensive when other children cry
- behavioral extremes:
 - aggressiveness
 - withdrawal
 - frightened of parents
 - afraid to go home
 - reports injury by parents

Physical Neglect:

- begging, stealing food
- extended stays at school (early arrival and late departure)
- constantly falling asleep in class
- alcohol or drug abuse
- delinquency (e.g. thefts)
- states there is no caretaker

Sexual Abuse:

- unwilling to change for gym or participate
- withdrawal, fantasy or infantile behavior
- bizarre, sophisticated, or unusual sexual behavior or knowledge
- poor peer relations
- delinquent or run away
- reports sexual assault by caretaker

Abuse - Adult/Child continued...

Emotional Maltreatment:

- habit disorders (sucking, biting, rocking, etc.)
- conductive disorders (antisocial, destructive)
- neurotic traits (sleep disorders, inhibition of play)
- psychoneurotic behaviors (hysteria, obsession, compulsion, phobia, hypochondria)
- behavior extremes:
- compliant, passive
- aggressive, demanding overly adaptive behavior:
- inappropriately adult
- inappropriately infantile
- developmental lags (mental, emotional)
- attempted suicide

The Department of Human Services is the Agency to contact when child abuse is suspected. The Agency's role is to protect vulnerable children and support family preservation and prevent family violence and disruption.

The Agency will assess/investigate the situation within 3-5 working days unless immediate intervention is appropriate.

The assessment will:

- determine HARM/RISK to the child/youth;
- determine WILLINESS of the family to provide care and/or protection;
- determine ABILITY of the family to provide care and/or protection;
- determine the appropriate community and social service SUPPORTS;
- SUBSTANTIATE whether abuse or neglect has occurred;
- Determine whether the individual will RECEIVE SERVICES

● **Health Insurance Portability & Accountability Act (HIPAA)**

The information below covers the federal privacy act called the Health Insurance Portability Act (otherwise known as the Kennedy- Kasselbaum Act) passed in Congress. This new privacy regulatory act, now known as HIPAA, became effective 4/12/2003. If you have any additional questions or concerns, please contact the Privacy Officer at the branch.

In 1996 the United States Congress passed the Health Insurance Portability and Accountability Act (HIPAA). The original goals of the legislation were to:

- Improve efficiency and effectiveness of the health care system by standardizing the electronic exchange of administrative and financial data.
- Help people obtain and maintain their health insurance benefits when they changed jobs.
- In other words –sweeping changes in most healthcare businesses regarding administration, data processing, and exchange of information.

There are multiple parts of the law focusing on different rules that have different effective dates. This packet focuses on the Privacy Rule (HIPAA), which became effective on April 14, 2003.

For the first time, the Privacy Rule creates a national standard to protect individual's medical record and other personal information.

Covered entities are defined as a Healthcare Provider, Health Plan and or Business Associate. Below is a detailed description of each covered entity.

Health Care Provider – any person or organization, who furnishes, bills or is paid for health care in the normal course of business.

Business Associate – a person or entity that performs certain functions or activities that involves the use or disclosure of protected health information on behalf of or provides services to, a covered entity.

Covered entities must develop and provide individuals with notice of their privacy practices; the notice should state how a covered entity might use and disclose PHI about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. Covered entities must give notice not later than the first service delivery and make a good faith effort to obtain the individual's written acknowledgement of the notice. The following must be communicated to everyone;

- Notify clients of their privacy rights and how information can be used.
- Adopt and implement privacy procedures.
- Train employees so that they understand the privacy procedures.
- Designate an individual responsible to be sure the privacy procedures are adopted and followed.
- Protect client records containing Protected Health Information (PHI) so that client information is not available to those who do not need access.

HIPAA continued...

If existing state regulation is more stringent than the HIPAA regulations, the state regulations must be followed.

The purpose of HIPAA is to improve the overall effectiveness and efficiency of the healthcare industry.

