



Missouri
Employee Handbook

Our Culture

Welcome to Phoenix Home Care! Do you have what it takes to soar with Phoenix?

Phoenix Home Care came to be as a result of our commitment to improve the quality of life for those we serve. Each of our principles has experienced the need for home care for our own loved ones. Each has understood what truly matters. Each has been faced with challenges in caring for a loved one as well as a desire to improve the services we provide...allowing us to rise above and find new beginnings. It is that desire to share the freedom of new beginnings that drives the team at Phoenix Home Care.

There are many home health care agencies in the marketplace. On the outside they all pretty much look the same. It is inside that matters - - the culture. We have set out to distinguish ourselves through the selection of our people, the client-focused training of our highly-skilled caregivers and the value-based leadership practices of our management.

At Phoenix Home Care we believe everyone deserves the bright colors of hope in new beginnings - - no matter what cycle of life they are facing. Our energy is focused on improving quality of life, perpetuating positive attitudes and embracing the challenges life places before us with grace, respect and compassion.

Our catalyst to consistently rise to new heights is a combination of perpetual learning, measurement of success, looking through the eyes of those we serve and listening with the heart which causes us to pause and discover what is really important in each situation. Within the listening and the application of learning we find new beginnings.

On behalf of Phoenix Home Care...Welcome to Your New Beginning...

Phil Melugin, President/Owner

Kimberly Melugin, Co-Owner

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Phoenix Home Care Services

MISSOURI IN-HOME SERVICES (IHS)

Services typically consist of homemaking and/or personal care services. They are designed to assist elderly or disabled individuals to remain independent in their home by providing the assistance of a trained In-Home Aide on a regular basis. The amount of services provided is based upon the needs of the client. Typical funding sources include: Medicaid and Social Services Block Grants

PRIVATELY PAID SERVICES (PP)

The In-home services listed above, and many other services not listed, can also be provided on a private pay basis for those clients who do not qualify for state/county funding. Our agency contracts directly with the client for private pay services requested. Night live-in and 24-hour care is available through our Private Pay Services Division.

MISSOURI PRIVATE DUTY NURSING (PDN)

Private Duty Nursing is a Medicaid (HCY) funded program to provide nursing care for children with special health care needs (i.e., Cerebral Palsy, M.S., birth defects, etc.). This critical nursing care provides respite for the family caregiver(s), allowing them time to attend to other family members or personal needs.

MISSOURI CONSUMER-DIRECTED SERVICES (CDS)

Consumer-Directed Services is a state-funded program in Missouri, which allows a Consumer to employ their own personal care attendant. Phoenix Home Care provides payroll services and maintenance of records for each consumer.

MISSOURI HOME HEALTH SERVICES (HH)

Acute Home Health Services is funded through traditional Medicare, Managed Medicare Plans, Medicaid and Commercial Insurance Companies. It is to provide intermittent short-term skilled services to individuals who have had a recent significant change in their health and require the skilled services of Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Medical Social Workers and Home Health Bath Aides.

MISSOURI HOSPICE SERVICES (HOSPICE)

Hospice is a benefit that is available to people who have a life expectancy of 6 months or less. Hospice care is funded through Medicare, Medicaid, VA, and Commercial Insurance Companies. The goal of hospice is to provide comfort-oriented care that focuses on quality of life by utilizing skilled nurses, medical social workers, hospice aides, chaplains, dietitians, volunteers and continued oversight of the hospice medical director. There are instances when a physical therapist, occupational therapist or speech therapist may be consulted to offer additional insight for comfort measures. Hospice also provides bereavement services to patient's families for one year after they have passed away.

Phoenix Home Care Services

MISSOURI PHARMACY SERVICES (PHARMACY)

WellPack is a medication delivery system designed to help people have stronger compliance and adherence and reduce the risk of medications errors. The WellPack contains a 28-day supply of routine medications sorted and packaged according to the time of day they are to be taken. Phoenix Home Care Pharmacy manages our client's refills, calls each client every month and provides delivery of medications. There are no additional fees for the WellPack medication management program. The client only pays their prescription copays that have been established by their insurance company.

MISSOURI DEPARTMENT OF DISABILITIES SERVICES (DDS/DMH)

Services typically consists of personal care, extension of therapies, meal preparation, feeding and incidental household cleaning. Respite care is included with DDS/DMH. Attendants assist the disabled individuals with various needs within their home and community. Typical funding sources include Medicaid through the DDS Wavier program. Services are provided by personal assistants (PA), PA-Medical and nurses.

Organizational Structure

CAREGIVERS & CLINICIANS:

Home Care Attendant's, LPN'S, Registered Nurses, Physical Therapists, Occupational Therapists, Speech Therapists and Medical Social Workers provide personal care services, homemaker services, nursing services, therapy services, community resource services and other designated health related services according to a written service plan.

FIELD SUPERVISORS:

The field supervisor visits your clients on a regular basis to assure they are pleased with their services. She/he helps solve problems and evaluates your performance, performs OJT and assists with client teaching and handles client and worker issues.

MANAGERS, SUPERVISORS & ASST. SUPERVISORS:

The Supervisors are the communication link between the caregivers, the clients, and the applicable oversight agency. They are responsible for recruiting caregivers, accepting clients, assigning service schedules, answering questions, dealing with any scheduling or service complaint issues, advising you on how to handle problems, and evaluating your performance.

HUMAN RESOURCES:

The HR department has primary responsibility for the hiring and training of new team members. They also maintain personnel files, manage leaves of absences, employee safety as well as regulatory compliance with respect to employee qualifications and training.

FINANCIAL SERVICES:

Payroll, Billing & Accounting team that handles the day to day financial operations. This team is responsible for making sure everyone is paid on time & accurately. They also make sure all claims are billed appropriately. Accounting handles all of the moneys processed.

BUSINESS DEVELOPMENT

This team is comprised of Client Services, Marketing, Recruiting, Public Relations & Culture. They are responsible for the day to day business development of the company. They work together on several different angles to continue to build business from a client & employee stand point.

NURSE SUPERVISOR/DIRECTOR OF NURSING (D.O.N.):

The Nurse Supervisor/D.O.N. is a registered nurse who supervises a team of RN's and LPN's who provide nursing care to many of our clients/patients who require nursing services.

DIRECTOR OF OPERATIONS:

The Manager oversees the operations of the scheduling teams and is responsible for regulatory compliance applicable to her/his division. Successfully completes a provider certification within six month of hire and attends the annual re-certification DHSS-sponsored training.

EXECUTIVE TEAM:

A team responsible for the oversight of all major areas of business in the company. They direct globally the operational & non-operational divisions. The team is comprised of Executive Directors, Vice Presidents, and the President & Co-Owner of the company.

Employee Benefits

Personal and Medical Leave of Absence

Upon completion of 90 days of employment, Personal and Medical leaves of absence may be granted to regular employees at the discretion of your supervisor.

Requests for Personal Leave of Absence without pay may be granted for a period of up to four weeks (30 calendar days) per rolling year, subject to work requirements and your supervisor's discretion. Leaves of absence must be taken in weekly segments, requested in writing and formally approved by your supervisor. You must complete a **leave of absence request** form if you want two to four weeks off. This form may be obtained from your supervisor and must be turned in to the office before a leave of absence is officially granted.

Request for Medical Leave of Absence without pay may be granted for a period of up to six weeks (45 calendar days) per rolling year, you must provide a doctor's written certification that you are unable to work. You are expected to report back to work as soon as you are authorized by your doctor – with a written authorization from your doctor.

If you need more time off once your Leave of Absence (LOA) has expired, you must resign. If you are rehired in the same position within six months of resignation, you may be rehired at your former rate of pay.

Phoenix Home Care cannot guarantee that your exact job or exact clients will be available upon returning from your leave. Every effort will be made to place you in a position that utilizes your background and experience. However, we cannot guarantee your same salary if you accept a job different than the one you held before your leave, since different positions have different pay scales. If a position is not immediately available, Phoenix Home Care may elect to place you on an extended leave without pay until there is a suitable opening for you.

If you obtain a leave of absence by false pretense, accept other employment while on medical leave of absence or fail to return to work at the end of your leave of absence, *you are considered to have resigned your employment. Personal and Medical Leave of Absence are for non-occupational work-related conditions.*

Family and Medical Leave of Absence (FMLA)

Employees that have worked at least 1,250 hours during the last twelve (12) months and have been employed by Phoenix Home Care at least twelve (12) months are eligible for family and medical leave benefits. Leave may be taken if the employee has a serious health condition which renders the employee unable to perform his or her job, or within one year of the birth of an employee's child, or within one year of the placement of a child with the employee for adoption or foster care, or when the employee is needed to care for a spouse, or when a child or parent has a serious health condition. This benefit allows an employee to return to his or her job or an equivalent job after taking up to twelve (12) weeks of unpaid leave per rolling year.

For leaves required by serious health conditions, Phoenix Home Care has the right, at its expense, to have a health care provider of its choice perform a separate examination. If this second opinion is in conflict with the first opinion, the employer may require, at its expense, a third opinion by a healthcare provider approved jointly by the employer and employee. The third opinion will be considered final and binding on both Phoenix and the employee. Employees are expected to report back for work as soon as authorized by their healthcare provider. Please note that medical and personal leave of absences will run concurrent with FMLA. Any PTO that you might have gained will be required to be used while out on FMLA.

If the leave is for birth or placement of a child, the employee must give at least thirty (30) days' notice, if possible. If this is not possible, give supervisor as much notice as possible. If the leave is for family medical care, the employee must make a reasonable effort to schedule the treatment so as not to unduly disrupt the operations of Phoenix, and, if possible, must provide Phoenix with not less than thirty (30) days' notice. If this is not possible, give as much notice as possible. The request for leave of absence form should always be used.

If you obtain a leave of absence by false pretense, accept other employment while on medical leave of absence or fail to return to work at the end of your leave of absence, you are considered to have resigned your employment.

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Victims Economic Safety and Security Act (VESSA)

Provides employees with protected leave time to:

- *Seek abuse-related medical attention and counseling, or recover from abuse-related injuries (physical or psychological)
- *Obtain services from a victim services organization
- *Participate in safety planning
- *Temporarily or permanently relocate to a safer living space, or take other actions to increase the safety of the employee (or family or household member); and/or Pursue legal remedies to ensure the health and safety of the employee (or family or household member), including preparing for civil and criminal actions resulting from the violence.

An employee who takes VESSA leave must be returned to the same or other equivalent position and benefits upon their return to work. Unique to VESSA, the amount of leave available will vary depending on the employer's number of employees.

Specifically:

1-19 employees = no leave entitlement.

20-49 employees = 1 week unpaid leave per year.

50 or more employees = 2 weeks unpaid leave per year.

Health Insurance

We offer access to various group health benefit plans for eligible employees. Details of the plans are available to you on the Benefit Connector Site. To access go to:

<https://newdayhealthcare.benefitconnector.com>

Eligibility

Unless otherwise communicated differently by your Director, variable hour employees are eligible for coverage at the beginning of the 1st month following completion of 1 year of continuous employment *and* after maintaining an average of at least 30 hours per week during the year look back period. Failure to maintain this minimum weekly hourly average worked will result in cancellation of the insurance and COBRA being offered.

Features

1. Phoenix Home Care will contribute a portion of the premium of the medical coverage.
2. Employee portion is payroll deductible.
3. If you are on LOA or unpaid time off, you are responsible for making up missing premiums by paying in full or scheduling payments while on a LOA. Methods of payment are available using cash, check or card.
4. Failure to pay premiums while not working will result in loss of insurance coverage.
5. Approval is subject to review of Health Statement by the insurance carrier.
6. If you fail to enroll during your **initial** thirty-day window, you will not be able to enroll again until Open Enrollment unless you have a qualifying event*
7. Once you sign up, you cannot 'drop' coverage without a qualifying event*
(*Refer to the EBC site for a list of qualifying events)

Application Process

Once you have met the eligibility requirements listed above, you will receive enrollment instructions by email. Feel free to contact the Human Resources Department to schedule an appointment if you have questions about the insurance plan(s) available, cost, payroll deductions or completion of the online enrollment.

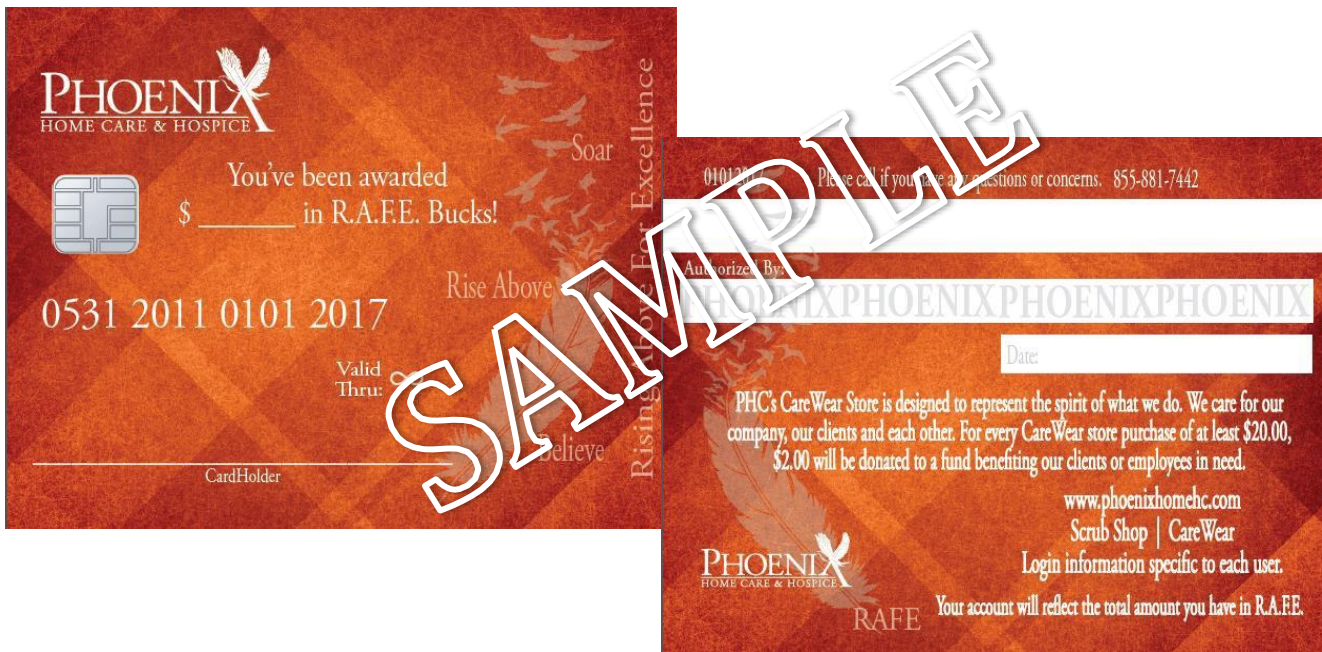
Employees who apply for the insurance are not covered by the insurance until they have been notified of the acceptance and provided with an effective date of coverage. ***Do not cancel any other insurance until notification is received.***

Rising Above for Excellence Program (R.A.F.E.):

Phoenix Home Care wants to recognize our caregivers and clinicians that Rise Above the others and strives for Excellence! To do that, we have the R.A.F.E. Program.

R.A.F.E. is a program that awards “money” to our employees that are mentioned positively on a client survey, by a phone call from a client, someone in the community, a client’s family or by recognition from a supervisor for Rising Above. There are many ways to earn R.A.F.E. Bucks; those listed are only a few of them.

R.A.F.E. Bucks are in different denominations and are given out at Supervisors discretion. The Supervisor will present them to the employee that has been caught going that extra step. The Bucks can be redeemed for several different things. First and foremost, they can be used towards the purchase of Phoenix scrubs. The more Bucks you earn, the more items you can ‘purchase’ with them! Bucks don’t expire and are non-transferrable...after all, you earned them!



 **MAKING
FLIGHT**
...Rising Above For Excellence

The Benefit Connector Site

Employee Benefits Connector, PHC's Employee Benefit Site offers you immediate access to information you may need. The site provides immediate access (24/7) to the following:

- Employee Handbook
- Leave of Absence Forms
- Benefit Information
- HR Contact Information
- Payroll Forms
- News Articles & Safety Awareness Updates



How to access:

<https://newdayhealthcare.benefitconnector.com>

An email will be sent from the website that will allow you to 'register' as a new user. All employees have a personalized login.

The Scrub & CareWear Store

Phoenix Scrub Shop - PHC's own CareWear and Scrub Store is available for you to purchase Phoenix Scrubs and additional Phoenix Gear. Access to this website is 24/7 and is personalized to you with your own email & log in.

How to access:

<https://phoenixhomecare.mybrightsites.com>

Information on accessing the website will be provided during orientation.



Statement of Policies

This handbook contains brief statements of certain policies, practices and procedures relating to your employment with Phoenix Home Care. Management at all times reserves the right to act apart from the policies and procedures contained herein. No statement or promise by a supervisor, manager or department head may be interpreted as a change in policy nor will it constitute an agreement with an employee. Our policies and practices are subject to the interpretation and discretion of the President of Operations and may be modified, amended or eliminated without notice.

Phoenix Home Care is an equal opportunity employer and complies with local, state and federal employment laws. Any employee, supervisor or manager involved in discriminatory practices will be subject to disciplinary action up to and including termination of employment.

Communication and Support

Our office hours are Monday through Friday 8:00 AM until 5:00 PM. An On-Call Supervisor/Scheduler is available from 5:00 PM to 8:00 AM on week nights, weekends and holidays. When you call the office, identify yourself by name, the office location you are serviced out of and ask to speak to your Supervisor by name. *(Remember, 11pm-5am is reserved for emergencies and overnight issues. Please be respectful of the on-call person)*

Communication with your Supervisor is very important. We want to be accessible and responsive to you at all times. If neither is available, you will be asked to leave a message or to “hold”. Your Supervisor or Assistant Supervisor will return your call as soon as possible if you leave a message. Remember, we want to communicate with openly and want to hear from you!

Human Resource or Employment Issues - If you have concerns, questions or complaints about your employment or departmental operations, you should call your supervisor or the HR department. For all questions/concerns regarding benefits, you should call your HR department or the Benefits Team.

Emergency After-Hours Support Protocol - When you call the office “after hours”, you will be connected to our answering service. If your call is an emergency, please leave a message on how to contact you with our answering system. An “on-call” Coordinator will be paged immediately. The Supervisor will return your call as soon as possible. If you are ill, *and* scheduled to work an evening or weekend, you should report your cancellation to the “on-call” Supervisor after developing a fill-in plan.

Solicitation

Solicitation is not permitted on the property of Phoenix Home Care unless approved by the HR Supervisor. Solicitation includes the physical, written or verbal presentation of material sponsored by a person or agency other than Phoenix. Products, brochures, flyers, pamphlets, posters, catalogs or other publications are not permitted and will be removed unless approved by the HR Supervisor. Employees who violate this policy may be subject to disciplinary action up to and including the termination of employment.

Corporate Compliance Policy

It is the policy and intent of Phoenix Home Care to comply with all laws, which apply to its business and activities, and to conduct its affairs in a way that is both ethical and responsible. Employees and agents of Phoenix Home Care are expected, to at all times, fulfill their duties in full compliance with this policy.

Action

Phoenix Home Care will design, implement, and enforce the following compliance program to prevent and detect violations of law (criminal conduct) and noncompliance with Phoenix Home Care corporate policies and procedures.

Compliance Standards and Procedures

Compliance standards and procedures are to be followed by all employees and agents. The procedures and standards include but are not limited to Medicare Conditions of Participation, the Federal False Claims Act, and the standards applicable to waste management, billing compliance, medical records and contract management.

Oversight Responsibilities

Corporate Compliance/Privacy Officer is responsible for corporate compliance issues involving finance, billing, contract management, waste management and medical records. Issues involving your employment or client care concerns should be reported Compliance Officer, Susan Marberry.

Employee Training

Phoenix Home Care will take steps to effectively communicate the corporate compliance program procedures to all employees and agents by requiring participation in training programs and/or by disseminating publications that explain in a practical manner what is required to understand the compliance program. Employees are made aware of compliance standards and procedures in their orientation and through additional training as needed.

Monitoring and Auditing

Non-compliance with standards and procedures could occur in two ways:

- a. A procedure or process within does not follow or adequately monitor appropriate compliance standards/procedures and has not been identified.
- b. Employees or agents are acting in violation of the law and/or are not following standards and procedures that have been put in place.

Reasonable steps will be taken to achieve compliance with standards and procedures by establishing monitoring and auditing systems reasonably designed to detect these two types of problems and by having in place and publicizing a reporting system whereby employees and agents can report these processes or questionable conduct by others within the organization without fear of retribution. Internal auditing will be established in all high-risk operating areas including but not limited to billing compliance, employment practices, waste management, and contract management.

Reporting System

Reports of any questions, concerns or issues related to the possibility of questionable conduct in the areas of finance, billing, contract management, waste management or medical records should be made to the Corporate Compliance/Privacy Officer (Susan Marberry) in one of the three ways described. Other areas of concern should be reported to the division's manager or the President. Employees will be strongly encouraged to identify themselves by name. If the employee has a report about the Corporate Compliance/Privacy Officer they are to report to the President.

1. IN PERSON: Set up a meeting with the Corporate Compliance/Privacy Officer or the Director of Operations at your Phoenix Office location if involving an issue listed above.
2. IN WRITING: On paper, list the event. Keep the description as factual as possible. Also, be as detailed as possible listing dates, times, names, places, etc. You are encouraged to sign your name to the event but it is not required. The report can then be mailed to:

**Phoenix Home Care, Attention: Corporate Compliance/Privacy Officer,
1839 E Independence Suite K
Springfield, MO. 65804**

The envelope should be sealed and marked "**Confidential**".

- | | |
|------------------|--|
| 3. BY TELEPHONE: | TOLL FREE HOTLINE 1-800-304-8268 |
| 4. WEB PAGE: | www.phoenixhomehc.com |

Enforcement and Discipline

After alleged inappropriate activity has been investigated, Phoenix Home Care will enforce standards and policies through appropriate disciplinary mechanisms. There will be disciplinary action for individuals who fail to report an offense. Discipline of individuals responsible for an offense will be determined on a case-by-case basis, in accordance with human resource guidelines.

Response and Prevention

If an offense has been detected, Phoenix Home Care will take all reasonable steps to respond appropriately to the offense and to prevent further similar offenses including any necessary modification to this program.

Recruitment & Referral Program

Our employees are the best! They are competent, dedicated and caring professionals who work very hard to deliver high quality care for our clients. We expect the best performance – and our employees deliver it. We appreciate our employees very much! It is important that we maintain this high standard of character and quality with the people that we refer, recruit and hire to care for our clients.

Refer a quality employee to Phoenix Home Care and receive a \$100 bonus after they (and you) have worked 100 hours in the field. Advise the person whom you have referred to mention your referral in the interview process. (The HR Supervisor will complete a Recruitment Bonus form when orientation is completed and forward it to Payroll for tracking hours and payment.)