Lack of compliance can result in prison sentences and/or fines. For knowingly obtaining or disclosing identifiable health information, the following penalties may apply:

VIOLATION	PENALTY
Knowingly obtaining or disclosing identifiable health information except on a “need to know” basis in support of Treatment, Payment or Healthcare Operations.	Up to \$50,000 fine and one year imprisonment
The violation above committed under false pretenses.	Up to \$100,000 fine and five years imprisonment
The violation above committed with intent to sell, transfer, or use for commercial advantage, personal gain or malicious harm.	Up to \$25,000 fine and ten years imprisonment.

Covered entities must develop a Notice of Privacy Practice. This notice will be given to all clients and given to the client at the time of admission. The notice addresses the following; a description of how covered entities may use and disclose PHI for treatment, payment and healthcare operations (this is permitted by the Privacy Rule). Additionally it describes how the client can file a complaint if they believe their rights have been violated. Through this notice, the client has the right to the following:

- To request a limitation on his or her PHI that can be disclosed to someone involved in the client’s care or payment for client’s care, such as a family member or friend.
- To inspect or copy their PHI.
- To add/ change what they believe is incorrect or incomplete information in their record.
- To receive communications on a confidential basis by receiving the information at an alternative address.

Covered entities must make a good faith effort to obtain the client’s written acknowledgement of receipt of the notice.

In an emergency situation, it is permitted to treat the client without giving the client the Privacy Notice, if obtaining the notice interferes with the ability to provide necessary medical attention. The Rule states that the client receives the notice when “practical” in such a situation.

HIPAA continued...

In addition, under state or other applicable law, an authorized person may act on behalf of the individual in making health care related decisions as the individual's "personal representative". The representative must be treated as the individual for purposes of the Privacy Rule, where applicable.

Incidental Uses and Disclosures/Minimum Necessary

The Privacy Rule permits certain incidental uses and disclosures of PHI to occur when the covered entity has in place reasonable safeguards and minimum necessary policies and procedures to protect an individual's privacy.

An incidental use is defined as: 'a secondary use or disclosure that cannot reasonably be prevented, is limited in nature and that occurs as a result of another use or disclosure that is permitted by the Privacy Rule'.

For example, a visitor overhearing a provider's confidential conversation with a client is NOT a violation, if the provider has made every effort to safeguard the conversation (e.g., speaking in low voices and talking in an appropriate area). **A discussion about a client's condition including PHI in a public area such as a church, school, or parking lot IS a Violation of the Privacy Rule.**

The minimum standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate disclosure of PHI.

This section allows:

- Nurses or other health care professionals to discuss a client's condition over the phone with the client, provider, or family member. Please note – a client has the right to "opt out" and have their information released or not to be released to certain individuals. And this must be verified before discussing the client's condition. *Also an effort must be made to verify the IDENTITY of the individual making the request.*
- A physician to discuss a client's condition or treatment regimen in the client's home.
- Healthcare professionals to discuss a client's condition during training in an academic training or institution.

In many cases, the Privacy Rule builds upon safeguards already in place, such as individual computer passwords for staff to access PHI; or isolating/locking file cabinets or records rooms. This section stresses *common sense* that calls for a method consistent with the best practices and guidelines already used by many providers and plans today *to limit the unnecessary sharing of medical information.*

These are examples of NOT following the minimum necessary guidelines:

- Use of sign in sheets that contain medical information about the client (sign in sheets without medical information are permitted).
- Allowing full access to medical records information to employees (except where employees need full access to provide treatment to the client).
- Leaving the client chart in an unsupervised area **without** regard to protecting the chart.

HIPAA continued...

The computer directory is permitted to contain the client's name, general condition (using phrases: under evaluation, good fair, serious, or critical), and address of the client. The agency can also disclose the religious affiliation of the client to clergy where appropriate.

A client has the right to ask that their information not be available on the computer directory, or that their information be kept confidential for certain individuals.

NO information may be released about a client unless expressly consented to by the client or the client's legal representative.