Client Referrals

If you are approached about someone needing our help or if you know of someone who could benefit from our services, please get their name, telephone number, and call the office.

Indicators for Missouri IHS and Private Pay Client Referrals and/or Services:

Client indicators:

- Receiving Medicaid (not req. for private pay)
- Disabled, Infirm or Elderly
- Needs personal care and/or homemaker chores

Increased need of service:

- failing health
- Recent stay in hospital
- Loss of primary caretaker or support person.

Certified Nurse Aide indicators:

- Ostomy care
- Catheter care
- Bowel program
- Medication for skin breakdown
- Help with lift transfer
- Range of motion

Need of Field Nurse:

- Need help with med set-ups
- Diabetic toenail care and
- Syringe fill
- Skin monitor
- General health evaluation
- Rapid change in medical condition

Code of Ethical Behavior Policy

In order to support the ethical operations and fair treatment of clients, Phoenix Home Care will operate according to the Code of Ethical Behavior. All employees of Phoenix Home Care will abide by the Employee Guidelines established. The purpose of the Code of Ethical Behavior is to protect the high ethical standards of home care. Other documents, which provide an ethical framework for client, care and business practices are in the Phoenix Home Care Mission Statement and the Client Rights and Responsibilities Statement.

EMPLOYEE GUIDELINES

Consider first the safety and well-being of others.

As an employee of Phoenix Home Care, I will not:

1. Smoke in the client's home, on their property, or any Phoenix facility.
2. Consume alcohol or drugs for any purpose other than medical while in the client's home or prior to delivery of service.
3. Buy alcohol for the client.
4. Give medical advice to clients or contact the client's physician (Unless you are a LPN, RN or licensed therapist).
5. Commit any act of fraud, abuse, neglect or exploitation.
6. Fail to report any suspected or potential fraud abuse, neglect or exploitation of clients to my Supervisor.
7. Fail to report incident or injury occurring to the client while you are on duty, whether medical attention was or was not needed. Accident or injuries occurring in the absence of Phoenix Home Care staff and reported to you by the client or client's family should be reported to my Supervisor as soon as possible.
8. Transport the client, any of the client's family members, or a family pet.
9. Visit, help, sit with, or drive clients on my own time. In order to maintain a professional caring relationship, I must confine my services to authorized activities during scheduled work time. I cannot take on responsibility for the client's that is beyond the scope of the program. INSTEAD: I will report all unmet needs to my Supervisor.
10. Hesitate to call my Supervisor if I have any questions regarding the client's condition, plan of care, who is living with them, when they are out of the home, if they are in the hospital or nursing home, death, etc. on a PROVIDER COMMUNICATION FORM.
11. Accept private employment from a Phoenix client.

Obey moral rules and act accordingly.

As an employee of Phoenix Home Care:

1. I am committed to act with honesty and high ethical standards, both in the field and in the office.
2. If an item is broken in the home while I am working, I will report the breakage to my Supervisor immediately.

Obey established policies, employee guidelines and client plan of care.

As an employee of Phoenix Home Care:

1. I will follow employee guidelines and other written policies – if ever in doubt as to how to proceed or handle a given situation I will contact my Supervisor.
2. I will follow exact instructions relating to the plan of care of our client's and will be actively working while on duty *unless providing respite or live-in care.*
3. I will always arrive on time to the client's home and allow extra time for new assignments.
4. I will address the client as Mr., Mrs., etc., as appropriate.
5. I understand that Phoenix Home Care does not provide Physical Management training and therefore does not promote, condone, or encourage physical restraint or isolation/seclusion of clients for any reason.

Respect other's property, privacy and diversity.

As an employee of Phoenix Home Care, I will not:

1. Give client's telephone numbers and/or addresses to family or friends, likewise, **DO NOT** give my address or telephone number to a client.
2. Use the client's telephone for personal use (if it is necessary for family members to reach you, advise them to call the office and the office will contact you).
3. Use the client's car or any other property for personal use.
4. Take anything from the client's home or property.
5. Purchase items from or sell item to a client.
6. Borrow money from a client.
7. Solicit or accept gifts, money or goods from a client.
8. Take family, friends or pets to work with me.
9. Consume client's food or beverages.
10. Discuss wages with the client.
11. Discuss personal problems, your own or other's.
12. Discuss my religious or political beliefs.
13. Assume control of personal affairs of the client.
14. Manage in any way, the client's money. ***I cannot make bank deposits, cash checks or withdraw money from the bank for a client.*** I can write checks to pay their bills, but they must sign the check. If a client is confused or unable to manage their money, I will inform my Supervisor and write a PROVIDER COMMUNICATION FORM. We will work with the Division of Aging or appropriate entity to find a resource to handle this responsibility. (Be very careful while handling client's money. A shopping requisition *must be filled out each time* you accept money for laundry, shopping, or any errand requiring the exchange of money.)
15. Accept Power of Attorney, Conservator or Guardianship of any Phoenix client.
16. Breach confidentiality – do not discuss your client with anyone other than appropriate Phoenix staff.

Think of yourself and Phoenix as part of society and as a member of the community.

As an organization and an employee of this organization:

1. Our goal is to identify the home care needs of people and to meet those needs by providing quality care in the comfort of their home.
2. We agree to deliver quality services and satisfy and meet the needs of clients, their families, our referral sources, and regulatory agencies.
3. I will attend 12 hours of State-Mandated In-Service yearly. A session in the spring and a session in the fall.
4. I will advise Phoenix Home Care if I am related to any clients that I am asked to serve. I understand I cannot provide service to relatives.
5. I will strictly adhere to the Client's Bill of Rights.

Social Media/Blogging Policy

Phoenix Home Care acknowledges the value in the exchange of ideas and information through blogging or “tweeting”, viewing it as an innovative tool to promote positive relationships and build Phoenix culture. However, in the age of mass communication, anything said in haste can be damaging to Phoenix when captured by the media or a litigious party. The expectation at Phoenix is that grievances will be handled internally. A decision to air grievances externally could impact your employment experience.

Due to the importance of upholding privacy policies, the Phoenix code of ethics and corporate compliance policy, as well as abiding by State and Federal guidelines, Phoenix employees that blog or post information on **any** website need to acknowledge and adhere to the following blogging guidelines. Employees who do not comply with this policy may be subject to disciplinary action up to and including termination of employment.

Blogging Rules and Guidelines:

- I will not communicate on behalf of Phoenix, use Phoenix logos, trademarks, trade names or slogans.
- I will not publicize or share protected Phoenix information, including but not limited to any Phoenix information that could be considered proprietary, confidential, or intellectual property.
- I will not discuss Phoenix clients, employees, or vendors, including but not limited to any discussions that may be construed in a malevolent and cruel manner.
- I will not use blogs to harass, threaten, discriminate or disparage against employees, clients, or anyone associated with doing business with Phoenix.
- I will not violate any laws associated with copyrights or patents, or engage in illegal, fraudulent, or malicious conduct.
- I will not provide negative information about Phoenix clients.
- I will not disclose confidential personal employee information that is not protected as concerted activity about self or other employees or other information related to my position and association not open to, or ascertainable by all employees of Phoenix.
- I will refer media or press to Public Relations should I be contacted about blogging posts related to Phoenix.
- I will abide by Phoenix Computer Usage Agreement, Code of Ethical Behavior, HIPAA, Solicitation Policy, and all other Phoenix policies and guidelines.
- I understand that blog transmissions are not private.

Phoenix reserves the right to monitor comments or discussions about Phoenix, its employees, clients and the industry, including products and competitors, posted by anyone, including employees and non-employees on the Internet. Phoenix uses blog-search tools and software to monitor forums such as blogs and other types or personal journals, diaries and personal and business discussion forums. Phoenix expects all guest bloggers posting on the website to abide by all rules and guidelines of the blogging policy. Phoenix reserves the right to remove postings to the website, without any advance notice or permission, including all guest blogger’s content considered to be inaccurate or offensive. Phoenix also reserves the right to take legal action against guests who engage in prohibited or unlawful conduct. Phoenix reserves the right to use content management tools to monitor, review or block content on Phoenix blogs that violate Phoenix guidelines and policies.

Earbud Policy

Earbuds, headphones, and all other devices that may prohibit clients from being able to effectively communicate with their caregiver/clinician are prohibited while on the clock. Our clients must be able to communicate their needs and any item that diminishes the ability to hear them need to not be used.

Telephony Policy

Telephony is a time-recording service provided for all caregivers providing services to clients of Phoenix Home Care. Telephony provides the following:

- Record the exact date services are delivered
- Record the exact time the services begin and end
- Registers the phone number, company ID and the caregiver ID to specify who the visit was performed for and by whom the visit was completed.
- Provides accurate detailed visit information not obtained by using timesheets.

In the event the client does not have a phone available for use, a validator will be placed in the client home and the caregiver will be prompted to use their own phone and provide the numbers generated from the validator at each visit.

Additionally, caregivers will be required to do the following during each visit:

- Telephony must always be used when completing client visits.
- Provide only the services specified on the client care plan.
- Must provide all services in the home of the client unless errands are approved.
- Validators must never leave a client's residence unless special circumstances are made.
- Caregivers must always be working while clocked in at the client's residence unless providing strict respite only care.
- Caregivers are unable to sleep while on the clock unless providing 24/7 live-in care.

In the event that telephony is unavailable, a timesheet must be used to record the worked hours and must have the following to be processed:

- Exact date & time of visit
- Visit task codes showing what tasks the caregiver performed while on duty.
- A client signature validating the visit.
- A reason telephony was not used.
- A weekending date showing which pay cycle the information pertains to
- Employee Name & Identification Number
- Client Name
- Employee Signature.

Time & mileage sheets must be submitted the Monday following the week ending date (weekending date will always be a Sunday.) You are allowed to fax, mail or drop off timesheets. You may not text or e-mail a time/mileage sheet. Any time or mileage sheets received after deadline will be processed two weeks later.

MISSOURI Telephony Mandate:

On July 1, 2015, the telephone tracking system became a **requirement by law**, for IHS and CDS providers. Residential Care Facilities, Assisted Living Facilities, and Adult Day Centers are not required to use telephony. The telephony requirements for IHS providers are found at [RSMo 660.023.1](#). The requirements for CDS providers are found at [RSMo 208.909.1](#). These statutes define specific requirements that a telephony system must meet, in order to be implemented by an IHS or CDS provider.

Missouri False Claims Statutes

The Deficit Reduction Act of 2005 establishes certain requirements in regard to federal and state false claims laws. Phoenix Home Care is committed to ensuring all employees, including management, and any contractors or agents are educated regarding the federal and state false claims statutes and their role in preventing and detecting fraud, abuse and waste in any federal and state healthcare program.

Under the Federal False Claims Act, any person or entity that knowingly submits a false or fraudulent claim for payment of the United States Government funds is liable for significant penalties and fines. The fines can include penalties up to three times the amount of Government's damages, civil penalties ranging from \$5,500.00 to \$11,000.00 per false claim, as well as the cost of the civil action against the entity responsible for submitting the false claim. The False Claims Act applies to claims submitted by healthcare providers to Medicare or Medicaid health care programs.

Missouri False Claims Statute

Missouri False Claims Statute makes it a criminal offense for a healthcare provider to knowingly present any false claim payment for goods or services paid by Missouri HealthNet. Sanctions, in general, may be imposed by Missouri HealthNet against a provider for the following reasons:

- a) Presenting for payment any false or fraudulent claim for services or merchandise in the course of business related to MO HealthNet
- b) Submitting false information or statement for the purpose of obtaining greater compensation than that to which the provider is entitled under Medicaid
- c) Knowingly submitting claims for services that were not determined medically necessary

"Qui Tam" or "Whistleblower" Provisions

The Federal False Claims Act contains a provision known as "qui tam", commonly referred to as the "whistleblower" provision. The Missouri False Claims Statute contains a similar provision. A "whistleblower" is a person who observes activities or behavior that may violate the law in some manner. This provision allows the individual, generally an employee, to report their observations to management or the Missouri State Attorney General's Office and with actual first-hand knowledge of false claims activity, bring an action in state or federal court.

The Missouri False Claims Statute provides provision to protect any person initiating a "qui tam" case. Phoenix Home Care will not discriminate or retaliate against a person's terms or conditions of employment because of their initiation, assistance or participation in a court action. An employee may initiate court proceedings for any job-related losses resulting from any such discrimination or retaliation. Whistleblowers are not protected if their complaints are found frivolous or initiated with the intent of bringing harm without facts to a person or entity.

The Attorney General brings all criminal or civil actions under the statute and must prove the health care provider intended to violate the statute. Violations of the statutes can result in health care provider or private person's exclusion from participating in MO HealthNet, suspension/withholding of provider payment and felony punishable by fines, imprisonment, or both.

Policy

Detecting and Preventing Fraud

Phoenix Home Care encourages all employees, management and contractors or agents to identify and report any issues immediately to their supervisory. If immediate attention or action is not taken, it is to be reported to Phoenix Compliance Officer.

Phoenix Home Care Ethical Policy clearly establishes how employees are expected to conduct themselves. The Company Corporate Policies provide process and procedure for managing and monitoring fraud. These policies and procedures can be accessed in the Employee Orientation Handbook.

Client's Rights and Responsibilities

*AS A CLIENT OF PHOENIX HOME CARE, YOU HAVE THE **RIGHT** TO:*

1. The client's family or guardian exercising rights when you have been judged incompetent.
2. The right to have property treated with respect.
3. Be treated with dignity, courtesy and respect, free from verbal, physical or psychological abuse.
4. Accept or decline the services of Phoenix Home Care regardless of sex, age, sexual preference, marital status, veteran status, disability, race, color, national origin or religion.
5. Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of Phoenix Home Care and must not be subjected to discrimination or reprisal for doing so.
6. Be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.
7. Participate in the planning of the care.
8. Choose care providers and communicate with care providers.
9. Access to your health records, request information about your diagnosis, prognosis or treatment unless medically contraindicated.
10. Assured admittance to service only if the agency has the ability to provide safe care at the level of intensity needed with reasonable continuity of care.
11. Confidentiality of the records maintained by Phoenix Home Care.
12. Be advised, before care is initiated, of the extent to which payment for the services may be expected from Medicaid or other resources, and the extent to which payment may be required from the client.
13. Be advised orally and in writing of any changes in the charges.
14. Be advised of the availability of the toll-free Home Health Agency hotline in the State, the hours of operation, and purpose.
15. Be advised of the right to lodge complaints concerning the implementation of the Advance Directive requirements.
16. Receive a copy of the Provider's Code of Ethics under which services are provided.
17. I understand that Phoenix Home Care does not provide Physical Management training and therefore does not promote, condone, or encourage physical restraint or isolation/seclusion of clients for any reason.

*AS A CLIENT OF PHOENIX HOME CARE, YOU HAVE THE **RESPONSIBILITY** TO:*

1. Provide an accurate medical history.
2. Engage a physician and follow the treatment plan developed by physician, nurse and client.
3. Communicate to Phoenix Home Care personnel any changes in health status, treatment, complications or side effects of a prescribed treatment.
4. Treat Phoenix Home Care personnel with dignity, courtesy and respect.
5. Notify Phoenix Home Care personnel of the desire to change or cancel any service and/or treatment.
6. Supply medication, equipment, or supplies that are not provided by Phoenix Home Care.
7. Provide accurate insurance and/or financial information, and to pay for services as provided for in the service agreement when Medicaid, Medicare or third-party payment is not responsible for payment.
8. Maintain an adequate and safe environment for the delivery of service.
9. Be responsible for consequences if you refuse treatment or do not follow nurse/physician instructions.

Cultural Diversity and Sensitivity

Individuals, families, and communities are deeply diverse in terms of culture, ethnicity, age, sexual orientation, gender identification, religion, race, physical and cognitive abilities, health, and many other factors and dimensions. Those differences shape who people are, how they respond to each other, how they experience reality and how our services affect them. It is our responsibility as caregivers to recognize, respect, and respond with sensitivity to these differences in order to provide meaningful service.

Neglect and Abuse Policy

Hotline#: 1-800-392-0210

Portal: https://apps4.mo.gov/APS_Portal/

Purpose:

We are all mandated reporters of neglect, abuse and exploitation. We must first consider the safety and well-being of each of our clients.

When to report an incident:

Anytime you become aware of neglect, abuse or exploitation of a client. The hotline is available from 7am-8pm 365 Days a Year.

How to report an incident:

Preferred method of contact is the online portal listed above. If you do not have Internet access you can call the toll-free number to file a report. Then call your Supervisor. Do not put yourself in a dangerous or awkward situation.

Abuse

Who are the perpetrators?	Sons/Daughters Parent Provider Spouse Friend/Neighbor	Grandchildren Landlord Siblings Other Family Members Self
What is Elder Abuse?	Abuse Neglect Exploitation	
Types of Abuse	Physical Abandonment Sexual Financial Exploitation	Emotional/Psychological Self-Neglect Neglect

Physical Abuse

The use of physical force that may result in bodily injury, physical pain or impairment.

Signs/Symptoms of Physical Abuse	Cuts Burns Lacerations Black Eye(s) Puncture Wounds Sprains/Dislocations	Bruises Internal Injuries Lab Indication of Overdose Welts/Discoloration Absence of Hair/Scalp Hemorrhage Broken Eye Glasses
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Sexual Abuse

Non-consensual sexual contact of any kind with an elderly person.

Signs/ Symptoms of Sexual Abuse	Bruises around the breasts/genital area	Reluctance to be alone with a particular person
	Torn, stained or bloody underclothing	Wearing lots of clothing, especially to bed
	Unexplained venereal disease/genital infection	Fear of touch
	Elder's report of being sexually assaulted/raped	Nightmares
	Unexplained vaginal or anal bleeding	Apprehension
	Change of behavior/withdrawal	

Emotional/Psychological Abuse

The infliction of anguish, pain or distress through verbal or nonverbal acts.

Signs/ Symptoms of Emotional/ Psychological Abuse	Helplessness	Denial
	Implausible Stories	Hesitation to talk openly
	Agitation	Depression

Neglect

The refusal or failure to fulfill any part of a person's obligations or duties to an elder.

Signs/ Symptoms of Neglect	Poor personal hygiene	Malnutrition
	Dirt, fecal/urine smell	Untreated Bed Sores
	Health/Safety hazards	Soiled clothing
	Dehydration	

Self-Neglect

The behavior of an elderly person that threatens his/her own health or safety.

Signs/ Symptoms of Self- Neglect	Not keeping medical appointments	Isolation
	Suicidal Acts	Inability to manage finances
	Rashes, sores, fecal/urine smells	Inability to manage ADL's
	Changes in intellectual functions	Substance Abuse
	Wandering	Lack of toilet facilities/utilities
	Inadequate housing	Animal Infested living conditions
	Refusing medical attention	

Abandonment

The desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or a person with physical custody of an elder.

Signs/ Symptoms of Abandonment	Desertion of an elder at a hospital, nursing facility or other similar institutions	Desertion of an elder at a shopping center or public location
		An elder's own report of being abandoned

Financial Exploitation

The illegal or improper use of an elder's funds, property, or assets.

Signs/ Symptoms of Financial Exploitation	A dependent caregiver	Bills unpaid despite adequate resources
	Unusual signatures of checks	Isolation or substandard care being provided
	Sudden changes in bank accounts or bank practices (additional names on account)	Abrupt changes in will or other financial documents

Domino effect of Abuse, Neglect, Exploitation

- Funds are depleted
- Options are limited
- Independence is jeopardized
- Depression

Barriers to Identifying Abuse

- Similarity between symptoms of chronic disease and signs of abuse
- Physicians' reluctance to investigate abuse
- Victim's low credibility protects the abuser

Barriers to Investigations and Prosecutions

- Victim unwilling to press charges against a loved one
- Loss of caregiver equates to loss of independence
- Prosecutors feel the elderly don't make good witnesses
- Deterioration of victim health

Home and Community Based Adult Protective Services

Protective services are provided by individuals or agencies for or on behalf of eligible persons who are unable to:

- Manage their own affairs;
- Carry out their activities of daily living; or
- Protect himself or herself from abuse, neglect or exploitation, which may result in harm or a hazard to themselves or others

The purpose of APS is to:

- promote independence;
- maximize client choice and provide for meaningful client input for preferences;
- provide quality alternatives to institutional care; and
- empower the older adult to attain or maintain optimal **self-determination**.

Eligibility for Department of Health and Senior Services Involvement

- Adult is over the age of 60, or
- Adult is between the ages of 18 & 59, and has a mental or physical impairment that substantially limits one or more major life activities;
- Unable to protect their own interests or adequately perform or obtain services, which are necessary to meet their essential human needs.

Reporting Procedure

You are a mandated reporter! If you are aware of or suspect sexual abuse taking place, you must immediately report it to your supervisor, human resource manager or an owner. If the suspected abuse is to an adult, you must report the abuse to your local or state Adult Protective Services Agency.

The Missouri Neglect and Abuse Hotline number is **1-800-392-0210**. We consider first the safety and well-being of each of our clients. However, do not put yourself in a dangerous or awkward situation. Always call your supervisor *and* fill out a Provider Communication form (DA-5) with complete concise information.

If it is a child who is the victim, you must report the suspected abuse to your local or state Child Abuse Agency. If you do not know your state child abuse agency you can call the Child Help's National Child Abuse Hotline, **1-800-422-4453**, TDD 1-800-222-4453. Appropriate family members should be notified of alleged instances of sexual abuse. Management should also report the alleged sexual abuse incident to Phoenix's insurance agent.

The report goes to the Central Registry Unit in Jefferson City, the Social & Rehabilitative Services office. The complaint is assigned to staff for investigation within 24-48 hours depending on the assigned class. Class I reports present an imminent danger to the health, safety or welfare or a substantial probability that death or serious physical harm could result to an eligible adult. Class II reports involve situations which allege less immediate danger to the health, safety or welfare of an eligible adult. Ongoing investigations with Protective Service Monitoring may occur.

Anti-retaliation

Phoenix prohibits retaliation made against any employee, volunteer, board member or patient who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. Phoenix prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. *Anyone who violates this rule is subject to disciplinary action, up to and including termination.*

Investigation and Follow-up

Phoenix supervisory and management staff will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. An outside third-party might investigate if deemed appropriate by management. The organization will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies. It is our objective to conduct a fair and impartial investigation. We will provide notice that we have the option of placing the accused on a leave of absence or on a reassignment to non-patient contact.

Phoenix Home Care will make every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Sexual Harassment

It is illegal and against Phoenix Home Care's policy for any worker or client, male or female, to harass another worker by: making unwelcome sexual advances or favors, or other verbal or physical conduct of a sexual nature, a condition of any worker's employment; using a worker's submission to, or rejection of, such conduct as basis for or as a factor in any employment decision affecting the individual; or otherwise creating an intimidating, hostile or offensive working environment by such conduct.

The creation of an intimidating, hostile or offensive working environment may include such actions as persistent comments on a worker's sexual preferences or the display of obscene or sexually oriented photographs or drawings. Other sexually harassing conduct in the workplace, whether committed by supervisory or non-supervisory personnel or a client, is also prohibited, including but not limited to:

- Unwelcome sexual flirtations, advances or propositions
- Verbal or written abuse of sexual nature
- Graphic verbal comments about an individual's body
- Sexually degrading words used to describe an individual
- Physical touching, pinching, brushing the body, coercing sexual intercourse to assault

However, conduct or actions that arise out of a personal or social relationship, except in the case of a client (*personal or social relationships with clients are prohibited*), and that are not intended to have a discriminatory employment effect may not be viewed as harassment. Phoenix Home Care will determine whether such conduct constitutes sexual harassment, based on a review of the facts and circumstances of each situation.

Phoenix Home Care will not tolerate any sexual harassment of its employees. All workers, including supervisors, will be subject to severe discipline, up to and including discharge, for any act of sexual harassment they commit. Clients who verbally, physically or sexually abuse an employee will have their services terminated.

Employees who feel victimized by sexual harassment should report the harassment to their supervisor immediately. If you are in a client's home and being sexually harassed, leave the home and call your Supervisor immediately. If the worker's immediate supervisor is the source of the alleged harassment, the employee shall report the problem to the supervisor's superior. The complaint will be investigated and the employee will be advised of the findings and conclusion.

Each Supervisor has an affirmative duty to maintain his or her workplace free from sexual harassment. Each Supervisor shall discuss this policy with all employees and assure them that they are not required to endure insulting, degrading or exploitative sexual harassment. No superior shall threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts and other conditions of employment, career development and the like.

Supervisors who receive a sexual harassment complaint should carefully investigate the matter, questioning all employees who may have knowledge of either the incident in question or similar problems. Both the complaint and the investigative steps and findings should be documented thoroughly. All actions taken to resolve sexual harassment complaints through internal investigations shall be conducted confidentially. In case of a client's sexual harassment, the Division of Aging and/or Social and Rehabilitative Services will be contacted.

Upon accepting a new client, Phoenix Home Care will check your state's Sex Offender Registry to determine whether the client is on the registry. If a client is on the registry, the supervisor will notify the employee so that the employee(s) may make informed decisions with regard to contact with the client.

Employees who are dissatisfied with the investigating Supervisor's resolution of a sexual harassment complaint may file a complaint with the investigating Supervisor's superior. No employee will be subject to any form of discrimination, retaliation or discipline for pursuing a sexual harassment complaint.

Drug Free Workplace Policy

Phoenix recognizes that the employees are our most valuable asset, and the most important contributors to our continued growth and success. We are firmly committed to the safety of our employees. Phoenix will do everything possible to prevent workplace accidents and is committed to providing a safe working environment for all employees.

To further this goal, Phoenix has developed a Drug-free Workplace Policy. The Program will consist of four components: Post-Offer Pre-Employment Screen, Random Drug/Alcohol Screen, Reasonable Cause Drug/Alcohol Screen and Post-Accident Drug/Alcohol Screen. This policy applies to all candidates for employment as well as all current employees. This policy also serves to reinforce Phoenix's intolerance for illegal drug use and working under the influence of alcohol. Employee involvement with drugs can adversely affect the work environment, job performance, and safety whether such use is on or off duty. Therefore, the manufacture, distribution, dispensing, or use of unlawful drugs, reporting for work or working while impaired by, or under the influence of, controlled substances, or any other drug, or possession on work premises of controlled substances or any other drug, are expressly prohibited.

In addition, employees must, as a condition of employment, abide by the terms of the above policy and report any conviction under a criminal drug statute for violations occurring on or off Phoenix premises while conducting Phoenix business. A report of a conviction must be made within five (5) days after the conviction (this requirement is mandated by the Drug Free Workplace Act of 1988). An employee convicted of a criminal drug offense is subject to immediate discharge. Employees who use, distribute, or possess unlawful drugs or controlled substances will be subject to testing procedures and immediate termination.

Substance Abuse Policy

Phoenix's Substance Abuse Policy, which includes provisions calling for the use of drug and alcohol testing under certain circumstances, has been developed to keep our work-place free from drug or alcohol-influenced employees in a manner which respects and recognizes the dignity and privacy of all our employees.

For the purpose of this policy, drugs are defined as any controlled substance which is illegal to possess, manufacture, distribute, sell, or conspire to distribute or sell by state or federal law, and prescription drugs which are not taken in conformity with the prescription, and which may impair the employee's judgment, faculties or abilities if Phoenix has not received written notice of this possible effect. Alcohol is defined as, but not limited to, liquor, beer, wine, malt liquor or any other intoxicants used for beverage purposes. Reserves the right to test, in its sole discretion, for any drug or alcohol use.

Specific Prohibitions

No employee shall report for work while under the influence of any drug or alcohol.

No employee shall manufacture any drug, or possess any quantity of drugs or alcohol, lawful or unlawful, at any work site. Further, no employee shall sell or transfer, or attempt to sell or transfer, to any other person, any drug or alcohol at any work site. The term "work site" means any client/patient home, motor vehicle, office, building or other property used for Phoenix purposes or any other location at which the employee is to perform work including off-site Phoenix functions.

Use of any drug or alcohol is prohibited by all employees while on duty, on Phoenix property, or conducting Phoenix business, or while operating a vehicle or equipment owned or leased by Phoenix.

An employee may use, in the manner prescribed, a drug prescribed or administered by a physician, if the physician has advised the employee that the drug will not affect the employee's ability to safely perform his/her duties. If the prescription drug will affect the employee's ability to safely perform his/her duties, then the supervisor must immediately be notified. We will do whatever possible to accommodate an employee in this situation, which includes having the employee perform other duties, if practical.

Testing Circumstances

All employees will be subject to testing under the following circumstances:

Post Offer Pre-Employment Testing. All candidates extended a *conditional job offer* will be subject to drug testing upon acceptance of conditional offer.

Random Testing. All Phoenix employees will be subject to random drug and/or alcohol testing without notice to ensure that everyone is complying with the Substance Abuse Policy.

Reasonable Suspicion. An employee will be tested for drugs and/or alcohol when the employee's actions, appearance, speech, odor or conduct suggest to Phoenix the employee has engaged in the use of drugs and/or alcohol while on Phoenix property, on duty or conducting Phoenix business or while operating a vehicle or equipment owned or leased by Phoenix. Reasonable suspicion will also be considered to exist in the case of discovery of drugs or controlled substances in an employee's possession or property near the employee's work place or unexplained and/or frequent absenteeism. After giving a valid sample, the employee will not be allowed to return to work until the results of the test are received by Phoenix.

Post-Incident Testing. Employee may be subject to drug and alcohol testing following an incident or injury which occurs to the employee, him/herself or another employee, customer, etc. while operating Phoenix equipment on any Phoenix property or while conducting any Phoenix business. Phoenix may also utilize drug and/or alcohol test results obtained from law enforcement officials from a vehicle accident. All employees are prohibited from consuming alcohol after an accident until he/she has been tested or eight (8) hours have elapsed, whichever occurs first.

Consequences of Positive Test Results

Any employee who tests positive for non-prescribed illegal substances will be immediately terminated. If the blood alcohol test comes back with an alcohol level exceeding .02, it will be grounds for disciplinary action up to and including immediate termination. The non-prescribed illegal substances tested for are as follows:

Amphetamines (speed)
Barbiturates (depressants)
Benzodiazepines (valium)
Cannaboids (marijuana)
Cocaine (crack)
Methadone (morphine)
Methaqualone (qualudes)
Opiates (heroin)
Phencyclidine (PCP)
Propoxyphene (Darvon)

If the situation is combined with Workers' Compensation situation, the employee's benefits will be reduced or denied in accordance with applicable state statutes.

Consequences of Refusal to Test

Refusal to submit to a drug and/or alcohol test as discussed in this policy will result in termination of employment for such refusal. NOTE: a “refusal to submit” means that an employee:

- Fails to provide adequate breath for alcohol testing, without a valid medical explanation;
- Fails to provide an adequate urine sample for drug testing, without a genuine inability to provide a specimen (as determined by a medical evaluation);
- Engages in conduct that clearly obstructs the test process; or
- Simply refuses to be tested at appointed time and place, which will be considered direct insubordination.

Consequences of Convictions/Guilty Pleas

Employees who violate this Phoenix policy and/or are convicted of, or plead guilty to, criminal drug statute violations, employees who are arrested and who are out on bail on his/her own recognizance pending trial, or who are convicted for drug-related offenses, are prohibited by state regulation from working in the home care field, and must be terminated immediately.

Grievance Policy

Phoenix CLIENT GRIEVANCE PROCEDURE

Every concern received in the office will be acted on immediately. This includes verbal and/or written concerns. Appropriate corrective actions will be taken as necessary and documented as appropriate.

Discrimination Complaint Procedure

All clients have rights to file a complaint based on their race, color, national origin, age, disability, sex or religion. If you feel you have been denied benefits or services based on the above, you may file a complaint within 180 days from the alleged discriminatory act. You may file your complaint with the following agencies:

Department of Social Services
Office of Civil Rights
PO Box 1527
Jefferson City, MO 65102
(573) 751-9092
(800) 776-8014
(800) 877-6916 (TDD)

Department of Health & Human Services
Office for Civil Rights
601 E 12th Street
Kansas City, MO 64106
(800) 368-1019
(816) 426-3686 (fax)
(800) 537-7697 (TDD)

HIPAA & Confidentiality Policy

The Health Insurance Portability and Accountability Act (**HIPAA**) is a federal law requiring health care providers to meet new patient security and privacy regulations. HIPAA will affect every health care provider, hospital and health plan in the U.S. Most simply stated, the regulations apply to the use, maintenance and transmission of patient health information.

HIPAA will directly affect most every Phoenix Home Care (**Phoenix**) worker. HIPAA will require every employee to be focused on patient/client security and privacy. While many co-workers may often want to share patient/client information with someone *outside* of Phoenix in order to help or pray for them, we must understand that it is now against the law – and against Phoenix Home Care’s policy to do so. We now have 30+ new policies to address the privacy aspects of this regulation in our home care operations. It is very important that you understand these new privacy policies that will directly impact your role as a caregiver for Phoenix.

Purpose of Privacy Regulations:

- Give patients more control over the use of their personal data
- Establish boundaries for uses and disclosures of *protected health information (PHI)*
- Establish administrative safeguards to protect patient information
- Establish accountability for privacy violations at the federal level

Patient Rights

Patients have the right to:

1. Right to be told of their rights
2. Phoenix must be sure that all patients/clients are told about policies related to patient information
3. Right to privacy
4. Phoenix must not send patient information to those not directly involved in the care of patient unless required by law
5. Right to review information
6. Patients have the right to know what information about them is kept by Phoenix
7. Right to receive a clear, simple presentation of information held by Phoenix in a form patient can understand
8. Right to correct protected health information (PHI)
9. Information cannot be deleted, but incorrect information can be marked through and corrected information attached
10. Right to name people or organizations who cannot see information
11. Right to know who Phoenix shares patient information with and who has seen patient information
12. Right to be sure that Phoenix makes sure PHI is protected if it is released to a contractor who is doing work for Phoenix
13. Right to be sure that their medical records are not changed or destroyed except as allowed by law

PHI- What is it?

1. PHI- Protected Health Information (individually identifiable health information)
2. Health information (including address, phone and other) collected from an individual created or received by Phoenix
3. Applies to present, past or future health care of a patient/client
4. Identifies the individual
5. Can reasonably be used to identify the individual
6. PHI that is sent out or kept in any form (electronic, paper or otherwise) by Phoenix
7. Information about a person's health
8. Refers to information created by or received by Phoenix
9. Becomes PHI if information makes it possible to identify the person

PHI – What You Can Do to Protect It

10. All employees and members of the workforce are responsible for protecting patient PHI and following all HIPAA policies and procedures.

Keeping Information Secure

11. Most violations of patient confidentiality occur in four areas
12. Inappropriate Discussions
13. Unauthorized Viewing of Information
14. Overhearing Information
15. Inappropriate Access of Records

Inappropriate Discussions

16. PHI is often accidentally given out by staff in everyday situations
17. Telephone Messages
18. Speaking with people who are not authorized to receive the information
19. Discussing your job with your own family members or friends
20. It is important to know when it is OK to talk about PHI, and when it is not
21. Make sure you are aware of family issues (custody, divorce, etc.)

Avoiding Inappropriate Discussions

22. When discussing medical information, think to yourself, "Who am I talking to?"
23. Telephone messages and answering machines
24. Discussions with family members
25. Speak to patient only, unless the patient has told you it is OK to talk in front of others
26. If speaking with patient, what other family members can hear?

Unauthorized Viewing of Information

27. PHI is often looked at inappropriately by
28. Unauthorized staff and contractors
29. Patients
30. Family Members
31. Although the viewing of information is usually not done in a mean way, it is a violation of the patient's right to privacy. (Don't let curiosity get the best of you.)

Avoiding Unauthorized Viewing of Information

32. When using medical information, think to yourself, "Who might be able to see this?"
33. Keep printed material hidden as much as possible
34. Keep computer screens turned inward
35. Post patient schedules on inside walls
36. Keep patient information face down on desks
37. Keep fax machines in secure areas
38. Don't leave copies or originals on copy machines
39. Always put papers with patient information in trash cans marked as confidential or "to be shredded"
40. Shred unneeded confidential pages – don't throw them in just any trash can

Unauthorized People Overhearing PHI

41. PHI is often inappropriately overheard by
42. Unauthorized staff members and contractors
43. Passers-by
44. Family and friends of patients
45. Other patients and their family members
46. It is important to know what PHI is so that you aren't talking about it inappropriately
47. Be aware of the patient's wishes regarding paging, leaving messages, and discussions in front of family members. If you are not sure, ASK!

Avoiding Unauthorized People Overhearing PHI

48. Whenever you are about to speak about a patient, think to yourself, "Can anyone else hear what I am about to say?"
49. Leave very general messages (don't leave private information) or do so only with permission
50. Speak softly when discussing patient information, or find a more private place to talk, if possible do not talk about patients in public places
51. Do not talk about patients to friends, people in the community, or others who are not involved in the Patient's care

Inappropriate Access of Records

52. PHI in medical records is often used inappropriately by well-meaning staff members or otherwise left in an insecure manner
53. It is not OK to check medical records or billing systems for information on family members, co-workers, or friends
54. The only correct use for medical records is the treatment of patients or clients

Avoiding Inappropriate Access of Records

When you use medical or patient/client records in your work, think about how you are using those records:

55. Only use information for care of patients or clients
56. Don't leave computer files open when leaving your work area
57. Do not share passwords or post passwords near computers
58. Always ask for identification before giving out records for staff members you do not recognize
59. Lock file cabinets and rooms when not in use or unattended

Penalties for HIPAA Violations

If you improperly use or disclose a client/patient's protected health information (PHI), YOU or Phoenix may face stiff penalties for violating HIPAA privacy regulations.

1. Federal fines of \$100 per accidental violation
2. Maximum fine of \$250,000 for intended violations; and
3. Federal prison sentences up to 10 years for selling PHI or using it to harm someone

HIPAA Police

Office of Civil Rights (OCR)

Division of the U.S. Department of Health and Human Services

Notice of Privacy Practices

The Notice of Privacy Practices is an informational document that we are required to provide to all our clients/patients. It will explain the ways in which we may use and disclose health information about them and describes their rights and our obligations regarding the use and disclosure of that information.

- Must be given to each patient at the first "visit" on or after April 14, 2003, or before.
- Must become a part of the client admission packet
- We must try to get an acknowledgement form signed by the patient/client or legal representative. If it is not possible to get the form signed, we must document our efforts to do so.

Please familiarize yourself with this document so that you understand our responsibilities and their rights, and are prepared to direct your client in the event they have questions about it.

HIPAA Notice of Privacy Practices

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Phoenix Compliance Officer at 417-881-7442.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Phoenix Home Care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable

hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Phoenix Home Care.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Phoenix Home Care.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Phoenix Home Care. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Phoenix Home Care. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.phoenixhomehc.com. To obtain a paper copy of this notice, contact Phoenix Home Care at 417-881-7442.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Phoenix Compliance Officer at 417-881-7442. All complaints must be made in writing. **You will not be penalized for filing a complaint.** For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit U.S. Department of Health and Human Services web site, www.hhs.gov/ocr/privacy/index.

Safety Policies and Procedures

Phoenix's Position and Policy

Safety is a part of this Phoenix's culture and values. All members of the Phoenix leadership team are committed to providing a safe work environment for our employees, because their health and welfare are a high priority. As part of this commitment, Phoenix has implemented the following safety rules, policies and procedures to ensure your personal safety and to prevent on-the-job injuries. Phoenix has also developed a number of safety training programs to educate you on how to perform certain tasks in a safe manner to avoid injury. Strict adherence with Phoenix safety rules, policies, and procedures is expected by all Phoenix employees. Violations of safety rules and policies are viewed seriously and appropriate disciplinary action will be taken.

If at any time, a field staff employee feels personally unsafe in a house, neighborhood or environment, they should leave that area immediately and notify their Supervisor of the situation. Phoenix will make every effort to correct the potential safety hazard or situation. Alternatively, services may be terminated if the home situation constitutes a true threat to the employee's wellbeing, or the environment has become unsafe for the employee and/or client. Finally, **all accidents or injuries on the job must be immediately reported to the employee's supervisor, regardless of whether or not medical treatment is required.** This is critical in order to address potential safety hazards.

Reducing Your Risk of Injury

Your chances of injury have more to do with *what you do* than with *who you are*. Many people believe that injuries just happen. They believe that those who are injured are just unfortunate victims of circumstance, but this is not true. Overwhelming evidence exists that injuries, like many diseases, do not just happen. Rather, many injuries are predictable, preventable events resulting from the way people interact with the potential dangers in the environment. So, what can you do to reduce your risk of injury? Start by keeping in mind the three (3) A's of safety:

Awareness - Be aware of your surroundings. Are there any potential hazards nearby?

Attitude - Are we thinking safety? Stay cool and relaxed.

Action - Take control, know the rules, and take steps to protect yourself.

Additionally, you can reduce your risk of injury by following these Basic Safety Rules:

- Always wear your seatbelt while driving/riding on Phoenix business. Not only is it a good practice, it is the law!
- Do not attempt to lift or carry a client who is unable to assist you without the proper safety measures in place. The cost of one injury far outweighs any potential "good deed".
 - Phoenix has a 50-lb. max weight restriction unless you are able to do a 2-person lift. The secondary person will need to be able to assist properly.
- Always wear your Personal Protective Equipment while providing patient care. If safety equipment is not working properly or not available – Stop...Time out...Get help!
- Proper foot is required at all times. This consists of closed toed and closed heel shoes, with slip-resistant soles. (i.e. no cros, flip flops, sandals, etc.)
- No employee shall report to work while under the influence of drugs or alcohol. Use of any drugs or alcohol is prohibited by all employees conducting Phoenix business.

Take time beforehand to *protect yourself*. Plan ahead. Don't rush when your safety is at stake! Remember, your safety is critical to our clients as well. If you get hurt, who will take care of your client? Do not be persuaded by a client to do something that you know or suspect is unsafe.

Emergency Situations & Disaster Plan

Emergency Situations

In an emergency, every second counts and the sooner help arrives, the better a person's chance of surviving a life-threatening situation. **Calling your local emergency phone number or EMS System is the most important thing you can do.** The EMS system is a network of police, fire, and medical personnel, as well as other community resources. Secondly, it is vital that you provide basic care or first aid until professional medical help arrives. Everyone should know first aid, but even if you haven't had any first aid training, you can still play a major role in making the emergency medical services (EMS) system work effectively.

Your role in the EMS system includes four (4) steps:

- 1) **Recognize** that an emergency exists. Emergencies are unexpected and sudden events requiring action. Your senses - hearing, sight, and smell - may help you recognize an emergency. Trust your instincts.
- 2) **Decide** to act.
- 3) **Call** the local emergency telephone number for help.
- 4) **Provide** basic care or first aid until help arrives. There are several reasons people do not provide care in an emergency; the presence of other people, uncertainty about the victim, extent of injury, fear of doing something wrong or catching a disease. If you are not sure what to do, let the emergency dispatcher know and await their instructions.

Disaster Plan & Preparedness

Phoenix will work with the Missouri Department of Health and Environment Services, and emergency agencies (such as the local Police Department, County Sheriff's Department, Red Cross, and the Missouri Highway Patrol) to help provide for the safety and welfare of those we serve in the event of a natural disaster or man-made disaster. Phoenix will maintain a current list of local and county emergency contact information at each Phoenix office.

Emergency Disaster Preparedness

The Director/Manager of each operating division of Phoenix will be responsible for the maintenance and execution of the following *Emergency Disaster Preparedness (EDP) Plan* for all the clients/patients under their care supervision.

Triage all clients regularly, regardless of their funding source, regarding the existence and adequacy of backup care/services in the event services cannot be rendered.

Phoenix will designate in its computer database as "high EDP risk", any clients determined not to have an emergency/disaster back up care plan or any clients whose care plan is inadequate, exposing them to danger. Phoenix will then attempt to obtain the clients' permission to disclose their name and personal information to the appropriate emergency agency. Client information will also be shared with the contracting agencies in accordance with contract requirements.

All "high EDP risk" clients will be flagged in the On-Call Notebook, which will be delivered to the on-call Supervisor for internal and external emergency response coordination in the event of a disaster.

At least annually, each division Director/Manager shall convene an EDP meeting with their supervisory staff to review this plan and discuss the practicality of its implementation. During this meeting, the supervisory staff should identify and resolve any limitations/barriers to the effective implementation, in the event of an actual disaster in our service area.

Emergency Disaster Procedures

In the event of a natural or manmade disaster, all Directors/Managers/Supervisors shall be prepared to mobilize communication teams and care staff to address client/ patient care priorities based on client EDP risk assessments and available care resources at the time (triage).

The Directors of each division, or their designees, are to be contacted by the on-call Supervisor in the event of a community or natural disaster after normal business hours or on the weekend. At the Director's discretion, other office staff will be notified to report to the office by initiating the telephone tree. A list of the current phone numbers will be maintained in the On-Call Notebook. Field staff should report to home of their first regularly scheduled client, if/when safely possible. Field staff is required to notify their Supervisor if they are unable to report to work.

All cases will be prioritized and evaluated by the supervisors and/or clinical staff. Communication with the physician will be established when appropriate.

In the event caregiver visits cannot be made, the Nursing Supervisor will provide individualized instruction regarding the specific treatment or procedure necessary to the patient or patient's family, when appropriate. Patients with emergency needs that cannot be met by the family or Phoenix, will be referred to hospital emergency departments, acute care facilities, nursing homes, neighboring home health agencies, or other available community resources.

Should telephone communication be unavailable during a crisis or disaster, office staff will seek alternate methods of communication, which might include transmission of information through local police, Red Cross officials, etc. to contact or obtain assistance for the client.