Other important information:

Paper documents that contain PHI CANNOT be thrown into the trash, where it can be picked up and read. There will be containers where this information can be dropped for shredding. These containers will be stored in a secure location and then disposed of in an appropriate manner (such as shredding). It is permissible to shred the information on site, and then dispose of the shredded material. **Protocall has a secure trash can in each office to discard paperwork for shredding.**

Faxing of PHI:

- When you don't know the requester, you must make a reasonable effort to determine that the protected health information is being sent to an entity authorized to receive it as follows:
 - * Ask for the telephone number of the office where the fax machine resides.
 - * Call the office number, and ask the person who answers to verify that the fax number is correct, and that the office is that of the individual requesting the fax.
 - * If the numbers DO NO MATCH, please report this to your supervisor for further instructions. DO NOT send the fax if there is any doubt about the receiver's identity.
 - * If the numbers match, send the fax with the approved Client cover sheet that includes the confidentiality statement.
- If you know the requester and have previously validated the fax number, send the fax with the approved cover sheet that includes the confidentiality statement.

The information below is applicable to Protocall operating policies:

For computerized automated faxing systems, the Vice President of Operations of Protocall must establish an annual schedule for verification of the fax numbers within the system and document completion of the verification. The document will then be stored at the Privacy Office. All existing automated faxing systems should be verified by sending a 'HIPAA fax test' fax to all numbers in the system and requesting the receiver call us to verify that the fax number is correct. Any faxes sent that are not responded to should be called manually to verify that the fax number is correct.

HIPAA continued...

No one may send individually identifiable health information outside of Protocall electronically via Internet e-mail or any other electronic data transmission (including file transport protocol). If there are circumstances where you believe it is imperative for you to do so, please have your office contact the Privacy Officer for assistance in the proper protocol.

Business Associates

Protocall may disclose PHI to a third party who acts as a business associate only to help the agency carry out its health care functions. A business associate is a person or entity that performs certain functions or activities that involve use of protected health information or provide services to a covered entity.

Business associates must sign a business associate agreement that assures they will safeguard the information, states the permitted uses and disclosures, and requires the company to report any non-permitted uses and disclosures to Protocall. The minimum necessary rule applies and only necessary information can be released to a business associate.

All business associate contracts signed or renewed (non-automatically) after October 15, 2002 must have a business associate agreement in effect by April 14, 2003. All other contracts need a BAA by April 14, 2004 or by their renewal date whichever occurs first.

A software vendor who needs access to the application software for support and maintenance purposes and is exposed to PHI while troubleshooting would need a BAA. A housekeeping service who has incidental exposure or a software vendor who does not access a system with PHI does not need a BAA.

Uses & Disclosures for Treatment, Payment, and Health Care Operations

Protocall may without the individual's consent use or disclose PHI for its own treatment, payment, and health care operations. An authorization is needed to disclose data for other purposes, including disclosure of PHI to a third party specified by the individual.

PHI can be de-identified, and used for other purpose (e.g. recruitment), however the data must be certified as de-identified by a statistician or must be stripped of certain identifiers including name, address, city, zip code, and social security numbers).

Marketing

With limited exceptions, the Rule requires an individual's written authorization before a use or disclosure of his or her PHI can be made for marketing purposes.

HIPAA continued...

Disclosures for Public Health Activities

The rule permits covered entities to disclose PHI without authorization for specified public health purposes, such as an outbreak of a disease.

Workers' Compensation Laws

The rule permits disclosures of health information for worker's compensation purposes without authorization covered under state or other related laws is permitted. The Rule also permits released of PHI to obtain payment for health care provided to the worker.

Government Access

Covered entities must cooperate with efforts by the Department of Health and Human Services Office for Civil Rights to investigate complaints or otherwise ensure compliance.

For more detailed information can be found at the following websites:

- THE NJHA website –www.nkha.com/HIPAA_section
- The United States Department of Health and Human Services website – www.hhs.gov/ocr/HIPAA
- HIPAA Advisory website – www.hipaadvisory.com.

GLOSSARY OF TERMS

To assist you in understanding HIPAA, the following terms used in the HIPAA training are defined below:

Business Associate – a person or entity that performs certain functions or activities that involves the use or disclosure of protected health information on behalf of or provides services to, a covered entity.

Covered Entity – a healthcare provider, health plan or health care clearing house that transmits any health information electronically in connections with certain transactions.