Good Samaritan Laws

Most states have enacted *Good Samaritan* laws to protect people who willingly provide emergency care to ill or injured persons. These laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim's life is endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening injuries before providing further care.
- Summon professional help to the scene by calling the local emergency number
- Continue to provide care until more highly trained personnel arrive.

Please note that the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Workplace Violence Prevention Policy

Phoenix believes it is important to establish a clear policy that specifically addresses violence and weapons in the workplace. Given the increasing violence in society, Phoenix has adopted the following policy to prevent workplace violence.

All persons who enter Phoenix or client property are prohibited from making threatening, intimidating, and harassing statements (verbal or non-verbal). Direct and indirect threats of physical violence will not be tolerated. Unlawful Possession of handguns, knives, explosives or other weapons by Phoenix employees is prohibited on Phoenix premises or while conducting Phoenix business.

This policy applies to all office and field and employees, contract and temporary employees, and visitors. All Phoenix employees are also prohibited from carrying a (an unauthorized) weapon while in the course and scope of performing their job for Phoenix, whether or not they are on Phoenix property at the time and whether or not they are licensed to carry a handgun.

Prohibited weapons include any form of weapon or explosive restricted under local, state or federal regulation including all (unauthorized) firearms, illegal knives or other weapons covered by the law. Legal chemical dispensing devices such as pepper sprays that are sold commercially for personal protection are not covered by this policy. If you have a question about whether an item is covered by this policy, please call the Human Resources. You will be held responsible for making sure that any potentially covered item you possess is not prohibited by this policy.

Violations

Failure to abide by all terms and conditions of the policy may result in discipline for employees up to and including termination. Further, carrying a (an unauthorized) weapon onto Phoenix property in violation of this policy will be considered an act of criminal trespass and will be grounds for immediate removal from Phoenix property, and may result in prosecution.

If you become aware of anyone violating this policy, please report it to the Human Resources immediately.

Gun Safety

If you become aware of a gun openly displayed in a client's home, contact your supervisor immediately. Do not attempt to move or disarm any weapon found in a client's home or possession.

If you feel your safety is in jeopardy, leave the client's home immediately and contact your supervisor.

SDS –Safety Data Sheet

Safety data sheets are kept on all chemicals used internally (office). A manual is kept on file with instructions on what to do in the event of an injury involving chemicals. Contact your HR Supervisor if this should occur.

First Aid Kits

First Aid kits are available in all Phoenix offices for the safety of our employees. Please remember the following precautions when dealing with a first aid situation:

- Gloves should be worn whenever there is a potential exposure to blood or body fluids (gloves are available in the first aid kit.)
- Bandages, tissues or gloves exposed to blood or body fluids should be placed in a trash receptacle lined with a plastic bag.

Medical Review Policy

Purpose

To assure that upon hire and throughout the duration of employment, individuals offered a job are physically able to perform essential functions of the job with or without accommodation. A physician's release may be required by Phoenix at any time following an offer of employment at the discretion of the Human Resource Department.

Policy

- A. All new workers are required to undergo a medical review screening prior to receiving a schedule.
- B. The screening described below is structured to conform to the Americans with Disabilities Act (ADA, 1990) and subsequent rules and regulations published July 26, 1991.
- C. No medical inquiries will be made or workers' compensation information gathered until after a conditional job offer (CJO) has been given to the applicant. After the CJO, the individual will be required to fill out a standard CJO and medical review form during employee orientation.

Conditional Job Offer/Medical Review and Personnel Evaluation

Personnel Evaluation:

After the candidate completes the CJO/Medical Review form, the Nursing Supervisor will review it **prior** to assigning worker a schedule. If a medical/injury history is reported, refer to section **1** and section **2** below for Nursing Supervisor's next steps. The HR Coordinator will conduct a workers' compensation claims history search in the states where the applicant form indicates work was performed.

1. Conflicting Information Present

If the medical review form completed by the individual indicates no workers' compensation claims filed and information sources indicate the contrary, the employee will be notified, and given the source of the records. The CJO will be suspended for two weeks until the individual can contact the source of the records.

If at the end of two weeks, Phoenix Home Care has not heard from the individual, the offer will be withdrawn.

If it has been determined that the individual was lying, understating the frequency or severity of the injuries, or misleading Phoenix in any way the offer will be withdrawn.

If during the two weeks, the original source of the information provides corrected information supporting the individual and/or the Safety/Risk Manager believes, based on compelling evidence, that the candidate is truthful, the CJO process is allowed to continue with step 2.

2. No Conflicting Information Present

The Safety/Risk Manager will either 1) require a job description specific work release signed by the candidate's physician according to the following parameters, or 2) issue a start Date.

Physician Release

A physician signed job description is required on all employees that have reported and or documented injuries/issues in the last 2 years, including but not limited to:

- Had an injury to back, neck, shoulder, knee, or hands.
- Had the presence of an illness related to repetitive motions such as carpal tunnel syndrome?
- Had a musculoskeletal condition or surgery involving medical treatment or a hospital stay.
- Other serious illness and injuries that may be exposed during the employment medical exam or history.

Medical Review Results

If the Nursing Supervisor discovers that the individual understated, omitted, or provided false information on the medical review form, HR is to be notified. HR will investigate the allegations and, if confirmed, rescind the job offer.

Considering the individual's job description, the Nursing Supervisor will assess the individual's condition and make a recommendation to HR as to fitness for duty. If the Nursing Supervisor believes the candidate is unable to perform the essential functions of the job (with accommodations, if requested) a physician release will be required before the candidate is given a start of work Date.

If the candidate's physician will not authorize the job description release, the HR will inform the candidate and rescind the job offer.

Medical Records

Results of the medical evaluation, including the CJO/Medical Review Form, will be kept in a secure file system isolated from other personnel files. Access will be allowed only to designated employees in the personnel department and to the employee's supervisor on a need-to-know basis. Records of individuals not hired because of the medical review process will be kept a minimum of two years.

HR Operational Policies

Phoenix has established an introductory period consisting of the first ninety (90) calendar days of employment. During this period, employee performance is carefully evaluated. It is an opportunity for the new employees to demonstrate their skills and abilities and for the new employee to evaluate Phoenix. Successful performance does not guarantee future employment. However, after the completion of the Introductory Period, regular employees, meeting certain eligibility requirements, may participate in Phoenix benefits.

Family Care Safety Registry

All Phoenix employees employed in Missouri are required to make application for registration in the Family Care Safety Registry if not already registered. All new employees hired will fill out the form during orientation class and we will register you on-line. A registration fee of \$14.25 will be deducted from your first paycheck if you are not already registered.

If an applicant/conditional employee has a “Hit” on the Family Care Safety Registry, he or she may be employed on a *conditional basis* once a completed Good Cause Waiver application has been submitted and received by the Registry. The applicant/conditional employee may not work until Human Resources confirms the Registry’s receipt of the completed application. Employment is conditional until the Family Care Safety Registry Good Cause Waiver committee issues a determination (and only if the crime would not preclude employment and the applicant is not listed on the Employee Disqualification List). If a good cause waiver is denied to an applicant on or after August 28, 2003, their employment will be terminated immediately.

The Human Resources Supervisor/Manager will review all hits on the registry and will notify those employees with hits. The HR Supervisor/Manager will check the status of any good cause waivers submitted. **If an employee does not follow through and immediately submit application for the Good Cause Waiver, their employment will be terminated.**

Employment Disqualification List (EDL)

The EDL checklist is maintained by the State of Missouri Department of Health & Senior Services. A report of neglect or abuse by an employee towards a patient, client or resident of a hospital, home care program or nursing home is documented. An individual whose name appears on this list will not be permitted to work in a home care, nursing home or hospital setting. This list is checked on all applicants at time of hire. The HR department will check the EDL at the time of hire by the Internet web site www.dhss.state.mo.us/senior_services/edl.htm which includes the date the screening, was requested. The applicant’s social security number is entered into the web site and the outcome of the screening is listed, printed and **place** into the worker’s file. If applicant/conditional employee is found on the EDL, employment is terminated immediately.

EDL quarterly updates are compared to our active *Worker Roster* by the HR department to make sure that no current employees have been placed on the EDL list since their hire date. The HR Manager will verify that this quarterly update comparison is performed.

Adult Abuse and Child Abuse Registry

Applicants whose name appears on the any Adult Abuse Registry or Child Abuse Registry may not be employed by Phoenix. This registry will be checked on each person conditionally hired to work.

Criminal Background Checks

A criminal background check is conducted through the Missouri Family Care Safety Registry (FCSR) and other required agencies on all prospective employees on or before the first day of orientation. A background check fee of \$14.53 will be charged to each new employee and payroll deducted from the first paycheck. A copy of the background check is placed in the worker's file. Any report that is not immediately available through the FCSR is requested through an investigatory agency. A national background check is conducted through an investigatory agency on all prospective employees who have lived outside the state of Missouri within the past five years. Returned background reports with "Hit" or "Clear" by each worker's name is placed in worker's file. The HR Manager reviews criminal backgrounds "Hits". If they do not meet CSR guidelines, the conditional employee will be terminated immediately.

Office of Inspector General (OIG) Checks

The OIG exclusion report is conducted through the U.S. Department of Health and Human Services, Office of Inspector General. An individual or entity on the exclusion list have been convicted of the following types of criminal offenses: Medicare, Medicaid, SCHIP (State Children's Health Insurance Program), or other State health care program fraud: Patient abuse or neglect: felony convictions for other health care-related fraud, theft, or other financial misconduct; unlawful manufacture, distribution, prescription, or dispensing of controlled substances. An individual or entity will no longer receive payment from Medicare, Medicaid and all other Federal plans and programs that provide health benefits funded by the United States, for any items or services furnished, ordered or prescribed if they appear on the exclusion report. An individual whose name appears on this list will not be permitted to work for Phoenix Home Care or any Medicare, Medicaid or Federally funded health care provider. An appeal can be filed with HHS Administrative Law Judge however; an individual would not be allowed to work for Phoenix while awaiting a determination. OIG exclusion report is run monthly on all Phoenix Home Care employees.

Dual Employment

Employees of Phoenix Home Care may not be employed by any other home care agency and remain employed with Phoenix Home Care. You may work part-time or full-time in an institutional setting, such as a nursing home. In special instances where no conflict of interest is identified, an employee may be allowed to work for another agency that provides similar services. This determination would be made by VP of Operations and approved by the President.

Legal Citizen Check (E-verify)

Screening completed to verify candidate for employment is registered to work in the U.S. Copies of the required documentation is collected upon day 1 of orientation.

Sex Offender Check

All employees are checked against the database to verify no listing on the sex offender registry.

Internal Promotions and Transfers

To apply for a vacant position, you must complete the Internal Application/Transfer Request Form and submit it to the HR department. The Hiring Supervisor will schedule interviews for qualified candidates. No more than two (2) internal applications/transfer requests will be accepted within a six (6) month period except in circumstances where approval is obtained from the regional manager and/or executive team member. Field staff employees who wish to be considered for office positions may submit a resume to the HR department for consideration. Resumes will be kept for a period of six (6) months. You must be employed for a minimum of 6 months to apply for a transfer, unless approval from regional manager or executive team member.

Quality Assurance

Our clients receive a "Survey/Report Card" at least once a year. We also contact the client on site and by telephone to help prepare your yearly performance evaluation.

Worker Injury Policy

Workers' Compensation is designed to provide medical treatment, as well as wage replacement benefits if you are unable to work because of a work-related injury or illness. The Human Resource Department is always happy to help you with any questions or problems you might have.

REPORTING ON-THE-JOB INJURIES:

In the event of an on-the-job injury or illness, regardless of how insignificant the injury or illness may appear, employees should comply with the following procedures:

1. Make sure your client/patient is safe.
2. Call your supervisor to report the incident immediately, but never later than 24 hours.
3. Complete the Phoenix Accident Kit and any other incident reports required by policy.
4. Report to the Phoenix nurse for injury triage and application of any necessary First-Aid.
5. Should further medical treatment be needed, you will then be directed to the nearest Phoenix Designated Medical Provider.

In an extreme emergency/life-threatening situation, the employee will be instructed to go to the nearest hospital/clinic. Your supervisor must still be notified, but this can be done as soon as it is safe and practicable to do so. After your supervisor is notified, the Accident Kit must also be completed and forwarded to HR. Should a work-related injury occur on a weekend, the employee must utilize the on-call system to report the incident or injury?

NOTE: All accidents and injuries should be reported to your supervisor, regardless of the need for medical treatment. Such reports allow Phoenix to address a potential safety hazard.

DOCTORS APPOINTMENTS & PHYSICAL THERAPY:

Employees are required to attend all physical therapy visits and follow-up appointments. Non-compliance with the doctor's treatment recommendations may result in termination of further workers' compensation benefits. Employees are encouraged to schedule these appointments around their regularly scheduled shifts. This will allow Phoenix to continue to provide services to our clients without interruption. Most designated medical providers are available extended hours to meet the needs of our employees.

SAFETY COMPLIANCE:

Safety is a part of Phoenix's culture and strict adherence to Phoenix Home Care's safety policies and rules is expected by all employees. An employee, who willfully fails to follow Phoenix's safety rules and policies, will be subject to disciplinary action. Employees are expected to immediately notify their supervisor of any unsafe condition and exercise caution in all work-related activities.

Should an injury occur from an employee's improper use body mechanics, the employee will be required to attend a review session with Phoenix HR to:

1. Review safety manual
2. Review videos of body mechanics
3. Demonstrate proper body mechanics with 100% accuracy
4. Retake safety quiz

Failure to attend this review session may result in suspension and/or termination.

POST ACCIDENT DRUG TESTING:

Phoenix employees may be subject to drug and alcohol testing following an injury which occurs to the employee, him/herself or another employee, customer, etc. while operating Phoenix equipment on any Phoenix property or while conducting any Phoenix business. Phoenix may also utilize drug and/or alcohol test results obtained from law enforcement officials from a vehicle accident. All employees are prohibited from consuming alcohol after an accident until he/she has been tested or eight (8) hours have elapsed, whichever occurs first. A positive drug screen result or refusal to submit to a drug/alcohol test at the time designated by Phoenix may adversely impact an employee's workers' compensation claim or employment status, or both.

MODIFIED DUTY PROGRAM:

Studies have revealed that Modified Duty Return to Work Programs have been very successful in improving outcomes for injured workers. Employees participating in such programs benefit financially, physically, and emotionally. Phoenix Home Care will make every effort to provide modified duty assignments for our employees injured on the job. However, the following guidelines must be followed:

- Employees will provide an updated work status reports, outlining their restrictions, to their supervisor following each doctor's visit.
- Modified duty assignments are **temporary** in nature and are not meant to be a permanent position. The employee's progress and restrictions will be reviewed every 30 days, up to a maximum of 90 days.
- Compliance with the imposed restrictions is absolutely required.
- Any exception NOT to accommodate modified duty restrictions must be approved by Phoenix.
- Employees and Supervisor participating in the program must review and sign the Modified Duty Acknowledgement and Agreement.
- During the "modified duty" all Phoenix policies are still in full force, including but not limited to:
 - Calling In/Cancelling shifts
 - Timesheets
 - All Phoenix Policies are to be followed
 - Adhering to schedules
 - Proper Attire
 - Conducting oneself in professional manner
- Failure to follow policies set forth in this handbook will result in disciplinary action up to and including termination as deemed appropriate by supervisor.

MISREPRESENTATION/FRAUD:

If an employee knowingly misrepresents any fact in order to obtain workers' compensation benefits, they have committed an unlawful act. If an employee is found guilty of such unlawful act, they may face a fine, imprisonment, or both. This might include misrepresenting your abilities or medical condition, modifying medical records, or working while receiving wage replacement benefits. Fraud costs everyone and all such cases will be pursued by Phoenix Home Care through every legal avenue available.

Infection Control Policy

Introduction

The following policies, procedures and protocols are designed to reduce the risk of and prevent the transmission of communicable diseases. Phoenix will provide initial education and training on the essential elements of infection control to all caregivers who have a potential for exposure. Follow-up training will be provided at least annually so that accurate knowledge is maintained by our caregivers. These policies must be observed by all personnel providing patient care as part of routine infection control.

Employee Health Assessments

Before an employee can begin duty, a health inventory and screening will be conducted by a licensed medical professional. The agency nurse will provide the Health Assessment Questionnaires during orientation and prior to any client assignment. The Health Assessment Questionnaire seeks information regarding the employee's immunization history as well as information of any medical conditions or injuries, which may predispose the employee to transmission of an infectious disease. If health /safety concerns are determined as a result of the initial Health Assessment, Phoenix may require the employee to obtain a medical release from the employee's physician prior to assigning any work. (See also Medical Review Policy, pages 42-43.)

Federal Regulations

The Occupational Safety and Health Administration (OSHA) is a regulating agency that determines the health and safety risks an employee might encounter while performing assigned work duties and mandates employers to follow certain guidelines to protect employees.

In 1991 OSHA determined there were certain risks healthcare workers experience while providing patient care. The **major risk** is exposure to Bloodborne Pathogens. To protect the healthcare workers from bloodborne pathogens, and other disease-causing organisms or germs, OSHA mandated all healthcare providers to implement the "*Bloodborne Pathogen Final Rule*" in December of 1991. In 1996 CDC (Centers for Disease Control), wrote and published changes to the original "*Bloodborne Pathogen Final Rule*". These changes clarify some of the work practice issues that were not easy to interpret. Accordingly, at Phoenix, we follow the 1991 "*Bloodborne Pathogen Final Rule*" with adaptations by CDC in 1996.

According to the above regulations all healthcare providers are mandated to have a written **Exposure Control Plan**. The exposure control plan will define how the healthcare employer plans to protect their employees from exposure to bloodborne and other pathogens while performing their assigned patient/client care tasks. Each exposure control plan identifies, by job description, employees who may be at risk for exposure to bloodborne pathogens and tubercle bacilli and defines specific work practices to follow to minimize your risk of exposure to these and other germs. Phoenix's **Exposure Control Plan for Bloodborne Pathogens and Tuberculosis**, is filed in the "Infection Control Employee Health Policy" and is available for all employees to review.

Methods of Transmissions

Pathogens are micro-organisms that may be present in human blood and/or body fluids and could cause disease in persons who come in contact with the organism. There are three main methods of pathogen transmissions described as follows:

Bloodborne

Micro-organisms present in human blood and body fluids. Blood is the single most important source of infection in the workplace. Transmission requires contact with Infected Blood, Body Fluids, Non-Intact Skin or Mucous Membranes.

Airborne

Tiny pathogens are expelled into the air when an infected patient sneezes, coughs, talks, laughs, or sings. The droplets are so tiny they can float on air currents. Transmission requires being in close contact with an infected person that the pathogens are inhaled into the lungs of healthy persons.

Droplet

Pathogens that are spread by respiratory secretions generated when a patient coughs, sneezes and/or laughs. Droplet pathogens are larger in size and heavier than airborne microbes and thus are usually confined to an area within 3 feet of an infected patient.

RISK OF INFECTIONS RESULTING FROM EXPOSURE TO BLOODBORNE PATHOGENS

What are the **BLOODBORNE PATHOGENS** you are most likely to come in contact with as a healthcare worker?

- HEPATITIS B VIRUS (HBV), considered a 30% risk rate
- HEPATITIS C VIRUS (HCV), risk rate is not known at this time
- HUMAN IMMUNODEFICIENCY VIRUS (HIV), which has a 3.4% risk rate

The degree of risk varies with each virus depending on type of virus, extent of exposure, and how infective the patient is at the time of exposure. A summary of each virus is contained below.

Hepatitis B Virus (HBV)

Hepatitis B attacks the liver causing inflammation of the liver cells and usually goes away after several weeks to months. The majority of persons infected with Hepatitis B recover without complications and are immune to future Hepatitis B infections. However, Hepatitis B can cause chronic, lifetime infection with risks of liver damage, liver failure, cirrhosis or liver cancer. Persons infected with Hepatitis B, with or without symptoms, can transmit the virus to others as long as the virus is present in their liver. When the virus is gone from the liver, that person is no longer considered infectious. Laboratory blood tests are used to determine if someone is infectious to others.

Signs/Symptoms

- Minimal to no signs/symptoms of the infection
- If symptoms are present, noted nausea, loss of appetite and extreme fatigue
- Only 1/3 of the persons infected have severe illness with nausea, abdominal pain, malaise, fever, rash and jaundice

Is there a vaccine to prevent Hepatitis B infection? YES.

- Series of three (3) shots given over a period of six (6) months
- Administered by injection into the upper arm deltoid muscle
- After receiving all three (3) injections, the vaccine is considered to be 90% effective, to protect against the Hepatitis B virus in the healthy adult.

Who should not receive the Hepatitis B vaccine?

- Persons who have received the Hepatitis B vaccine series of three (3)
- Persons who are immune to Hepatitis B through antibody testing.
- Persons who are allergic to yeast/yeast products or mercury.
- Persons who are taking antibiotics/steroids at the time of vaccination.

The Hepatitis B vaccine only protects you from Hepatitis B. The vaccine does not protect you from Hepatitis A or C, Staph, Strep, Pseudomonas or any other bugs/germs.

Is there treatment to prevent infection after exposure? YES.

- An injection of Hepatitis B Immune Globulin (HBIG), given within three (3) days of an exposure, no later than one week after exposure, will reduce the risk of infection in persons who have not previously received the vaccine.

Hepatitis C (HCV)

Hepatitis C also results in inflammation of the liver cells. Hepatitis C is less likely than Hepatitis B to cause infection, but more likely to cause a chronic infection. Up to 50% of the population who test positive for the virus will develop chronic, lifetime infection and are at increased risk for liver damage, liver failure, cirrhosis and cancer. Persons who test positive for the virus, whether they do or do not have symptoms, are considered infectious to others.

Signs/Symptoms

- Same as Hepatitis B. May have no symptoms or possibly mild Flu like symptoms.
- Is there a vaccine to protect against Hepatitis C infection? NO
- Is there treatment to prevent infection after exposure? NO

The ABC's of Hepatitis

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
What is it?	HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease.	HBV is a virus that causes inflammation of the liver. The infection can cause liver cell damage, leading to cirrhosis, cancer and death.	HCV is a virus that causes inflammation of the liver. This infection can lead to cirrhosis and cancer.
How is it spread?	Transmitted by fecal oral route, through close person-to-person contact or ingestion of contaminated food and water.	Contact with infected blood or body fluid, i.e. semen, vaginal secretions, sexual contact, contaminated needles, tattoo/body piercing or other sharp instruments. Infected mother to unborn child and human bites.	Contact with infected blood, contaminated IV needles, razors, tattoo/body piercing and other sharp instruments. Infected mother to newborn. It is not easily transmitted through sexual contact.
Symptoms	May have no symptoms. Adults may have light stools, dark urine, fatigue, fever and jaundice.	May have no symptoms. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.	Same as HBV.
Vaccine	Two doses of vaccine to anyone over the age of two.	Three doses may be given to persons of any age.	NONE

Who is at Risk?	Household or sexual contact with an infected person or living in an area with HAV outbreak. Travelers to developing countries, homosexual men, and IV drug users.	Infant born to infected mother, having sex with infected person or multiple partners, IV drug users, emergency responders and healthcare workers, homosexual men, and hemodialysis patients.	Anyone who had a blood transfusion before 1990; healthcare workers, IV drug users, hemodialysis patients, infants born to infected mother, and multiple sex partners.
Prevention	Immune Globulin or vaccination. Wash hands after going to the toilet. Clean surfaces contaminated with feces, such as changing tables.	Vaccination and safe sex. Clean up blood with bleach. Wear protective gloves when touching blood. Do not share razors or toothbrushes.	SAFE SEX. Clean up blood with bleach. Wear protective gloves when touching blood. Do not share razors or toothbrushes.

Human Immunodeficiency Virus (HIV)

HIV attacks the body's immune system and eventually destroys the body's ability to fight infections. Once positive for HIV, it is a lifetime and ultimately fatal condition.

Signs/Symptoms

- fever, swollen lymph glands, fatigue and/or rash
- may have no, or minimal signs/symptoms initially
- signs and symptoms usually occur a few weeks after infection with the virus
- Symptoms soon resolve and no signs/symptoms may be noted for months, even years later when an opportunistic infection occurs.

Persons who test positive for HIV, with or without signs/symptoms, can be infectious to others.

Is there a vaccine to prevent HIV infection? NO

Is there a treatment to prevent infection? NO

Is there treatment to reduce risk of infection after exposure? Yes

Recent studies have shown a significant reduction in sero-conversion of healthcare workers exposed to HIV on the job, when they begin a multi-drug regimen within two (2) hours of a known exposure to HIV. It is imperative that you report a suspected exposure to your supervisor within one (1) hour of occurrence.

RISK OF INFECTIONS RESULTING FROM EXPOSURE TO AIRBORNE & DROPLET PATHOGENS

Healthcare workers also have a higher risk of transmitting infections spread by ***Airborne Pathogens and Droplet Pathogens*** (respiratory secretions).

Examples include:

Tuberculosis

Measles

Mumps

Bacterial Meningitis

Strep Throat

Rubella

The degree of risk varies with each illness depending on the type of organism, extent of exposure, and how infective the patient is at the time of exposure.

Tuberculosis

Tuberculosis is a communicable airborne disease caused by the tubercle bacilli. Tuberculosis is spread primarily by tiny airborne droplets that are expelled into the air when a person with untreated TB disease of the lungs sneezes, coughs, talks, laughs, sings and/or spits. These droplets are so tiny they can float on air currents. Being in close contact with someone who has untreated TB disease places you at high risk to inhale the tiny bacilli into your own lungs and become infected with the tubercle bacilli.

Population at Risk

- Elderly Population
- Persons with TB infection
- Persons with diabetes
- Persons with HIV
- Persons with cancer, leukemia, Hodgkin's, etc.
- Persons emigrating from other countries
- Persons receiving chemotherapy/radiation therapy
- Persons who are immuno-compromised
- Health Care Workers (risk is dependent on how infectious the client is, amount of time spent with the client in a close environment, room ventilation, and your own health status)

Employees who have contact with a client suspected to have or who has a diagnosis of untreated TB disease will be offered a baseline TB skin test. A repeat skin test is performed in 10-12 weeks to determine if they have inhaled the tubercle bacilli.

Signs, Symptoms & Stages

TB INFECTION	TB DISEASE	TB DISEASE OF LUNGS
Positive TB Skin Test Negative Chest X-ray No Clinical Symptoms Does not infect others	Loss of Appetite Loss of Weight Weakness/Fatigue Persistent Fever Night Sweats Can Infect Others	Persistent Cough Coughing up mucous, blood Chest Pain when coughing Infiltrate on Chest X-ray Can Infect Others

Treatment & Prevention

- Multi-drug therapy treatment (3 or more medications for 6-9 months)
- Know the signs/symptoms of TB disease
- Report any client who is exhibiting signs/symptoms of TB to your supervisor
- Report the client who is *non-compliant* in taking prescribed TB drug(s)
- Encourage patients who cough to use a disposable tissue to contain respiratory droplets
- Wash your hands after handling tissues and coming in contact with respiratory secretions
- Wear a HEPA Filter Mask when directed (after being fit tested)

Communicable Disease

All Phoenix field employees must report any symptoms of communicable condition, including colds or flu to a Nurse Supervisor, Scheduling Supervisor or Clinical Manager. If signs or symptoms of a communicable condition are being displayed, the in-home employee must not go into the client's home and must call the office regarding canceling client shift(s). The RN Nursing Supervisor will comply with reporting requirements governing communicable diseases, including hepatitis and tuberculosis, as set by the Missouri Department of Health and Senior Services, accordingly.

Signs and symptoms of communicable diseases.

AIDS	Leprosy (Hansen disease)
Anthrax	Lyme Disease
Botulism	Malaria
Brucellosis	Measles (rubeola)
Chancroid	Meningococcal disease
Chlamydia trachomatis infectious	Methemoglobinemia
Chickenpox (varicella)	Mumps
Cholera	Pertussis (whooping cough)
Coccidiomycosis	Poliomyelitis
Congenital rubella syndrome	Plague
Cryptosporidiosis	Psittacosis (orthosis)
Diphtheria	Rabies, animal
Encephalitis, CA serogroup viral	Rabies, human
Encephalitis, eastern equine	Rocky Mountain Spotted Fever
Encephalitis, St. Louis	Rubella (German Measles)
Encephalitis, western equine	Salmonella infections
Escherichia coli	Shigellosis
Gonorrhea infections	Streptococcal disease, invasive, group A
Hemophilia's Influenza	Streptococcus pneumoniae, drug resistant
Hemolytic uremic syndrome	Streptococcal Toxic Shock Syndrome
Hepatitis A	Syphilis
Hepatitis B	Tetanus
Hepatitis (non-A non-B)	Trichinosis
HIV infection (pediatric)	Tuberculosis
Kawasaki	Typhoid Fever
Legionellosis	

HEPATITIS B VACCINE PROGRAM SIGNATURE SHEET:

Refer to Handout in Orientation Paperwork Booklet.

Standard Precautions

In 1996 CDC (Centers for Disease Control) "fine-tuned" the 1991 OSHA Bloodborne Pathogen Rule. The term *Universal Precautions* was changed to *Standard Precautions*.

Standard Precautions are to be followed:

- When providing care for all clients
- Whether the client has a recognized or unrecognized infection/disease
- To protect employee and patient from exposure

The risk of workplace exposures can be significantly reduced by practicing Standard Precautions. These regulations are summarized below.

Personal Protective Equipment (PPE). Healthcare workers are to wear appropriate Personal Protective Equipment (PPE) when there is a **“likelihood of”, “potential for” and/or “anticipated” contact with one** of the following:

- **Blood** (all blood and blood products)
- **Any body fluids** (all excretions and/or secretions, except sweat, regardless of whether or not they contain visible blood)
- **Non-Intact Skin** (broken skin, wounds, rashes)
- **Mucous Membranes** [the fragile tissue that lines passages and cavities of the body communicating with the air. Mucous membrane lines the eyes, nose, mouth, vagina, rectum, urethra and areas around surgical stomas (i.e. colostomy, tracheotomy and gastrostomy)].

Personal Protective Equipment Options & Recommended Usage

Gloves are the most frequently used PPE and may be latex or vinyl. Gloves are a protective barrier to prevent your hands from coming in direct contact with blood and/or body fluids, the mucous membrane and/or non-intact skin to avoid transmission of organisms to you.

Glove Usage Procedures

- Put on gloves when you anticipate coming in contact with blood, any bodily fluid except sweat, mucous membranes or non-intact skin to avoid transmission of organisms to you.
- Change gloves after tasks that involve a high concentration of microorganisms.
- Remove gloves promptly after use, before touching non-contaminated items and before caring for another client.
- Remove gloves in a manner to prevent contamination of your hands.
- Wash hands before putting on and after removing gloves.
- Be careful not to contaminate environmental surfaces with contaminated gloves. You may need to use a paper towel in your hand to do certain tasks such as opening a door.
- Nurses must wear gloves during vascular access procedures.

Face Shields, Surgical Masks or Goggles are used as a barrier to protect the eyes, nose and mouth from splashes of blood and/or other moist body substances. Masks may be used to reduce the risk of transmission of *Airborne Pathogens* such as measles, chickenpox and tuberculosis. Masks are also used to reduce the risk of transmission of *Respiratory Droplet* secretions. These secretions are generated into the air from oral, nasal and respiratory passages when the client coughs or sneezes. Examples are: bacterial meningitis, strep pharyngitis, mumps and rubella.

Gowns are used as a barrier to protect your skin and/or your personal clothing from being contaminated with blood/body fluids. Remove soiled gowns as soon as possible and place in household trash after use.

HEPA (High Efficiency Particulate Air) Respiratory Masks filter tubercle bacilli from the air. The pores of these masks are smaller than in a regular surgical mask because they filter the tiny organisms/germs that cause Tuberculosis (TB). HEPA masks are worn when providing care for a client with active/untreated disease.

Policies Regarding the Use of PPE(s)

1. Personal Protective Equipment is only used once
2. Personal Protective Equipment is discarded in household trash
3. You are responsible to select the proper PPE and wearing it when indicated
4. You are responsible for requisition of the PPE necessary to perform each assignment
5. Personal Protective Equipment must be removed before leaving the work area

Engineering Controls

Engineering controls or safety devices are designed to isolate or remove bloodborne pathogen hazards from the workplace.

Controls you are expected to use are:

1. Sharp Containers to dispose of used needles
2. Carriers supplied to transport lab specimens

Handwashing - *the single most important measure we can take to prevent the spread of infection!!!*

Hands are to be washed after touching blood, body fluids, secretions, excretions and contaminated items. Hands are to be washed immediately after removing gloves, between client contacts and when otherwise indicated, to avoid transfer of micro-organisms to clients or environment.

Center for Disease Control emphasizes it may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

Hand Washing Procedures

1. Wash hands briskly under warm, running water to create friction
2. Wash hands for a minimum of 15 seconds
3. Liquid soap is preferred - anti-microbial soap is not routinely used
4. Clean knuckle area, between fingers, under fingernails and rings
5. Fingernails should be trimmed short, keep rings to a minimum
6. Dry hands thoroughly - preferably a paper towel
7. Use a paper towel to turn off the faucet, discard in household trash

Infectious Waste Disposal- Many occupational exposures have been linked to the disposal of sharps, lab specimens, and other medical supplies. Therefore, the following disposal procedures were implemented to reduce the potential for an occupational exposure.

Sharps – (generated by *Phoenix Nurse*) are disposed of, immediately after use, in a rigid, leak proof, closable and lockable container labeled with a biohazard symbol. The containers are supplied by Phoenix.

Sharps – (generated by the *client or client's family*) are to be placed in a collapsible rigid container such as liquid detergent, liter pop bottle or similar container. Urge the family to inform their trash handler that the household will be generating sharps. Sharps and sharps containers generated by the clients are NOT transported to any of Phoenix's Biohazard Rooms.

Sharps Procedures

- Do not recap contaminated (used) needle
- Do not remove used needles from syringes by hand
- Do not purposely bend or break needles by hand
- Close sharps container between each use, lock container when 2/3 full
- Nurses take locked sharps containers to a Phoenix Biohazard Room for final disposal
- If a needle or lancet is found on the floor use the following safety steps in handling the situation:
 1. Have client or client's family pick up sharp.
 2. Put on glove and carefully pick up sharp and place in sharp container.
 3. Call the Nursing Supervisor anytime sharps are found on the floor or in the trash.

Call the office within one hour if a needle stick occurs at the client's home.

Body Fluids - carefully pour urine, suction secretions, vomitus and other body fluids in the toilet. Bleach can be poured into the toilet bowl as a disinfectant. Take care to avoid splashes to eyes, nose and/or mouth.

Disposable Care Items - oxygen tubing, suction tubing, urinary catheter bag/tubing is double- bagged” in plastic or paper bags before placing in the household trash.

Dressing/Bandages - are placed in a plastic bag at point of removal. Dressings are “double bagged” before placing in the household trash.

Lab Specimens - container is placed in a “zip lock” bag at point of collection, then in a rigid, closable container prior to leaving the client’s home. The “transport container” must be labeled with a **BIOHAZARD WARNING** label. Transport containers are cleaned when visibly soiled and at least monthly with approved disinfectant. This “transport carrier” is considered *dirty* and is *not used* to transport medications.

Medical Supplies & Equipment Procedures-The following best work practices should be followed on all nursing supplies and equipment.

Thermometers: ORAL: cover with a disposable sheath prior to each patient use. After each use, remove disposable sheath, wipe with 70% alcohol, allow to air dry. RECTAL: used for rectal temperatures only and NOT shared between clients.

Stethoscope - bell is cleaned with 70% alcohol when contaminated and/or visibly soiled. Earpieces are cleaned with 70% alcohol, before use, when shared between persons.

Blood Pressure Cuffs - are cleaned when contaminated or visibly soiled and monthly. Cuffs can be cleaned with soap, warm water and rinsed with clear water. Spraying with disinfectant supplied by Phoenix is also an acceptable method of cleaning.

Transport of Patient Care Items - are performed in a manner to preserve cleanliness of each item. Clean equipment/supplies are transported and stored in an area away.

Expiration Dates of supplies and medications are to be checked by the user to assure item is “in date”.

Disposable Resuscitation Masks are available to staff designated to be CPR certified.

Patient/Client Care Environment Practices - Regular housecleaning and disinfection is essential, particularly in the kitchen and bathroom areas.

Housekeeping - walls, floors and other environmental surfaces have not been associated with transmission of infection to healthcare workers. Household cleaning is done in a matter consistent with the client request/household routine.

Bedpans, Commodes, etc. - with a household detergent and hot water is adequate in most cases. Item can be sprayed or wiped with household disinfectant after cleaning, then allowed to air dry.

Dishes - no special precautions are needed. Hot water and detergent should be sufficient. Remember to wash your hands prior to preparing or serving meals to the client.

(NOTE: Hepatitis “A” virus is transmitted by the “oral-fecal” route. When an infected person prepares food without properly washing their hands after using the bathroom or when a person infected with the virus shares food and/or eating utensils.)

Laundry - linen and patient clothing soiled with blood and/or body secretions/excretions are considered contaminated and a vehicle to transmit pathogens. Linen and/or patient clothing should be handled as little as possible, not agitated, shaken or waved in the air, held away from you when carrying or transporting and washed in hot water and detergent. Bleach can be used as a disinfectant for soiled laundry.

Common, economical household disinfectants are:

- Bleach (1-part bleach to 10 parts water)
- Lysol
- Isopropyl Alcohol (70%)

Reporting an Occurrence -If during the course of a care visit you need to report a possible exposure to bloodborne pathogens:

- DON'T PANIC!
- Make sure your client/patient is safe
- Immediately wash the exposed skin with soap and water
- Immediately flush any exposed mucous membrane with water
- After first aid treatment, report the incident to your supervisor
- DO NOT DELAY reporting the occurrence to your supervisor
- Follow-up procedures need to be started within one (1) hour of occurrence

Transmission-Based Precautions

You know to follow *Standard Precautions at all times while providing care for all patient/clients*. You may be asked to implement *Transmission Based Precautions*.

Workplace Transmission of Bloodborne Pathogens

- A contaminated object pierces, punctures or cuts your skin
- Blood/body fluid **splashes to the mucous membranes** (mouth, eyes, nose)
- Non-intact skin (open cuts, chapped hands, dermatitis or acne) is contaminated by spills and/or splashes or blood/body fluid. Risk of transferring germs from **contaminated surfaces**
- (Bedpans, commodes/bathroom stools) by unwashed hands.

Exposure Prevention

- Follow Standard Precautions when providing care for all clients
- Wear Personal Protective Equipment (PPE) to provide a protective barrier

Alzheimer's Disease

Alzheimer's Facts:

- Alzheimer's attacks the brain
- It is the most common kind of dementia; a disease that makes a person unable to think, remember or reason.
- At first, the disease makes the person forget. With time, thinking becomes harder, and the person has a difficult time with everyday tasks. In the end, a person with Alzheimer's cannot think or do simple tasks like bathing or brushing their teeth.

Alzheimer's disease is not part of normal aging; aluminum pans or foil does not cause it. A person doesn't catch it like the common cold. It can't be prevented. Once a person has it, it doesn't go away. The symptoms of Alzheimer's disease slowly worsen over time. The actual symptoms of the disease and the degree to which they occur vary considerably from client to client, but usually include the following:

Language Problems

The person with Alzheimer's cannot find the right word or name, and may use jargon or "nonsense" words to try to communicate loss of sense and time and place. The person may become increasingly confused about what day of the week it is, or forget the way to well-known places. As the disease worsens, perhaps after several years a person with Alzheimer's may no longer recognize family members or even his surroundings. This is a very difficult symptom for the family to deal with. They have lost the power to reason. If the client appears to be not listening or not receiving, leave him or her alone.

Nutrition

As the disease progresses, the care provider will need to institute intensive feeding efforts. Food cannot be placed in front of the client, because the client will forget to eat. Some clients will put the food in their mouths and forget to chew or swallow. Encourage the client to swallow by rubbing their throats. Allow the client to eat with his or her fingers if they choose. Make the client milk shakes between meals.

Bathroom

Take the client to the bathroom every two hours. In some cases, the client will not be able to remember where the bathroom is. Mark the bathroom door with a red ribbon. Tell them to look for the red ribbon.

Stages of Alzheimer's

Most of the time, a person with Alzheimer's goes through three stages. Depending on when the person finds out he has the disease; he may not be in stage one.

Stage One	Stage Two	Stage Three
No initiative Mood/personality changes Suspicious/Paranoid Slow to learn or react Low tolerance/angry	Continues to remember less Forgets more quickly Confused about time and place Poor judgement May not know family/friends May need someone to watch/help all the time May forget proper place to dress	Can't use words to communicate Unable to talk Needs care all the time Wets and soils clothing Approach the person very slowly Show and tell before doing task Touch the person well as using words to communicate

Remember, the person with Alzheimer's does not act this way on purpose; the disease causes him to act this way. To help a person with Alzheimer's you need to be a good listener, watch their eyes, and other body language and then respond. Try to understand the person's anger and confusion. Offer support in times of confusion. Make the home safe.

When the person with Alzheimer's disease is having a difficult day:

- Stay calm and be understanding.
- Be patient and flexible.
- Look for reason for each difficult behavior.
- Respond to the emotion such as fear or loneliness, not the action.
- Confusion causes fear, which may make the person with Alzheimer's want to "fight or flee." If you prevent the fear and provide comfort, this can cut down problems.
- Don't argue or try to convince.
- Let the person know you have heard and understand his requests, then respond to them.
- Accept the actions as a part of the disease and try to work through it.
- Try many different solutions.
- Find other things the person can do when he starts to act up.
- Use memory aids or objects like pictures or food to distract the person.
- Remember that when the person is acting difficult, he would act this way with any caregiver, not just you, at this time.
- Talk to others about your situation.
- Find time for yourself.
- Call the Alzheimer's Association help line for other ideas.

Remember:

Caregivers should talk with one another about the way the person with Alzheimer's is acting to make sure you each are handling issues the same way. Consistency and routine are important when caring for a person with Alzheimer's disease. If these behaviors become more difficult, talk to them with your supervisor.

Communication

Verbal:

- Use short words
- Do not use pronouns
- Use simple sentences
- Identify yourself, it helps the patient to remember names

Non-Verbal:

- Be sure your manner is calm and unhurried
- Most dementia patients respond well to touch – use it to get attention and Look directly at the patient when communicating with him/her
- Be pleasant, serious (as appropriate) and respectful

Listening:

- Listen carefully – You may get only one clear word to help you understand
- Observe gestures – Patients will rely on these, when words fail
- If you do not understand, listen for words closely related to the words the patient uses, i.e., mother for wife
- Encourage the patient to show you if/when words fail
- Provide word lists or pictures. Some patients can point to a few correct words

General Rules:

- Accommodate for those that have a loss of hearing
- Reduce distraction and outside noise
- Go slow – be patient
- Do not insist on reality
- Do not argue. You never win!
- Do not challenge and question beyond the patient's ability
- Show that you care

Behavior Management

- When dealing with challenging behavior:
 - DO NOT take personal offense
 - DO NOT raise your voice
 - DO NOT become confrontational
 - DO NOT crowd the person
 - DO NOT approach the person from behind
 - DO NOT approach the person rapidly
 - DO NOT attempt physical contact
 - DO NOT tease or ridicule the person
 - DO NOT show fear, alarm or anxiety
 - DO NOT use physical restraint
 - REMAIN CALM
 - RESPECT the person's personal space
 - LISTEN to the person's complaints
 - AFFIRM the feelings behind the behavior
 - PROVIDE alternatives or distractions
 - SEEK help, or remove yourself from the situation
 - ASK others to either withdraw or refrain from interfering
 - DISCUSS successful strategies with other staff members
 - IDENTIFY the who, when, why and what of challenging behaviors
 - SPEAK slowly while reassuring the person, make eye contact, place your body at his/her level

** Adapted from the National Alzheimer's Association*

Promoting Independence and Activities of Daily Living

The Alzheimer's Association recommends some creative ways to promote independence and keep the patient involved in activities of daily living.

Things to do with the Person Who Has Alzheimer's disease:

- Clip coupons
- Sort poker chips
- Count tickets
- Rake leaves
- Use the carpet sweeper
- Read out loud
- Bake cookies
- Look up names in the phone book

** Adapted from the National Alzheimer's Association*

Understanding Family Issues

Early Stage

Fear of what will happen to them and their loved one
A longing to take away the difficulty that their loved one is having
Unrealistic views of what is happening to the person with Alzheimer's. They may think the person is faking

How You Can Help

Listen to families tell their stories.
Talk to families about the things the person with Alzheimer's can still do/
Tell family members about the good things that your patient does while you are with him.
Tell them it is OK to be afraid.
Refer them to their Alzheimer's Association.

Middle Stage

Handling the denial from the person with Alzheimer's
Having to take on new responsibilities that they are not used to
Becoming worn out
Guilt for all kinds of reasons often related to thinking they should be doing more
Loneliness

How You Can Help

Listen
Encourage them to use friends and family members for respite
Remind them that they are doing the best they can and that is all anyone can ask.
Do not take changing moods or anger personally. It is part of grief.

Late Stage

Pressure around trying to make the "best" decisions and choices. Whether it is placement in a nursing home or other types of treatment.
Struggles with all of the people that take part in making decisions for the patient. This might mean health care workers, doctors and other family members.
Missing the person

How You Can Help

Listen
Do not judge their decisions. Remind them that any decision made out of love is the right one.
Help them think about what the person with Alzheimer's would have wanted.
Allow them to openly show their feelings.