Health Care Provider – any person or organization, who furnishes, bills or is paid for health care in the normal course of business.

HIPAA – an acronym for Health Insurance Portability and Accountability Act, a bill passed by Congress in 1996 that mandates the adoption of standards for the exchange of electronic health information in an effort to encourage overall administrative simplification. Components of this Act include:

- Privacy
- Transactions and Code Sets (for electronic billing)
- Security – such as passwords
- Unique Health Identifiers

HIPAA continued...

Incidental Use or Disclosure – a secondary use in disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Rule.

Minimum Necessary – policies and procedures that limit how much protected health information is used, disclosed, and requested for certain purposes. These necessary policies and procedures also reasonably must limit who within the entity has access to protected health information, and under what conditions, based on job responsibilities and nature of the business.

Notice of Privacy Practice – health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of the privacy practices and to be informed of their privacy rights with respect to their personal health information. The notice is intended to focus individuals on privacy issues and concerns and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

Entity – an existing business, in this law it refers to an existing healthcare business.

PHI – another name/ abbreviation for **Protected Health Information**. PHI refers to individually identifiable information that is transmitted by electronic media, maintained as electronic media”, or transmitted or maintained in any other form or medium or on a chart. This includes both medical information (such as ICD –9-CM codes) and information that could be used to identify a client (such as their home address). PHI includes all of the following:

- Name
- Address
- Birth date
- Phone number, email address, fax number
- Medical Record Number
- Health Plan Number
- Account Number
- Name of Employer
- Photographic Images
- Social Security Number

Privacy Rule – one of the HIPAA regulations (others include Security and Electronic Transactions) that focuses on the standards for the privacy of individually identifiable health information. Clients have new rights to understand and control how their health information is used. Accountability for release of PHI is crucial. Penalties are hefty!

Treatment – the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a client, or the referral of a client from one health care provider to another.

HIPAA continued...

Payment - Payment which involves the various activities of health care providers to obtain payment, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for providing the health care.

Health care Operations - Health care operations are administrative, financial, and legal and quality improvement activities of a covered entity that are necessary to run its business and to support the functions of treatment and payment.

HIPAA Quiz

Employee Name: _____

Date: _____

Title: _____

Branch: _____

1. If state law is more restrictive than federal HIPAA law, which of the following is true?
 - a. State law must be followed because it is more restrictive.
 - b. Federal law must be followed because the federal law is more important than the state law.

2. Which of the following is **not considered** a client right under the HIPAA?
 - a. Request that the client's PHI that can be told to someone involved in their care or payment of their care.
 - b. To inspect or copy their PHI.
 - c. Receive a discount on their bill if they sign the Privacy Notice informational consent.
 - d. Receive communications from Protocall at a different address.

3. Which of the following things must a covered entity **not** do under the HIPAA regulations?
 - a. Notify clients of their privacy right and how information can be used.
 - b. Refuse to treat a client who does not sign the Notice of Privacy Practice.
 - c. Protect client records containing health information so that they are not available to those who do not need them.
 - d. Shred all paper that has any confidential data relating to a client.

True or False

4. Knowingly give client health information is violation of the Rule and may result in prison sentences and/or hefty fines. True/ False

5. If a client cannot be given a privacy notice in an emergency situation, we do not have to give them a copy at a later date. True/ False

6. A normal discussion about a client's condition in a public area such as the parking lot or elevator is a violation of the Privacy Rule. True/False

7. Clinicians or office staff can discuss any healthcare information with anyone who calls inquiring about a client. True/ False

8. The nursing care plan can be shown to anyone coming in to the home. True/ False

9. It is important to log off the computer every night. True/False

10. PHI can be sent to anyone outside the institution through Email or phone without seeking guidance from the Privacy Officer. True/ False

11. Security measures such as computer password protected systems or locking paper records when unused should be followed to protect PHI. True/False

● **AGE SPECIFIC COMPETENCY**

Persons generally grow and develop in stages that are related to their age. Age specific competency means that the employee is aware of physical, psychosocial and/or learning needs of patients of different ages. Employees consider these needs when planning and providing care for the patient or when interacting with the patient or family.