Safe Lifting and Transfer Policy

INTRODUCTION

Every day a health care worker suffers a debilitating injury from lifting, moving, or repositioning a patient. These often-painful injuries can result in lost days from work, extensive medical treatment, and even permanent disability. However, with effective body mechanics training and posture, you can significantly reduce your chances of sustaining a serious injury. Body mechanics training involves placing the least amount of stress on your body while performing physical activities. Posture involves maintaining your spine's natural curves so that the weight is evenly distributed. Use the following back saving principles into your patient lifts and transfers:

Basic Principles of Good Body Mechanics & Back Safety

- Heavy objects or people should not be lifted without the assistance of another person or mechanical device.
- The body should be balanced whether standing, walking, squatting and/or rising, (use wide stance and keep the body centered over the base of support increasing stability of an upright position).
- The feet should be kept flat on the floor. Do not balance on the toes.
- Movements should be smooth and rhythmic.
- When lifting or carrying heavy objects, lift with your legs--not your back--by squatting and bending with your knees. Hold the object as close to the body as possible. Do not twist.
- The lifter should face the direction in which he/she intends to move.
- One foot should be in advance of the other (in the direction of the move) in all bending, reaching, moving, and stooping motions.
- Objects should be moved or slid along level surfaces if possible, rather than lifted.
- Body weight should be used whenever possible to push or pull objects.
- Flex the knees and hips. Use the largest muscle of the trunk and thighs rather than the arms and back.
- Keep work levels between waist and chest level, whenever possible.
- Maintain the back's three natural curves by being aware of your posture and correcting it.
- Use proper footwear with non-slip soles and supportive.

The following are guidelines for safe lifting and client transfers. Remember you are only blessed with one back in your lifetime, so protect it by following the rules for safe lifting.

Basic Lifting & Carrying

- Evaluate and plan the task, before acting
- Clear work area - make sure you have ample room to maneuver
- Stand close to the object
- Spread feet in a wide stance to distribute weight evenly - keep feet flat
- Squat bending knees and hips
- Keep head up and back straight
- Contract stomach muscles
- Lift by straightening legs in a steady upward thrust - back to vertical position
- Do not twist while lifting, pivot with hips and shoulders in line and shift weight
- Keep load close to the body and over the feet.

Lowering Objects

- Spread legs to hip width and lower load between feet
- Hold back straight and steady, even when leaning forward
- Lower in a slow and even manner, bending legs

Lifting Client in Bed

One Person Lift

- Raise bed to hip level, if possible
- Ask client to assist by pushing against the mattress with feet or elbows
- Lower head of bed
- Place hands under client's shoulders and waist
- Keep feet wide apart, knees bent
- Point toes in direction of move
- Contract stomach muscles and slides client up as client pushes with feet or elbows
- Count 1-2-3 then tells client to PUSH
- Stay low, do not twist while moving
- Shift weight from side to side

Two Person

- Place a draw or pull a sheet under client's torso
- Ask client to assist by pushing against mattress with feet or elbows
- On signal, both lift client to top of bed
- Same body motion as One-Person Lift

Transferring

Transferring is the procedure used to assist a person to move from a bed to a commode or chair/wheelchair, and back again. The person to be transferred must be able to bear their own weight (i.e., stand with little assistance). If a non-weight bearing client needs to be transferred, call your Supervisor. We will need to see what resources are available for assistance, such as help from the family or the use of a Hoyer lift. *DO NOT attempt to transfer a client who is unable to assist you, unless special equipment is available and client is authorized for Advanced Personal Care Services.*

Bed to Chair/Wheelchair - One Person

- Explain procedure to client
- Adjust bed to level of chair, if possible
- Place chair beside bed and remove arm and foot rests
- Lock chair wheels
- Raise the head of bed
- Move client's feet and legs to side of bed
- Raise client to sitting position, move toward edge of bed
- Never leave client at this point (make sure client is not dizzy or lightheaded)
- Place transfer belt around client's waist
- Client places hands on aide's shoulders, not neck
- Place knees against client's knees, stabilizing client's feet with own feet
- Stay low, keep knees and hips flexed
- Move client to standing position using transfer belt and straightening knees
- With client standing, pivot around using small steps
- Client grasps chair arms as both slowly bend knees lowering client to chair
- Remain close to client
- Avoid client holding onto neck, stop until client's hands are properly positioned
- Keep head up, back straight, stomach muscles contracted, no twisting
- Fasten safety belt and reposition feet on the foot rest

Home Safety Standard Policy

Electrical Safety

- Replace frayed cords.
- Cords should not be placed beneath furniture and rugs.
- Extension cords should not be overloaded.
- Locate space heaters away from flammable material and passageways.
- Always turn off heating pad before going to sleep.
- Use nightlights in bedrooms and bathrooms.

Environmental Safety

- Carpet edges should be tacked down.
- Loose rugs, runners or mats should be secured with rubber matting.
- Torn, worn or frayed carpet should be repaired, replaced, or removed.
- Stairs and hallways should be well lit and free of clutter.
- Stairs should have sturdy well-secured handrails.
- Properly stored household cleaners and chemicals.
- Locate at least one telephone with emergency numbers posted nearby.
- Tubs and showers should have a textured surface to avoid falls.
- Check water temperature with your hand if providing bath care.
- Medications properly labeled and stored.

Handling Animals/Pets

- If a client has a menacing animal, ask that it be secured in another room during your visit.
- If confronted by a threatening dog, don't run. This triggers the chase instinct in dogs. In a LOW VOICE say: "Go Home", "Sit", "Stop", and remain still until the dog leaves or calms down. Then back away from the dog.
- If a dog does attack, use your bag, or any other item to defend yourself. If you are knocked down, curl into a ball and keep your hands over your face, neck and ears.

Pets no longer refer to dogs, cats, or birds. There are exotic animals living inside & outside. Be aware of the animal's personality and ask that the animal(s) be contained.

Safe Driving Practices Policy

Driving is probably the most dangerous thing you do. Approximately, 44,000 people die each year in traffic related accidents. It is the number one cause of work-related fatalities. To stay safe on the road, obey the Rules of the Road and take the necessary precautions discussed below to help you arrive at your destination safely.

Rules of the Road

- ALWAYS wear your seat belt.
- Drive *DEFENSIVELY!*
- Do not use alcohol or drugs of any kind (including some prescription medications) while operating a motor vehicle during Phoenix business.
- Be observant to what is going on around you.
- Do not allow yourself to be distracted by cell phones, food, or car stereos.
- Text messaging or e-mailing while driving is not permitted.
- Obey all traffic signals and drive within the posted speed limits, especially in school zones.
- Maintain a safe distance between your vehicle and other vehicles.
- Turn on your lights at dusk, dawn, rainy and foggy weather.
- Keep your car in good working order, by having it serviced regularly.
- While driving, keep the doors locked and windows rolled up.
- Keep a full tank of gas. It is also recommended that you store a flare, can of fix-a-flat, flashlight with extra batteries and gallon water jug in your vehicle for emergencies.
- Keep a sign or bright colored cloth in your vehicle to act as a distress signal to passing motorists in the event you should have car trouble. Remain in your car until assistance arrives. Never leave with anyone offering assistance. Alternatively, request that they call the Highway Patrol or a tow truck for you instead.
- If you become lost, DO NOT follow anyone or get into their car. Instead, find a public phone and call the police department. You may also ask for directions from a fireman, mailman, business owner or gas station attendant.

Motor Vehicle Accident Procedures

- Should you be involved in a motor vehicle accident while on Phoenix business and no injuries are sustained, please follow the procedures outlined below:
- Move your car out of traffic whenever possible.
- Call the local police and then your supervisor.
- Wait in your vehicle until the police arrive.
- Request the Incident Report Number from the responding officer, so that a copy of the police report can be obtained later.
- Obtain the adverse driver's name, telephone number, insurance Phoenix contact information and policy number.
- Complete Phoenix Home Care's Auto Accident Report, regardless of whether or not injuries were sustained.

Safety Precautions for Your Personal Security

- If possible, call the client before your visit to make sure they are home. Knock, and wait to be invited into the home.
- Carry all needed supplies in a bag to free one hand while going to and from your car.
- Do not leave your purse, nursing bag, or other items visible in the car seats.
- Position yourself so you can see the entrance or exits as much as possible. Practice an exit plan for emergencies.
- Be aware of behavior that may indicate a potentially violent or unsafe situation. Report any concerns to your Supervisor.
- Observe the outside environment before leaving the residence walk directly to the car, enter and lock the doors.
- As you approach your car, look around and under it.
- Have your keys ready when you get to the car. Do not stand near the car fumbling for your keys.

Winter Driving Safety Tips

- Leave a few minutes early. Poor road conditions mean longer travel time.
- Take into consideration early darkness and reduced visibility - adjust your speed accordingly.
- Beware of ice spots, especially on bridges and underpasses. Those areas will freeze before other parts of the road.
- Slippery roads make for longer stopping distances. Maintain extra distance between your car and the car in front of you.
- When braking on icy patches of road, squeeze the brakes by gradually increasing pressure on the brake pedal, releasing the pedal before the brakes lock; pause a second and repeat the process. This allows for a gradual slowing and reduces the chance of skidding.
- Wear sunglasses on bright days. The reflection of the sun off the snow can sometimes be blinding.
- If you become stranded and have the engine on for heat, keep a window cracked open and the tail pipe clear of snow.

Winterize Your Vehicle

Brakes - rain, snow, sleet and icy roads make properly functioning brakes essential. Excessive moisture and frequent stopping add to daily wear on the brakes, which can mean a longer stopping distance.

Exhaust System - severe weather, rocks and potholes can damage the exhaust system of cars. A hole in the muffler or in the exhaust or tail pipe, as well as internal corrosion in the muffler, can let engine fumes, such as carbon monoxide, seep into the car. This can create a danger when driving with the window closed tight against winter's fury.

Oil and Lube - cold weather thickens lubricating oils making it harder to start a cold engine. Use the proper weight motor oil and give your car a lube job to help protect suspension and steering parts from the ravages of snow, slush and salt and to keep things running smoothly.

Shocks - a good bump from a mid-winter pothole can send your car out of control if the shocks are not able to adequately dampen the impact.

Windshield Wipers - be sure they are in good condition. Keep windshield fluid container full.

Tires - check for proper inflation and for wear.

Hoses - inspect regularly for cracks and belts for worn, frayed areas.

Winter Driving Survival Kit

It is recommended that your vehicle also have basic road travel emergency equipment or “Survival Kit” stored in the trunk and ready for use at all times. The basic contents of your “Survival Kit” should include the following:

TOOLS

TIRE JACK
QUART OF OIL
SPARE TIRE
FLASHLIGHT
FIRST AID SUPPLIES

During the winter months, it is recommended **that you add** items to your Survival Kit as follows in case you are stranded:

- Battery cables - to start your car in case of battery failure. Remember, positive on positive.
- Colorful cloth to tie on antenna to draw attention to your car in heavy snow. HELP signs.
- Shovel - to dig tires out of drifts.
- Bleach - used to warm tires for traction on ice.
- Ice scraper/snow brush/deicer
- Empty coffee can with candle and matches
- Flashlight. Warning devices (i.e. flares)
- Blankets and extra clothing to keep warm while waiting to help.
- Sand, salt or kitty litter to use for traction.
- Large plastic sheeting or garbage bags to use as insulators against wind.
- Nonperishable food - such as dried fruit and nuts.
- Compass, CB radio or cellular phone

ABOVE ALL ELSE- TRUST YOUR INSTINCTS!

Weather Related Office Procedures

In the event of severe weather, Phoenix Home Care has designated individuals who are responsible for monitoring local weather and news radio stations to keep informed regarding severe weather. These individuals will be monitoring weather reports for the issuance of any Tornado Watches or Tornado Warnings.

A **Tornado Watch** means weather conditions are severe enough likely to produce a tornado. A Tornado Watch, or Severe Weather Warning, generally covers a large geographic area.

A **Tornado Warning** means that very severe weather conditions have produced an actual tornado or funnel cloud. A Tornado Warning usually includes a more specific and localized area than a Tornado Watch.

In the event of a Tornado Watch or Severe Weather Watch is issued, the designated individuals will continually monitor weather radios and inform staff (as appropriate), what action is to be taken and when. In the event of a Tornado Warning, Tornado Watch, or Severe Weather, they may utilize the overhead paging system to notify persons to evacuate to a place of safety. Once notified, employees and visitors should move quickly, utilizing stairs only, to the **strongest inside wall** in your particular office building. Employees and visitors are to remain in the shelter area until an official "All Clear" can be verified and communicated by Business Services or designated persons.

Field Employees

If a tornado is sighted, seek shelter immediately. Basements, interior closets or bathtubs are the safest places to seek shelter in. Be sure to cover your client and yourself with blankets and pillows. For bedridden clients, cover with blankets and pillows. In the event you are traveling in your vehicle, get out of the vehicle and lie as low as possible covering your head with your arms.

Fire Safety

About Fire

Each year more than 4,000 Americans die and approximately 25,000 are injured in fires, many of which could be prevented. The United States Fire Administration (USFA), a division of the Federal Emergency Management Agency (FEMA), believes that teaching people the basic facts about fire can reduce fire deaths. Below are the four (4) important facts to remember about fires:

- Fire spreads quickly-**Act immediately!**
- Fire is dark- **know your exits!**
- Fire has intense heat-**Stay low as you go!**
- Fire is deadly Smoke, **toxic gases, and heat can all be hazardous!**

Using a Portable Fire Extinguisher

All Phoenix offices are equipped with multi-purpose portable fire extinguishers. The locations of the fire extinguishers are marked on the Phoenix Floor Plan. Most fire extinguishers will completely discharge in as little as eight (8) seconds. If you decide to use a fire extinguisher, think of the word **PASS:**

PULL - the safety pin

AIM - the nozzle at the base of the fire

SQUEEZE - the handle to release the extinguishing agent.

SWEEP - the nozzle back and forth at the base of the fire

Remember to:

- (1) Always call the fire department before fighting the fire,
- (2) Make sure everyone else has exited the building, and
- (3) Never let the fire get positioned between you and the exit

Office Fire Procedures

In the event of a fire at a Phoenix facility (office) the following guidelines are to be followed:

- The person who detects the fire is to notify the receptionist, who will call 911. If alone in a building, exit, and then call 911. When calling 911 be as specific as possible about the location of the fire.
- Notify the front desk by dialing 0 and stating the location of the fire.
- The receptionist will notify occupants of the building and ask them to evacuate.
- In your area, make sure all persons are notified and exit the building.
 - **Stairs only, if applicable—never use the elevator.**
- The receptionist will check offices, restrooms, meeting and training rooms.
- Close all doors and windows where the fire is located (only if this can be done safely)
- If the fire is small, an attempt can be made to extinguish or contain the fire using a portable fire extinguisher.
- **DO NOT** re-enter a burning building until clearance is given by the fire department.

Home Fire Prevention:

Many injuries are preventable if precautionary measures are taken. Most fatal home fires are between the hours of 10:00 PM and 6:00 AM while people are sleeping. To improve your chances of surviving a home fire, the following safety tips are *recommended*:

- Look for smoke detectors and test batteries regularly at the client's home.
- Develop an escape plan to exit the residence in case of a fire.
- Ensure that exits are not blocked with furniture or boxes.
- Kerosene heaters, wood stoves and fireplaces should never be left unattended.
- Research has revealed that most home fires begin in the kitchen and occur mostly due to carelessness. Know how to prevent cooking fires and how to fight them if they get started:
- Pay attention - don't overheat grease.
- Stay in the kitchen while cooking.
- Turn skillet and hot handles to the center of the stove.
- Do not leave towels, hot pads or napkins near the stove.
- Keep a multi-purpose fire extinguisher in or near the kitchen.
- Keep oven mitts and pan lids easily accessible. Do not try to move or carry a pan without such, as it may result in a burn or additional fire damage.
- If a grease fire is small, carefully slide the lid over the pan and turn burner off to smother the fire. A handful of baking soda, not baking powder, may also be used to smother a small grease fire.
- If the fire is a large one, don't try to fight it - call the **fire department**.

NEVER PUT YOURSELF OR ANYONE ELSE IN DANGER!

Termination of Employment

All employees of Phoenix Home Care are expected to abide by all rules outlined in the Employee Handbook and to act ethically according to the Code of Ethical Behavior.

Bonus Policy:

To be eligible to receive any incentive or bonus outside of usual salary or hourly pay, you must be actively employed at the time of payout. If employment has been terminated for any reason, including but not limited to those listed below, employee forfeits the right to any remaining bonus payout.

Violation of, but not limited to, these rules or any of the following situations may result in the *immediate* termination of employment:

1. A “No Call, No Show” (NCNS)
2. A cancellation while on a probationary period for excessive cancellations or a pattern of cancellations.
3. Excessive tardiness while on a probationary period for excessive tardiness or a pattern of tardiness disruptive of client care.
4. Leaving a client unattended, except for planned errands as directed by the client, family or your Supervisor.
5. Declining offered hours that meet your level of skill that results in no other hours available at employee’s skill level. Failure to meet the requirements of working a minimum of one day a month in order to stay active when shifts are offered.
6. No contact and no shifts worked for a 30-day period. If we are unaware to contact you or you fail to contact the office for 30 days or more, it will be considered as inactivity and can result in not being eligible for rehire.
7. Not completing on-the-job training (OJT) within the first 30 days of employment, per discretion of the Supervisor.
8. Failure to attend all State-Mandated In-services or make-up In-Services.
9. Theft from the client, Phoenix, or co-worker(s).
10. Verbal or physical abuse by an employee; towards a client or co-worker(s).
11. Falsification of application, time slips or client records.
12. Working under the influence of alcohol or drugs.
13. Insubordination (unwilling to submit to authority).
14. Disclosure of confidential information to unauthorized persons.
15. Neglect of a client. Neglect includes:
 - Failure to deliver all hours authorized unless the client is out of the home or refuses to allow you to provide service.
 - Failure to notify your Supervisor if you are unable to keep your commitment to serve a client.
 - Failure to report declining health care problems, suspected abuse or unsafe situations.
 - Failure to follow the service plan.
16. Gross misconduct (see definition following this section)

Gross misconduct is defined as misconduct deemed to be so serious, disruptive or destructive that Phoenix can no longer tolerate the presence of the employee or misconduct that destroys a trustful employment relationship. Examples may include but are not limited to: Physical or verbal violence; theft or fraud; deliberate falsification of records, deliberate damage to Phoenix property; serious incapability through being under the influence of alcohol or drugs at work; serious negligence which causes an unacceptable loss, damage or injury; serious act of insubordination; destructive representation of Phoenix; serious breach of Phoenix hiring or safety policy.

Orientation Termination

Disruptive behavior during orientation including, but not limited to, the following can result in rescinding of the conditional offer.

- Late show to orientation class
- Sleeping during presentation
- Rude/obnoxious behavior causing disruption
- Inability to pass the physical fitness test
- Any additional behavior deemed inappropriate without immediate corrective action that the facilitator determines is disruptive.

Disciplinary Action

The management team is responsible for ensuring all employees of Phoenix Home Care are following the policies and procedures, obeying standards of practice, and carrying out their assigned duties in accordance with their job description. When employees fail to comply with the standards which are set, they are subject to either a (1) verbal warning, (2) written warning, (3) probation, (4) suspension or, (5) discharge. Any of these steps may be skipped or repeated, depending upon management's view of the severity of the offense.

Each member of administration and supervisors are charged with the responsibility of developing and maintaining a sincere interest in the individual employee. In the event disciplinary action is necessary, adequate documentation must be placed in the employee's personnel file. A copy of the written, probationary and suspension statement will be given to the employee to provide them with an opportunity to improve their performance. Counseling will only be done after all the facts have been gathered.

In some cases, immediate discharge may be necessary. Again, this will only be done after all the facts have been gathered and the management team has conducted a thorough review.

Below standard performance will be discussed on a case by case basis by conducting a meeting with the employee and supervisor(s). Unacceptable employee behavior and any informal verbal warnings issued will be documented. Disciplinary actions will be taken as soon as reasonably possible after the occurrence of an offense.

CAREGIVER EMPLOYEE HANDBOOK



Caregiver Operational Policies

Self-Administration of Medications(s)

Aides are **allowed** to bring the prescription bottle or container to the client, and remove the lid. Aides are **not allowed** to remind the client when to take medications(s), take the pill out of the bottle, or set up pills in a pill planner, or pour the medication. This is considered administering medication. Missouri State law limits administration of medication to RN's and LPN's. If an Aide thinks the client is confused about which medications to take, when to take, or how much to take, he/she should inform their Supervisor.

Dress Code

We expect all employees to be neat, clean and well-groomed while working. All employees are to wear their name badge and uniform to and from clients' homes and on errands. Uniforms must be clean and wrinkle-free. While providing client service or while otherwise in contact with clients or the public during working time, jewelry should be kept to a minimum and non-jewelry pins and buttons worn on visible clothing must be limited to small Company-awarded anniversary pins and the Company name tag.

- External facial piercings must be modest and approved by supervisor
- Offensive or graphic tattoo's must be covered at all times; if you are unsure if a tattoo needs to be covered, please discuss with your supervisor
- Beards and mustaches should be neatly trimmed
- Shoes should be clean and neat, comfortable, closed front with slip resistant soles. Sneakers are a good example of appropriate footwear. (No flip-flops, crocs, or sandals should be worn.)
- Hair should be clean and well groomed. Shoulder length or longer hair should be contained away from your face
- While working, be conservative in the use of make-up, cologne and jewelry

Show-Up Policy

If you go to a client's home and they are not there (a "show-up"), you will be paid one hour at your normal base provided all the following conditions are met.

- The visit was a regularly scheduled visit. (An unannounced drop-by visit does not count!)
- You arrive at your scheduled time, not before or after. (Indicate time on telephony worksheet.)
- You wait 15 minutes at the client's home to see if they are running late. (Indicate on telephony worksheet.)
- Leave a note for client that you will phone at later time to reschedule visit.
- Call your Supervisor immediately. (If office is not contacted then you will not be paid for that hour.)
- A provider communication form (DA-5) must be filled out and turned in with your Telephony Worksheet (Time Slip) for the week the show-up occurred.
- Only one show-up per client in a four-week period. (Call client before traveling for remainder of four-week period.)
- Show up pay may be delayed 1 additional week for processing.
- Show up pay will be denied if the above steps have not been followed.

Cancellations

For any cancellations, please notify your supervisor as soon as possible. For example, if you are canceling a 7:00am client, you need to notify your supervisor the day before to allow enough time to find a fill-in. If you have any ideas for team members that might be available to help cover the client, be sure and share this with your supervisor.

We have rather strict policies regarding cancellations of work assignments. This is because our home care clients really need the care we provide. When an employee cancels an assignment, we must schedule a qualified replacement or rearrange the client's schedule. Often, this is very hard to do, especially if we have very little notice of the cancellation. We have to call other employees (often on short notice) to cover a canceled shift. We don't want to have to ask our employees to work on short notice.