Stages of Human Development

Human development can be divided into eight stages. In each stage the individual has a primary task to accomplish or master. Each task is important throughout the life span but is most critical at a particular stage. These stages were defined by Eric Erikson and will be utilized to discuss age specific needs.

Infant (0-1 year) The infant must learn to trust that his/her needs will be met.

Infancy is a period of rapid physical growth. The infant doubles his weight in the first 6 months. In the first year of life the infant starts teething and begins turning, crawling, and preparing to walk. The infant gains pleasure from sucking and may use a pacifier. The infant explores items by placing them in his/her mouth.

The infant develops trust and begins to express love and affection. The infant is developing a sense of self and there is evidence of individual personality and temperament. Infants develop a fear of strangers at about 6-7 months and at 9-10 months may develop a fear of separation. Therefore, the number of caregivers involved should be minimized.

Employees should include the following interventions as appropriate to his/her job description when caring for infants:

1. Take time to comfort, cuddle the infant
2. Utilize appropriate equipment for length and weight
3. Do not leave the infant unattended
4. Encourage participation by the parent
5. Ensure that small objects are outside of the infant's grasp
6. Provide instructions to the parents including information on normal growth and development
7. Reflect age-related data in documentation
8. Use appropriate references for tailoring medication administration and/or clinical assessment of the infant.

Toddler (1-3 years) The toddler must learn to develop a sense of himself as an independent person and gain self-confidence and self-control.

The toddlers continue rapid physical and cognitive growth. The toddler is beginning to use language and can relate words to actions. The toddler understands simple directions and requests.

The toddler is mobile and inquisitive and may "get into anything". Fear of separation is evident and new experiences may be fearful. The toddler may wish to keep a favorite toy or blanket with him. The toddler will also want to have his parent with him during examinations.

Age Specific Competency continued...

The toddler is developing a sense of self. He is more independent and is learning new skills such as dressing himself and feeding himself. The child appreciates being rewarded for his new skills. The toddler may be more cooperative if simple directions are given at the time of the examination or procedure.

The inquisitive toddler may wish to handle equipment and this should be allowed if safety can be maintained. The toddler values honesty. Never tell a child a procedure will not hurt if this is not true.

The toddler likes routine and is not able to adapt easily to new or frightening situations. Try to avoid restraining the toddler but rather remain flexible when providing care. For example, the caregiver can examine the toddler while on a parent's lap or sitting on the floor.

Employees should include the following interventions, as appropriate to his/her job description, when caring for toddlers:

1. Take time to get acquainted with the toddler
2. Utilize appropriate equipment for size and weight
3. Do not leave the toddler unattended
4. Tell the toddler the truth
5. Allow the toddler to examine equipment if safety can be maintained
6. Provide instructions to the parents including child-proofing the home
7. Maintain a safe environment: remove all used equipment
8. Set limits without being overly restrictive
9. Reflect age-related data in documentation
10. Use appropriate references for tailoring medication administration and/or clinical assessment of the toddler.

Pre-school Child (3-6 years) The pre-school child must develop a sense of initiating (being able to explore the world and start projects).

The pre-school child becomes thinner and taller. The child can skip and hop and has achieved bowel and bladder control. The child continues to develop language skills and communication is possible. The pre-schooler's memory and attention span is longer and his is better able to understand what is happening to him.

The pre-schooler is exploring his world and learning to interact with others. The child is enlarging his social interests to include others outside of the immediate family. Magical thinking may occur and the child may believe that wishing makes things happen. The pre-school child may have difficulty separating fantasy from reality and may be fearful. This child may think that anything that moves is alive and be frightened by a vacuum or other equipment.

The pre-schooler will ask questions and attempt to cooperate with procedures. The child may want to "help" the caregiver to get the job done. The child appreciates plenty of praise when he does cooperate. He will want a parent with him during examinations and procedures. Honesty is important to the child.

Age Specific Competency continued...

Employees should include the following interventions, as appropriate to his/her job description, when caring for the pre-school child:

1. Take time to get acquainted with the child.
2. Utilize appropriate equipment
3. Do not leave child unattended
4. Give simple directions to the child
5. Encourage the child to cooperate and reward child
6. Include parents in instructions and planning
7. Provide safe environment: remove used equipment
8. Reflect age-related data in documentation
9. Use appropriate references for tailoring medication administration and/or clinical assessment of the pre-schoolers.

School-age Child (6-12 years) The school-age child must develop a sense of his/her own self-worth through accomplishments and interaction with others.

The school age child continues to grow but at a slower rate. He begins to read and to think logically. The school age child is very active physically and mentally.

The school age child is learning to fit in with his peers and peer acceptance is very important. The child may fear looking different. The school age child works hard to be successful in what he does. The child needs to be rewarded. Teachers influence the child and behavior is controlled by expectations, regulations and praise or blame.

The school age child may prefer to visit with health care personnel alone rather than having a parent with them. The school age child can accept explanations in greater length. The child can cooperate with exams and procedures.

Employees should include the following interventions, as appropriate to his/her job description, when caring for the school age child:

1. Praise the child for cooperation, help and accomplishments
2. Introduce self to the child and establish a relationship
3. Utilize appropriate equipment
4. Give explanation to the child and encourage questions
5. Demonstrate procedure
6. Set behavioral limits
7. Include parents in instructions and planning
8. Reflect age-related data in documentation
9. Use appropriate references for tailoring medication administration and/or clinical assessment of the child.

Age Specific Competency continued...

Adolescent (13-20 years) The adolescent must develop his/her own identity.

The adolescent experiences physical maturation and continued cognitive development. The adolescent experiences an increase in weight and height. Sexual development occurs with girls experiencing menarche and boys experiencing testicular growth. The adolescent is very aware of the changes that are occurring and is embarrassed by them.

The adolescent has a greater need for privacy and the caregiver should verbally acknowledge that need and ensure that privacy is given.

The adolescent is developing a strong sense of self. The adolescent desires greater independence, especially independence from parents. The adolescent will challenge authority and will seek peer acceptance. Experimentation with cigarettes, alcohol, drugs and sex may occur. The adolescent has trouble believing that he can be injured and will take risks.

The adolescent should be treated more as an adult than a child. Explanations should be given to the adolescent. The adolescent does not want to appear “stupid” and therefore may not ask questions. Parental involvement should be encouraged but with the adolescent’s agreement.

Employees should include the following interventions as appropriate to his/her job description when caring for the adolescent:

1. Take time to establish a relationship with the adolescent
2. Provide privacy
3. Provide discussion time with the adolescent without his/her parents present
4. Encourage parental involvement by including them in planning and instructions
5. Be aware that this is time of physical maturation and provide learning material as appropriate.
6. Recognize risks for drug, alcohol and cigarette use
7. Encourage questions
8. Recognize the adolescent’s need to socialize with peers and provide opportunities for socialization
9. Reflect age-related data in documentation
10. Use appropriate references for tailoring medication administration and/or clinical assessment of the adolescent

Young Adult (21-43 years) The young adult must develop close relationships.

The young adult has reached physical maturity and physical changes are at a minimum. The adult continues to develop problem-solving skills. The young adult is a decision maker and is making career choices and life plans.

The young adult moves from a dependent to an independent role in life. The adult wants intimacy and may be choosing a mate. Young adults assume responsibility for the health and welfare of themselves and their families. The adult’s interest expands to include his church, community and world affairs.

Age Specific Competency continued...

The young adult must obtain information about health hazards at the workplace. He is concerned about work limitations and time lost to work due to illness or poor health. Education regarding a healthy lifestyle should be made available. For example, stop smoking programs and nutritional information should be available.

Employees should include the following interventions as appropriate to his/her job description when caring for the young adult:

1. Provide privacy
2. Recognize potential lifestyle stressors
3. Provide education and guidance to develop a healthy lifestyle
4. Involve the young adult in all decision making and planning
5. Provide information upon request for work related issues such as hazardous materials at the workplace
6. Reflect age-related data in documentation
7. Use appropriate references for tailoring medication administration and/or clinical assessment of the adult

Middle Adult (44-65 years) The middle adult must develop a sense of community and assume responsibility for others.