The following policy is designed to ensure that our clients receive quality care and to protect our highly valued employees from being asked too often to replace each other on assignment. This policy is designed to ensure that *"only the best wear the name Phoenix Home Care."*

Illness or family emergencies are the only valid reasons for cancellations. If you have any condition, which could be communicable (i.e. flu, contagious skin disease, etc.), you cannot work until the condition is no longer communicable. If you miss work more than two days due to this condition, you must have a physician's release before returning to work. Plan your schedule to avoid conflicts with non-emergency doctors' appointments and personal business.

If you are ill and cannot work, you must call your supervisor; supervisor will then direct you on the next steps. If they don't have a telephone or if you cannot reach them, call your Supervisor.

If your client gets service only once or twice a week, reschedule your missed visit with them. When you call them to cancel your visit, suggest a make-up date and time. Your make-up visit should be within 7 days of your canceled visit and must be in the same month.

If your client gets service three or more times a week, they likely are frailer and cannot miss their service or have it delayed. In addition to calling your client to tell them you can't be there, you must call your Supervisor. At least four hours' notice is requested for cancellations.

At least four hours' notice is requested for cancellations. While we do have an on-call Supervisor on duty 24 hours a day, seven days a week, we request that you don't call on evenings, weekends or before 8:00 AM for weekday cancellations. Wait until 8:00 AM and call your Supervisor. If your client gets visits on evenings or weekends, you will need to call in your cancellations as soon as you know you can't work. We need as much notice as possible in order to find a replacement for you. We also want to avoid asking other employees to change their plans and schedules. If you are ill or have a family emergency and must cancel a visit, you must talk to your Supervisor (or the on-call Supervisor) to cancel evening or weekend visits.

You cannot have a family member or friend call and cancel for you. You must call yourself.

If you do not call your Supervisor or your client to cancel your scheduled visit or fill-in assignment before it is scheduled to start and you do not go to that assignment, that is considered a "no show". A "no show" means our client is unattended.

A "No Call, No Show" will result in immediate termination also resulting in not being eligible for rehire!

If your period of illness or family emergency requires you to cancel more than one visit, all shifts canceled by that telephone call are considered as one cancellation.

We will begin to look closely at your cancellations when you have more than four during an employment year. At the seventh cancellation in an employment year, you may be put on probation and required to provide a physician's statement or documentation of a family emergency.

We understand that good employees can have unusual situations occur that are beyond their control. We will take this into consideration in evaluating cancellation problems.

Fill-In Responsibilities

If you are asked to "fill-in" for a day, a week or more, please try to do so. Everyone will need help from time to time so they can take off. (Working together as a team will ensure that both client and caregiver needs are met.) You may have to work extra for a few days or weeks, and you may have to adjust your schedule, and you may have to travel out of your way. However, if you expect other aides to help you out when you desire or need to be off, you must help others out in return.

If you are the "fill-in" caregiver, write down all the information provided so you can properly fulfill your commitment. Get the client's address, phone number, travel directions and type of services per visit.

Prepare your Client

Tell the client what a wonderful replacement you've found. Explain how the "fill-in" caregiver will take good care of them until you return. Tell them they may need to expect a change in time of day or day of the week because of the "fill-ins" previous commitments. Assure them that being flexible will be worth it, allowing them to have this wonderful "fill-in" caregiver help them in your absence. *Together we can make sure your clients are served properly.*

Resignations

Two weeks' notice is required for resignations. You must call your supervisor *and* send in a written resignation. When you resign you must return your badge immediately in accordance with state regulations. You must give a 2 week notice in order to be considered eligible for rehire.

Quality Assurance

The Supervisor and Nurse Supervisor make periodic visits to client's homes to monitor the client's status and the care we are providing. We monitor adherence to the Code of Ethical Behavior, Dress Code, your documentation on client records, and your work performance.

PTO, Time Off and Fill-Ins

Inform your Supervisor two weeks *before* your scheduled time off by completing and sending the PTO Request form to your Supervisor. Your Supervisor will schedule your replacement caregiver (fill-in). Your supervisor may ask you to help orient your "fill-in" (i.e., what to expect, the client's likes and dislikes, your/their routine, etc.).

Benefit Schedule/Field Staff Pay

Variety	We can offer you a variety of assignments with a variety of clients having different needs.
Flexible Schedule	We offer you control over your work schedule. Tell us your assignment preferences, days and time you want to work and we will do our best to meet your needs. We do require you to be available for work one weekend per month.
In-Home Training	All employees will be provided 16 hours of classroom training, along with paid, adequate on-the-job training.
Orientation Pay	You will receive orientation pay at the training rate of state minimum wage.
Direct Deposit	Free direct deposit of your pay into your checking/savings account.
Paid In-Service Training	You will be required to attend two State-Mandated In-Services each year on subjects that will expand your knowledge of aging, personal care and personal growth.
Employee Referral Bonus	Refer a friend to us for employment and receive a bonus.
Competitive Pay	Competitive pay within the industry as well as hospital and nursing homes.
Weekly Pay	Payroll is processed weekly (each Friday) for hours worked the previous week. We provide direct deposit to your bank account(s) to eliminate paycheck hassles and delays for you.
Pay Incentive	Annual pay increases or one-time incentive prepaid VISA card may be given based on overall job performance and average number of hours worked over the previous rolling calendar year.
AAA Membership	Company contributes of qualifying employee's annual premium.
Notary Services	Free Public Notary services (Not Available at all office locations)
Holidays	Recognized company holidays include: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Unapproved absences the day before or after a recognized holiday will result in the forfeiture of holiday pay benefit for that holiday. Instead, if you wish to be paid for the holiday corresponding with the unapproved absence(s), you will be required to use your earned PTO time. A lack of earned PTO time in this situation will result in unpaid time off.

Many of our high priority clients require services seven days a week – holiday or not. If your Supervisor specifically asks you to work on a company holiday, you will receive time-and-a-half pay for holiday hours worked. We want you to know that your dedication and helpfulness is appreciated! If you choose to schedule yourself to work on a holiday, which is certainly allowed, you will be paid at straight time.

You may choose to schedule your *non*-high priority clients so that you are “off” for the holiday. Always notify your supervisor of any schedule changes. Be sure to make up those hours in the month that the holiday occurs. (Note: this will require client approval on any private pay cases.)

Holiday Premium – Time-and-a-half pay on holidays, if requested/approved to work by Supervisor. If you have a client who has no family resources, will not be fed without an Aide present, is incontinent or has unusual circumstances, they may suffer if not serviced on a holiday. Alert your Supervisor to the situation so she/he can determine if holiday service is needed.

Certified Nurse Aide (CNA), Personal Care Aide (PCA) – Base pay discussed at interview, based on experience and certifications.

Respite Care – Respite pay rate discussed at interview. Depending on funding source, some respite care may be paid at a flat rate.

Overtime Rule- Employees are not authorized to work OT unless pre-approved by your supervisor. If you work any hours of un-approved overtime you will be paid but it could result in disciplinary action up to and including termination.

To qualify for Health Insurance Benefits

Employee qualifies beginning the first of the month after 1 year of continuous employment and averaging 30 hours a week on the 1 year look back. Company contributes pro-rated portion of employee’s medical premium. (see page 6 for additional information)

To qualify for the following benefits, you must average:

Non-Clinicians must average 32+ hours per week (30+ hours/week for PTO.)

Clinicians must average 35+ hours a week (HH/Hospice 30+ units/week.)

PTO (Paid Time Off)

- Staff must request and use their PTO within the twelve months following their anniversary date or they will lose it.
- Staff must complete 12 months of continuous employment with us to qualify & must average the stated number of hours during the 52 weeks prior to becoming eligible for PTO and continue to maintain that average.
- PTO benefit may be paid out if the employee resigns with proper notice and submits the payout request form at time of resignation. PTO benefit will be forfeited if employee resigns/quits without proper notice or is terminated.
- Upon eligibility, non-clinicians averaging the correct number of hours per week will earn up to five (5) days of paid time off per year. Clinicians averaging the correct number of hours per week will earn up to ten (10) days of paid time off per year. Hours are pro-rated based on average hours/visits worked per week (not to exceed 40).
- PTO pay is paid at staff’s base level of pay at the time taken.
- Earned PTO can be taken one day at a time, taken all at once, or paid out (up to 40 hours MAX) if time off isn’t taken.

Staff must give two (2) weeks' notice to the office when requesting PTO. If two-week notice is not received, your request may be denied or delayed.

Steps to take to prepare for PTO:

- Turn in your PTO request form to your scheduling supervisor at least two weeks in advance. (Be sure and mark your request as “paid” or “unpaid” days per eligibility requirements.)
- Inform your clients that you will be on PTO, so they won't be confused/alarmed.
- Confirm that your PTO request was approved – supervisor will authorize and mail a copy back to you.

Paid Holidays

Employee qualifies after three months of continuous employment. Regular time paid for six major holidays, based on hours in an average workday. Unapproved absences the day before or after a recognized holiday will result in the forfeiture of holiday pay benefit for that holiday. Instead, if you wish to be paid for the holiday corresponding with the unapproved absence(s), you will be required to use your earned PTO. A lack of earned PTO in this situation will result in unpaid time off.

Birthdays

A \$50 Visa Card will be sent to qualifying employees on their birthdays. These cards can be used anywhere Visas are accepted.

Other Benefits Not Based on Average of Hours:

Mileage Reimbursement – Current reimbursement rate per mile after commuting requirements are met.

Training - Employees will receive up to 20 hours of training to become qualified as an in-home caregiver/aide. Training rate will be paid per state minimum wage.

PCA/CNA Drive Time - Drive time from home to first client is not paid. Drive time from last client to home is not paid. Drive time between two clients that are less than 30 minutes between shifts will be paid at minimum wage. To ensure your drive time is calculated accurately, you must submit the drive time with your time sheets no later than 5 pm on Monday's to be included on that week's pay check.

AAA Membership Reimbursement

Staff must average 25 hours/visit units per week to qualify for AAA Auto Club benefit.

- Staff must complete three months of continuous employment with us to qualify.
- Upon eligibility, the Company will reimburse you for one-half of your individual AAA membership fee (Standard Plan only).
- Submit your AAA membership fee receipt to Payroll Department for reimbursement.

At certain pay rates, benefits will not be available. Mileage will be reimbursed per PHC Mileage Policy, at the current established company rate.

Scheduling Policy

PHC cannot guarantee hours to any Field Staff Employee. All Field Staff Employees are considered part time. If you are **flexible with your times** and areas you will travel this will be helpful to you in obtaining more hours in your schedule.

It is more difficult for a PHC Field Staff Employee that uses public transportation to achieve full desired hours on the bus line. It is the workers decision to take an open client case. PHC cannot guarantee open clients to be on the bus route or in the area the worker wants to travel.

It is the decision and the responsibility of the Field Staff Employee to accept open cases or fill-in assignments offered to the worker by the Scheduling Supervisor.

PHC cannot guarantee a certain number of hours of work per week; most clients are authorized from 6-20 hours of service per week. It is up to the Field Staff Employee to accept as many of the open clients as he or she chooses.

It is up to the Field Staff Employee to obtain a schedule from the Scheduling Supervisor. If the Field Staff Employee loses clients in any way, it is up to you to come into the office or call the office to obtain a new client and / or obtain a schedule.

It is the Field Staff Employee's responsibility to call the office and the client if you are unable to provide service to your scheduled client. If you **do not call the office** when you are **unable to work this will count as a no call no show**.

If you are unable to provide service to client's that receive weekend or after office hours service you will need to utilize the on-call system. When calling the on-call system you must leave a message that includes your full name and a working phone number. To use the on-call system you will need to call the regular office number and your call will be relayed to the on-call supervisor through the answering service.

If you are unable to work you must follow -up with your Scheduling Supervisor to see if the hours will need to be made up or if a replacement was sent. You are to call the office if you are rescheduling a Day of service for your client with the Date and time of the rescheduled visit.

It is the responsibility of the Field Staff Employee to provide all hours that are authorized for their client for the month. **Failure to deliver all authorized client hours may result in disciplinary actions including removing worker from the client.**

All Personal Care Aides must have their OJT done **within 30 Days of hire Date** by a Team Leader or a Field Supervisor. It is up to the Field Staff Employee **to follow their set schedule so the Supervisor can perform the OJT in a timely manner.**

The Field Staff Employee is responsible for turning in their work schedule second week of every month for the next month.

All Employees who are injured on the job must call the office **immediately, but not later than 24 hours** after the incident, come into the office to fill-out paper work and if treatment is needed must see Phoenix's assigned physician.

All employees will not visit, help, sit with, or drive clients on their own time. In order to maintain a professional caring relationship, all employees must only provide client authorized services during schedule work time. Employees cannot take on responsibility for the clients that is beyond the scope of the program. **INSTEAD** all employees will report all unmet client needs to their supervisor,

All employees will not dead lift or carry a client. All employees will call the office with any concerns regarding client transfers.

All employees will not make bank deposits, cash checks or withdraw money from the bank for the client. If a client is confused or unable to manage their money inform your Supervisor and write a PROVIDER COMMUNICATION FORM.

All employees will be careful while handling client's money. A shopping requisition must be filled out each time workers accept money for laundry, shopping, or any errand requiring the exchange of money. Unless approved by your supervisor, you may not accept more than \$100 for purchases when shopping for your client.

All employees must meet the job description throughout their lifetime of employment. At any time during employment, if the employee does not meet full job description your status will be changed to inactive until a physician's release is turned into the office.

All employees are to wear their PHC badge and uniform while servicing all clients and on errands.

All **employees must call the office if they are ill and cannot work.** Illness or family emergencies are the only valid reason for cancellations. You cannot have a family member or friend call and cancel for you. **You must call yourself.** If you do **not** call your Supervisor and your client to cancel your scheduled visit or fill- in assignment before it is scheduled to start, and you do not go to the assignment, this will be considered a **"no show"** meaning our client is left unattended. Plan your schedule to avoid conflicts with non-emergency doctors' appointments and personal business.

Paperwork and Documentation Policy

Please contact your Scheduling Supervisor if you have any questions regarding your client's service plan, or if clients are requesting tasks not marked on your service plan

Turn in any schedule changes to the office immediately. Schedules must be filled out completely and are to include month of schedule, clients first and last name, client's authorized hours and your name. Call the office regarding any changes that need to be made regarding your schedule.

Schedule Additions or Changes

On some occasions your client may ask you to change the schedule. If you do not feel there is a good reason to do so, you cannot change it without the Supervisor's approval. Remind them that they agreed upon that time and day. Of course, if a client has a good reason for making a change, try to do so. Employee initiated schedule changes should be limited to two per month. *Absolutely no changes to the schedule are to be made without calling your Supervisor.*

Scheduling/Availability

Assignments are made by your Supervisor. The more flexible you are with your availability, the more assignments we can offer.

You do not have to accept all clients offered. When you do accept a client, you have made a commitment to serve that client. The clients you serve are your responsibility. You are responsible for servicing all their approved units every month, according to their plan of care. Therefore, when you are going to be off, for any purpose, you are still responsible to see that your clients get all their service.

We are relying on you to provide care for our clients. Our clients are relying on us to provide them with the care they need. Many clients are critically ill, cannot eat, drink or move without our help. ***You cannot just "drop" a client or not provide an agreed upon visit.*** If you are having a problem with a client, let us know. We will make every effort to help solve it. You cannot just quit going, or write a note that you are giving a client up. You must call the office. In order to insure consistent client care, we ask that you give a two-week notice when giving up a client. In exceptional circumstances we will make reassignments. Everyone has some difficult clients and situations.

If you wish to stop serving a particular client, you must tell your Supervisor. In most instances, we will expect you to continue to serve that client until we can find a permanent replacement. You must fill out a Caregiver Request off a Case form and turn in to your Supervisor at least two weeks ahead of time as well as call him/her to discuss the situation.

Service must be delivered in full one-hour units; unless the caseworker specifies on the authorization to deliver units differently. We cannot bill the state for units less than one, and therefore we cannot pay you. If a Medicaid client is out of the home for any reason, you cannot provide services for them – even if a spouse is in the home who also benefits from the service. If the service is in the husband's name only and he is gone to the doctor or in the hospital, you cannot service the wife. If both husband and wife are on service, you can only deliver the units authorized for the client that is home at the present time.

You must have a telephone in order for us to reach you and have access to reliable transportation. If you experience a temporary lapse in telephone service, you must call us daily to check in for assignment changes and updates. We expect a telephone service lapse to be temporary, because we must be able to contact you about schedule changes.

Field Staff Availability

Anytime you have an opening in your schedule or would like more hours, whether temporary or permanently, *it is your responsibility* to call the office and notify your supervisor of your availability.

Employee Mileage Form

Check with your supervisor to see if you are eligible for mileage. If you are eligible for mileage, use the Employee Mileage Form to document your mileage and request reimbursement. Log the mileage between your home and your first client, then log mileage between each client that you visit that day, and then log your mileage back home. Only extend to “Miles Traveled” column the miles traveled between clients. Do not extend your commuting miles traveled from home to your first client, or from your last client to home (just write “N/A” in the “Miles Traveled” column). Only one round trip segment to/from home should be reported per day (unless otherwise specifically approved by your Supervisor).

Mileage Forms should be submitted weekly. Mileage forms must be turned in within 30 days from date of service to be eligible for reimbursement. Processing and payment of mileage is delayed two weeks.

Provider Communication Form (DA-5)

This form is used to communicate with your Supervisor and the Missouri Department of Health and Environment about changes in your client’s situation. Complete PROVIDER COMMUNICATION FORM when:

- Your client would benefit from a change in the service plan. List the reasons why the client needs more or less hours or needs tasks added/deleted.
- The client’s circumstances change, such as, a change in the number of persons living in the home, a change in the client’s informal support system, a change in the client’s health or financial status.
- Service will be interrupted, for example, if the client is temporarily visiting out of their home.
- The client is hospitalized.
- You have a care problem (client frequently not home for service, difficult to get along with, difficult to serve, etc.)
- The client dies or enters a nursing home.
- Requesting Show-Up time pay. Indicate where client was at the time of your scheduled visit.
- When you deviate from the Service Plan.

Client Shopping Requisitions

Use the shopping requisition form every time you shop. *Before you leave client*, fill out what you are going to purchase, where you are going to purchase the items and the amount of money the client has given you. ***You cannot accept over \$100.00 in cash for errands.*** If this is a problem, call the office. Indicate type of money received from the client (i.e., cash, personal check or EBT card). Please shop at the nearest supermarket.

After you return with the purchase, give them the sales receipt and the change or show them the check register with the amount of the check entered. Write the amount of money returned to the client in the appropriate space. The client then acknowledges receipt of the sales receipt and any changes by signing and dating the shopping requisition.

You should not be running errands or shopping more than once a week, except in unusual circumstances. Help the client plan errands and shopping so that you don’t end up making extra, last minute shopping trips.

A shopping requisition protects you and your client from loss, accusation and confusion.

Client Address/Phone Change Form (DA-5)

This form must be filled out when your client has a change of address or phone number. Turn in completed form into the office.

Time Off / Benefits Pay Request Form

You will need to fill out the Time Off Form completely, including the names of your clients, dates and times of service. This form must be filled out and turned into your Scheduling Supervisor at least two weeks ahead of time. Also, follow up with your Scheduling Supervisor to confirm that they have received this form and your PTO or time off request has been approved.

Bathing & Personal Hygiene Policy

Bathing is a necessary function of personal hygiene. It accomplishes several purposes, cleansing the skin, stimulating circulation, encouraging exercise, relaxation and refreshment, lowering the body temperature, and it provides an opportunity for observation of the skin to look for changes in the body or skin condition.

Tub or Shower

Equipment: Washcloth, towel(s), soap, personal toiletries, and clean clothes. You may also need shower stool or chair, bath bench, bath mat, shower cap and/or shampoo if necessary.

- Wash hands thoroughly before and after, have disposable gloves available.
- Explain procedure to client.
- Make sure bathroom is warm and free of drafts.
- Be prepared - have necessary equipment readily available by tub/shower.
- Assist the client into the tub or shower.
- If providing tub bath, run water after the client is in the tub to prevent falls.
- Check temperature of water - remember older skin is not as sensitive to heat.
- Provide as much privacy as possible.
- If client can be left alone, remain within hearing distance.
- Assist when necessary in transferring and bathing. (whether getting in or out of shower)
- Shower should not exceed 10 -20 minutes - older skin dries out easily
- If tub, drain the water first to prevent falls, be sure clients' upper body is dry, support under their armpits for transfer and have client rise first to edge of tub and then to chair.
- Assist with applying deodorant, powder or lotion and then, help with dressing.
- Be observant for significant changes in the condition of the skin and report those.
- Clean up bathroom area and remove soiled laundry.

Bed Bath

Equipment: Soap, soap dish, two wash cloths, several towels, personal toiletries, clean clothes, one or preferably two basins, clean linens, bath blanket (cotton flannel or beach towel) and disposable gloves.

- Wash hands thoroughly and have disposable gloves available.
- Explain the procedure to the client, offering the client a bedpan or urinal.
- Raise bed if possible to working level.
- Remove all top covers and cover client with bath blanket/sheet.
- Don't let the client get chilled. Lock doors and close curtains.
- Assist with removing clothes.
- If client can dangle feet over side of bed, place basin of warm water on a stool for client to soak feet in.
- Make a mitt of the washcloth.
- Allow client to bathe self if possible. Wash with or without soap, as client desires.
- Start at the top and work down, placing a towel under each part of the body that is being washed.
- Pat each area dry as it is bathed. Any area not being bathed should be under the bath blanket.
- Wash and dry all creases of the skin. Areas where two layers of skin touch can become easily irritated.
- Change water and wash the back. If client is unable to sit up, position client on one side and place towel along that side, tucked under the back; wash, rinse, dry and apply lotion to that side. Go to the other side of the bed and repeat procedure.
- Put on gloves to clean the perineal/genital area, buttocks and anal area.
- Always bathe this area last and use clean water.
- Apply lotion, powder and deodorant and help with dressing.
- Change bed.
- Remove soiled clothes, lines and towels immediately.
- Wash your hands thoroughly.

Perineal/Genital Care

This care is provided to cleanse and to observe the perineal/genital area for drainage, odor, changes in color, etc.
Note: When perineal/genital care is given as part of the bed bath, the perineum may be washed after foot care has been completed, using fresh, clean water and a wash cloth.

Female Perineal Care

Equipment: Disposable gloves, disposable wipes, wash cloth, towel, paper towels, soap, basin, pitcher of warm water, powder, fresh pad/dressing.