The middle adult begins to experience physical changes such as a decrease in visual acuity, a change in sleeping patterns, and a decrease in muscle tone and bone density. The middle adult may need eyeglasses. The adult needs to initiate physical exercise programs at a slower pace and should select a low impact program. The middle adult woman experiences menopause and needs education regarding osteoporosis risk, hormone therapy, and the importance of exercise and nutrition.

The middle adult is more susceptible to anxiety and depression. The children are leaving home and pursuing their careers and aging parents require more care. The middle adult realizes that vocational successes have peaked and expresses concern regarding goals that are not met. Middle adults have many personal and social obligations and responsibilities to manage.

Employees should include the following interventions, as appropriate to his/her job description, when caring for the middle age adult:

1. Recognize physical changes and potential psychological changes
2. Involve individual in plan of care and all decision making
3. Recognize potential life style stressors
4. Provide information regarding healthy lifestyle
5. Reflect age-related data in documentation
6. Use appropriate references for tailoring medication administration and/or clinical assessment of the middle age adult.

Age Specific Competency continued...

Older Adult (65 years and older) The older adult must come to understand the meaning of his/her life in terms of what has been accomplished.

The older adult experiences increased physical and psychosocial changes and must adjust to those changes. The older adult's ability to perform activities of daily living may be limited by physical changes in vision, hearing and motor skills. The individual experiences a decreased tolerance to heat and cold. Older adults may experience some loss of short-term memory. In the healthy individual only minor changes in memory occur. The older adult is at increased risk for falls and an increased risk for injury should a fall occur. The older adult may need assistance to remain independent at home.

The older adult needs to be central to decisions concerning health care. The older adult requires a longer time for learning new skills and for processing information. Life review is an important part of this stage in development.

The individual is attempting to decide what contributions or legacies he/she has made or left to family, to friends and to society. The older adult experiences many losses due to death, physical or psychological illnesses, changes in social roles, or changes in residence. These changes may lead to loneliness and isolation. The individual needs to develop supportive relationships and maintain a sense of productivity.

The older adult should be approached with a minimum of stereotyping. The caregiver should approach the older adult with respect for his or her knowledge and experience. Employees should include the following interventions as appropriate to his/her job description when caring for the older adult:

1. Recognize normal signs of aging especially visual and hearing changes
2. Determine patient's ability to perform activities of daily living
3. Provide adequate time for the adult to process new information
4. Use both verbal and written instructions
5. Use full name of the individual when speaking to him/her
6. Explore the older adult's support system
7. Instruct on increased risk for falls
8. Provide a safe environment: keep hallways and doorways free of clutter
9. Consult with the family when appropriate to obtain historical data and/or to plan for continuity of care.
10. Assess for over-the-counter drug interaction with prescribed medications
11. Reflect age-related data in documentation
12. Use appropriate references for tailoring medication administration and/or clinical assessment for the older adult.

ORIENTATION MANUAL CHECKLIST

- I. History & Vision**
- II. General Information**
- III. Job Performance Expectations**
- IV. Client Care**
- V. Bonus Programs**
- VI. Work-Related Injury Procedure**
- VII. Mandatory In-Service Subjects**
 - **Client Confidentiality/Patient Rights**
 - **Infection Control & Safety**
 - **Abuse – Adult/Child**
 - **HIPPA**
 - **Age Specific Competency**

I have been oriented to all of the above Protocall Policies and Procedures I understand that if I do not comply with the policies and procedures set forth in the orientation manual, I have voluntarily quit employment.

According to the policies of Protocall, an employee must, upon completion of an assignment, contact Protocall and request placement in a new assignment. If such contact is not made, Protocall will consider the employee to have voluntarily quit employment and future assignments may not be offered. In addition, if a claim for unemployment benefits is filed, failure to contact Protocall may affect the employee's benefit eligibility.

Employee Signature_____ Date_____