- Wash your hands thoroughly before and after procedure, put on disposable gloves.
- Explain procedure to client.
- Separate client's legs and expose areas adequately while providing as much privacy as possible. Place blanket over client, place protective pad and toweling under hips.
- Remove any soiled pad and observe for color, amount and type of drainage or odor. Discard pad or dressing by wrapping it in paper toweling and putting it in the trash.
- Using disposable wipes, wash perineal area with soap and water. Make only one downward stroke with each wipe, then discard it.
- Fill pitcher with warm water or prescribed solution and pour over perineal area.
- Pat perineum dry.
- Assist client to turn to side. Separate buttocks and clean and dry the anal area stroking away from perineum. Observe condition of anus and surrounding tissue.
- Apply clean pad/dressing and powder.
- Remove and dispose of gloves properly.
- Assist client to a comfortable position, removing bath blanket and replace clothing and top covers.
- Wash, rinse and dry equipment. If bloody drainage is present, follow Standard Precaution Instructions. Dispose of paper bag properly. All soiled material should be wrapped securely before disposing.

Male Perineal Care

Equipment: Disposable gloves, disposable wipes, wash cloth, towel, paper towels, soap, basin, pitcher of warm water, powder, fresh pad/dressing.

- Wash your hands before and after procedure, put on disposable gloves.
- Explain procedure to client.
- Separate client's legs and expose areas adequately while providing as much privacy as possible. Place blanket over client, place protective pad and toweling under hips.
- Gently wash client's perineal area, including scrotum, with soap and warm water. Cold water may cause the genital muscles to contract, causing an erection. Gently draw back (never force) foreskin, clean penis and draw foreskin forward again. Rinse well. Dry. Apply powder between scrotum and penis.
- Assist client to turn to side. Separate buttocks and clean and dry the anal area stroking away from perineum. Observe condition of anus and surrounding tissue.
- Apply scrotal support, if ordered.
- Apply clean pad/dressing and powder.
- Remove gloves and dispose of properly.

Incontinence

Incontinence can be especially disturbing for the elderly client, and those close to him/her. The adult self-image is closely linked to the ability to control the function of elimination. Urinary incontinence is much more common than bowel incontinence and twice as common in women as in men.

Some clients use bedside commode or bed pans. These should be cleaned after each use. Cleaning with a household detergent should be adequate in most cases. Use hot soapy water and follow with a disinfectant. Always wear disposable gloves.

Hair Care

Hair Care is another essential function to maintaining a healthy personal hygiene program. It accomplishes several purposes: cleanliness, brushing stimulates scalp for better circulation preventing the accumulation of dandruff, to boost the client's self-esteem and encourage more self-care.

Hair Tips

- Shampoo regularly
- Comb and/or brush hair daily
- Mayonnaise makes a good conditioner
- Baby oil works well on especially dry scalps
- Mix shampoo or conditioner with water makes it easier to apply and rinse out

YOU CANNOT CUT, DYE OR PERM A CLIENT'S HAIR!

Dry Shampoo

- Follow specific instructions provided with the product.
- The liquid waterless cleans the hair and scalp better than powders.
- Always spread a large towel under the client's head or around their shoulders to collect spilled or used shampoo.
- If no dry shampoo is available, baking soda or corn starch massaged through hair will help.
- Always brush out of hair. It leaves hair oil free and refreshed.

Wet Shampoo Out of Bed

(Equipment: shampoo, comb and brush, hair dryer and two or three towels.)

- Shampoo during shower or bath time, especially for clients with arthritis, etc.
- Can use kitchen/bathroom sink if clients and do this comfortably or use spray hose attachment if equipped in home.
- Rinse well, towel dry and blow dry on low or medium heat.
- If client's hair is especially long, braiding will help to keep it from getting tangled.
- Wash hands thoroughly before and after shampooing client's hair.

Wet Shampoo in Bed

- Wash hands thoroughly before and after shampooing.
- Explain procedure to client.
- Prepare the room by placing plastic trash bags on the floor next to the bed and set the pail on top.
- Remove pillow(s) from under the client's head.
- Brush hair thoroughly.
- Place plastic trash bags under the client's head and shoulder area to protect the bedding.
- Set shampoo tray in place and work a towel snugly around the back of the client's head and between the trays to prevent leakage.
- Wet client's hair using pitcher.
- Apply a small amount of shampoo.

- Lather well and massage onto scalp with fingertips.
- Do not scratch scalp with fingernails.
- Rinse out shampoo and apply conditioning rinse to help with detangling.
- Remove tray and wrap client's head in towel.
- Towel dry and comb through wet hair starting at the ends of the hair and working up.
- Never use a brush on wet hair.
- Dry hair with blow dryer using low to medium heat.
- Braiding will keep long hair from getting tangled and matted.
- Clean up area.

Advise clients who prefer to use hair spray to do so in a well-ventilated room and to cover eyes and nose while spraying. The aerosol mist can cause lung irritation.

Shaving

For most men, shaving is a daily ritual that adds to their good feelings about their appearance. If possible, the male client should shave his face and trim his mustache, beard and /or sideburns. If client needs assistance or is unable to shave himself, use the same type of razor, shaving cream and lotion that he is accustomed to using.

Women clients who shave their underarm hair should be assisted as needed. Deodorants and antiperspirants generally should not be applied immediately after shaving because of the possibility of irritating skin.

Safety Razor

Equipment: Safety razor (with sharp blade), basin of hot water, shaving cream, towel, washcloth, mirror, after-shave lotion, and disposable gloves.

- Wash hands thoroughly before and after procedure. Have disposable gloves nearby in the event there is bleeding from a nick.
- Explain procedure to client.
- Assist client to sit upright, in chair or bed with backrest or pillow. Place mirror so client can see herself/himself. Allow client to assist as much as possible and to offer suggestions to facilitate the procedure.
- Protect clothing by placing a towel under the chin, across the chest and under head.
- Steam face with hot face towel or washcloth for short time and apply shaving cream. Let cream soften the whiskers for a few minutes.
- Begin shaving along sideburns with short downward strokes. Shave in the direction of the growth. Around nose, mouth, neck and chin. Pull the skin taut, and use short gentle strokes. Wet the razor often.
- Wash face and rinse off lather. Pat the face dry and apply moisturizer if the skin is dry and after-shave lotion. After-shave is a skin freshener and does to a man what perfume does for a woman!
- Discard soiled items.

Electric Razor

This is the safest way to shave a client. Do **NOT** use any electric appliances (such as razors, hair dryers, etc.) when serving a client that is on oxygen. These could spark and ignite the oxygen.

Equipment: Pre-shave lotion, electric razor, towels, mirror, and lotion.

- Wash your hands before and after the procedure.
- Explain procedure to client.
- Assist client to place a towel under chin and behind the head. Place mirror so client can see herself/himself. Allow client to assist as much as possible and to offer suggestions to facilitate the procedure.
- Apply pre-shave lotion.
- Shave upward from the neck and chin. Circular strokes work best on the neck and under the chin. Let razor operate lightly on the skin; check and clean regularly.

Nail Care

- Never cut fingernails or toenails without your Supervisor's permission.
- Never provide nail care to client's who are: diabetic, receiving anticoagulation (Blood thinning) therapy or with peripheral vascular disease.
- Soak fingernails in dish soap and water before providing nail care.
- Soak nails in vinegar and water to prevent fungus.
- Keep nails clean and short cutting straight across to prevent ingrown nails.
- File nails in one direction.

Toenail and Foot Care

The best time for routine foot care is after a tub bath. Toenail care is provided to prevent infection, improve circulation and to relax aching feet.

You must have your Supervisor's permission to cut toenails because of the risk of infection, which can be caused by injury to the feet.

Many elderly people have poor circulation in their extremities, especially their feet. If the skin near their toenails was accidentally damaged they could develop a severe infection due to their poor circulation.

Equipment: Basin of warm soapy water, mild soap, washcloths, bath towels, emery board, orange stick, cotton, toenail clippers, pumice stone, and moisturizer (cold cream, petroleum jelly, lubrication cream or lotion).

- Wash hands thoroughly before and after the procedure.
- Explain procedure to the client and assist them to the edge of bed or chair. If the client is unable to get out of bed, put protective plastic sheeting on bed.
- Soak feet in warm, soapy water for 5 to 10 minutes.
- Wash feet gently with wash cloth and small amount of soap.
- Rinse and pat each foot dry, especially between toes.
- Check toenails. Trim straight across and smooth edges with an emery board. Clean gently under the nails with an orange stick.
- Rub cuticle cream or petroleum jelly into nails and cuticles. Gently push back cuticle with cotton-wrapped orange stick.
- Inspect feet carefully for reddened areas, ulcers, corns or calluses. Particularly watch for cracking, breaks in the skin and ingrown toenails. Discourage the use of any harsh irritants which can break the skin, such as corns or plantar wart medication.
- Massage feet gently with cream or lotion, paying particular attention to toes and heels. Never use a razor or other sharp instrument to shave off callused or rough skin.
- Put on clean socks or stockings and shoes or slippers.
- Dispose of soiled towels.

Oral Hygiene

The condition of an individual's mouth will affect their entire life! The ability to chew and enjoy food, the beginning of the digestive process, clear speech and a pleasant appearance are all important to the client's physical and emotional well-being.

Daily Oral Hygiene Care includes:

- Regular brushing and flossing of teeth.
- Regular cleaning of dentures.
- Encouragement to wear dentures.
- Regular cleaning of foul-tasting mouth and removal of dried secretions.
- Observation and reporting of significant changes to Supervisor.

Brushing Teeth

Daily brushing keeps the teeth and gums in good condition, cleans the tongue and prevents mouth irritation. Flossing the teeth will remove plaque from between teeth helping to prevent decay and gum disease.

Equipment: Disposable gloves, toothbrush, toothpaste or powder, dental floss, floss holder, cup of water, mouthwash, emesis basin, face towels and tissues.

- Wash hands thoroughly before and after, put on disposable gloves.
- Explain procedure to client, first brushing followed by flossing.
- Assist client to sitting position. If unable to sit up, turn client on side, head tilted upward.
- Place towel under client's chin.
- Moisten toothbrush with lukewarm water and spread toothpaste or powder on it.
- Place head of toothbrush alongside teeth with bristles angled against gum line. Brush with an up and down motion away from the gum line (scrubbing back and forth, horizontally, wears down the enamel). Both inner and outer surfaces of teeth must be brushed. The tip (toe) of brush may be used to clean inside surfaces of teeth. Tongue should also be brushed.
- Client should rinse mouth frequently. Hold emesis basin for client. Wipe client's mouth after rinsing.

Flossing Teeth

- Make a circle of floss (either waxed or unwaxed) and tie the ends together.
- Use the thumb and forefingers to work the floss gently back and forth between two teeth until it reaches the gum line. Curve the floss into a C shape around the tooth and ease it under the gum until you meet resistance. Never force floss through tight areas, it might damage the gums.
- Scrape the floss up and down the side of the tooth. DO NOT saw or snap the floss, it can cut the gums!
- Floss both sides of each tooth.
- Have client rinse mouth with water.
- Hold emesis basin for client. Wipe client's mouth after rinsing.

Note: The odor that may be present is from plaque, which harbors disease germs and is a major cause of bad breath.

Removing & Cleaning Dentures

Cleaning dentures not only cleanses the mouth but helps to prevent permanent denture staining and bad breath.

Equipment: Disposable gloves, denture brush or toothbrush, dentifrice or nonabrasive cleaning agent, mouthwash/water, cup, emesis basin, face towels, tissues and a container (such as a small plastic butter tub) for overnight storage of dentures.

- Wash your hands thoroughly before and after procedure, put on disposable gloves.
- Ask client to remove dentures or explain procedure for removing dentures to client.
- To remove upper plate, hold down client's jaw with one hand. Place index finger of your other hand along top edge of the denture. Gently dislodge the denture.
- To remove lower plate, hold down client's jaw with one hand. Place index finger of the other hand just behind and your thumb just in front of the central incisors. Then gently lift denture plate up and out.
- To remove partial plate, hold jaw down with one hand. With a fingernail on your other hand, gently pull down or up on wire anchoring plate.
- Place dentures in cup, and then brush dentures with dentifrice under cool running water. Handle dentures with care! They are fragile and expensive! Hold them over a washcloth or towel in the sink or over a basin half-filled with water, then if they slip, there is a cushion to help prevent damage from the fall. Check for rough or broken places. Avoid stiff brushes and vigorous brushing that can wear out the plastic bases and the teeth.
- When the dentures are out of the client's mouth for any length of time, place them in water or a cleansing solution to prevent drying and warping. Dentures should never be placed in hot water, since the plastic will warp.
- Clean natural teeth for those with partial dentures.
- Clean inside of mouth thoroughly with mouthwash and rinse with cold water.
- Hold emesis basin for client.
- Keep dentures in denture container until the client is ready to replace them in his/her mouth. Rinse with cold, running water and hand dentures to the client. If client is unable to replace his/her own dentures, assist them.
- Wash basin and rinse toothbrush.

Mouth Care

Mouth care in general is to keep mouth moist and clean, prevent infection, drying and cracking.

Equipment: Disposable gloves, lemon-glycerin applicators or prepackaged mouth swabs, mouthwash, lip moisturizer or lubricant, face towels, emesis basin, paper bag, tongue depressor and water.

- Wash your hands thoroughly before and after procedure, put on disposable gloves.
- Explain procedure (client may still be able to hear even though appears unconscious) and position client. Put towel on pillow, turn client's head to the side and put emesis basin under mouth.
- Ask client to open mouth. If client is unable to respond, extend the neck and pull the jaw forward, holding mouth open with tongue depressor. Don't use your fingers to hold the mouth open!
- Observe the mouth for dryness, sores or bleeding, report as instructed.
- Moisten applicator with mouthwash, thoroughly wipe sides, roof of mouth, tongue, gums and teeth. Take care not to gag the client! Change applicators frequently. (Gauze wrapped around finger or a clean washcloth moistened with mouthwash solution may be used to wipe out the mouth.)
- Immediately discard any used applicators.
- Dry client's face and apply lubricant to the lips to keep mucous membrane moist.
- Wash basin. Dispose of bag.

Dressing and Undressing

How much help the employee gives the client in dressing depends on the client's condition. Clients should, when practical, wear clothes they like!

Unfortunately for many clients, especially the elderly and impaired client, it is often difficult to find clothing that fits well, or to make existing clothing fit well. Poorly fitted clothing impedes movement, causes discomfort and makes the client feel unattractive.

For comfort, layering of clothing is useful. Cotton-blended and knit fabrics are soft, warmer in winter and have "stretch ability". Particularly the older client's perception of room temperature and discomfort from drafts of windows, doors, fans, and air conditioners may be completely different from the employee's. Loss of fat tissue, changes in the skin, temperature and movements that are slower all make the client more sensitive to lower room temperature.

Conveniences for dressing and undressing include garments with front closures, zippers and large buttons. The client's preference for pajamas or a nightgown should be respected. Many men have worn their underwear to bed for years - there's no need to change that as long as the client is comfortably warm. In fact, changing bedtime clothing can cause sleep disturbances.

Bright colors appeal to most clients. Friends of family members can help the client feel a closer link with the outside world by providing contemporary, comfortable and attractive clothing for the client.

Bedfast Clients

Special care must be taken of the bedfast client to prevent the skin from breaking down.

- Always keep the client clean and dry - change sheets daily.
- Keep all bed sheets drawn tight and wrinkle free.
- Turn the client frequently paying special attention to pressure points.
- Place pillow(s) between knees and ankles while client is laying on his/her side.
- Observe skin condition - look for reddened areas.
- Do not let the bedfast client keep items in pockets or wear clothing with thick seams.
- When drying the client, pat don't rub the skin - this can cause skin tears.
- Creams with Vitamin E, lotions and oil-based soaps are good for dry skin.
- After bathing you can use Mylanta or Milk of Magnesia instead of lotion - promotes healing.
- Back rubs are welcomed by most bedfast clients. Warm lotion in hands first.
- Back rubs help circulation which in turn helps avoid skin breakdown.
- Report any skin breakdown to your supervisor.

Making the Unoccupied Bed

We change bedding regularly, occupied or unoccupied, to “air” the bed/bedding and to remove wrinkled or soiled sheets for client’s comfort and cleanliness. Always ask client how they prefer to have their bed made.

Equipment: Mattress pad (as indicated), waterproof sheet (optional), bottom sheet, draw sheet, top sheet, pillowcases, and disposable gloves.

- Wash hands thoroughly before and after procedure. Have disposable gloves nearby in case blood or drainage is found on linens.
- Assemble clean linens in order of use on seat of chair or other clean surface near the bed.
- Adjust height of bed, if possible, to “working” level.
- Remove spread, blanket(s) from bed. Fold and put on chair. Remove and fold all soiled linens one at a time (holding them away from uniform) and place in laundry bag or hamper. Handle soiled linens as little as possible.
- Push mattress to the head of the bed.
- Place bottom sheet lengthwise on mattress, bottom edge even with end of mattress.
- Tuck in top and bottom of sheet and miter the corners. This is not necessary if fitted bottom sheet is being used.
- If a draw sheet is used, put on a clean one, pull firmly and tuck underneath mattress.
- Place top sheet lengthwise on bed, head and even with the mattress edge.
- Tuck in sheet at bottom and fold edges under mattress.
- Place blanket lengthwise on bed about eight inches from the top of bed. Tuck in blanket at the bottom.
- Go to the other side of bed.
- Repeat same steps.
- Turn edge of top sheet over blanket.
- Replace bedspread on top of clean linen.
- Fanfold top bedding to lower end of bed. Allow adequate foot room when tucking in upper bedding.
- Put clean pillowcase(s) on pillow(s) and place at head of bed.
- Place bed in low position, if bed is adjustable.
- Remove soiled linens from the room immediately.

Making Occupied Bed

Equipment: Pillowcases, top sheet, draw sheet, waterproof sheet (optional), bottom sheet, mattress pad (as indicated) and disposable gloves.

Note: *Check with family for availability of necessary linens. It may be necessary to substitute other linen for draw sheet.*

- Wash your hands thoroughly before and after procedure. Have gloves nearby in case blood or other body fluids are on linens.
- Place available clean linens in order of use on seat of chair or other clean surface near the bed.
- Explain procedure to the client.
- Remove all pillows, bedspread and blanket. If a hospital-type bed is being used, lower the headrest so the bed is flat. Raise the bed to its highest position to avoid bending over.
- Loosen all bedding above mattress on all sides of the bed. Don't let linens touch the floor.
- If client has slipped down in bed, assist in moving to the head of the bed or to the correct position for the footrest.
- Roll client to the side toward you, raise side rails to protect client from falling by placing two straight-back chairs against one side of the bed.
- Move to the other side of the bed so that client's back is to you.
- Pull out sheet from mattress. Fold it over several times toward client and tuck it close to his/her back under the dirty linen. Keep client covered.
- Fold clean bottom sheet in half lengthwise, with hem facing out. Place fold at the center of the mattress next to the client's body, tucking it close to his/her body under the dirty linens.
- Tuck in the bottom sheet, miter the corner and smooth out the sheet.
- Raise side rails on opposite side of bed or move chairs.
- Turn the client to clean side of bed, rolling him/her over the dirty and clean linen rolls.
- Go to the other side of the bed. Remove soiled linens (holding them away from uniform) and place them in the laundry bag or hamper.
- Unfold clean bottom sheet and tuck in at head of bed and along the side of bed.
- Pull bottom linens tightly and evenly to get rid of lumps and wrinkles.
- Assist client to center of bed, place disposable pad under buttocks, if necessary.
- Remove all soiled top linens (holding away from uniform), place in laundry bag or hamper.
- If a draw sheet is used, put on a clean one, pull firmly and tuck underneath the mattress.
- Place clean top sheet and blanket over client, tucking them loosely at the foot of the bed or over the footrest or bed cradle.
- Change pillowcase(s) and replace pillow(s) under the client's head.
- Place blanket, spread, etc., as indicated over top sheet, folding upper edge of sheet over to make a cuff.
- Remove soiled linens from room immediately.

Nutrition

A sensible, well-balanced diet is essential for any individual, any age. The aging process causes change that directly affects an elderly person's desire and ability for food intake. Change affects both the sense of taste and the sense of smell. Gum disease and ill-fitting dentures also reduces the appetite.

Behaviors that may be seen relating to change in or loss of the *sense of taste*:

- Loss of or increased appetite. The client may quit eating because nothing tastes good anymore, or may eat excessive amounts to try to get more taste sensation.
- Complaints about food not tasting "right". This should be noted, especially if the client is not the "complaining" type.
- Questions. Client asks what kind of food he/she is eating or mistakenly identifies the food.
- Tongue-coating. If the tongue is white, the client may experience difficulty in tasting food.
- Taste buds may be covered from lack of good dental care.
- Too much seasoning. Client may want to use extra sugar and/or salt.

Behaviors that may be seen relating to change in or loss of the *sense of smell*:

- Client has no reaction to unpleasant odors.
- Client with constant nasal congestion isn't likely to be able to distinguish odors.
- Client may tell you that he/she can't smell something being cooked.
- Client may be unaware of increased body odor.

Food Preparation/Storage Hints:

- Always wash hands before handling food.
- Check food for spoilage.
- Wash the tops of cans before opening.
- Assemble all the ingredients and utensils you will need to use.
- Plan for variety - think how food will look on plate.
- Clean as you cook or bake, soaking things now so you won't have to scrub later.
- Serve fruits and vegetables fresh when possible for maximum nutrient value.
- Use dry milk when preparing sauces, gravies and baked items.
- Place unused food in another container and refrigerate.
- Cook foods until tender. Overcooking can destroy food value and appearance.
- Cool down hot drinks, soups or stews by adding an ice cube or two.
- Use leftovers in creative ways - save and freeze small amounts for "meals for one".
- Good freezing containers include: bread wrappers, TV dinner trays, pot pie tins, etc.
- Double wrap to preserve freshness.
- Wrap meats separately so client can use single servings when alone.
- Mark things with expiration date as a reminder to use before then, so as not to waste food.

Teaching/Re-teaching the Client to Eat

Sometimes it will be necessary to assist with feeding the client, occasionally it will be necessary to re-teach the client to eat. Relearning to eat is often a tedious and frustrating process for the client. However, it's worth the effort because an independent client, doing as much for himself/herself as possible, is a happier client. Some simple self-help devices and the employee's patience and encouragement can restore the client's confidence and ability to function at the best possible level.

If at all possible, the table is the best place for eating. Foods should not be too soft or too dry. Mashed potatoes, firm pudding and applesauce should adhere easily to the utensil. Applesauce is good to start with because it's easily managed and is good either warm or cold. Start with the spoon and work up to using fork and knife. Use large napkins to protect the client from spills.

- Give verbal instructions to the client.
- Hand spoon to client.
- Place hand over client's hand helping to scoop up the food.
- Slowly bring it up to the client's mouth.
- Release client's hand after he/she has taken a bite.

Note: Clients who have been receiving tube feeding as their only form of nourishment for a long period of time may be fearful of choking on "regular" food.

Assisting the Client with Eating

- Wash your hands
- Prepare the client by telling them it is time to eat.
- Help client sit up. Protect clothing with small towel or extra napkins.
- Assist client in washing hands.
- Client will feel less rushed if you sit rather than stand while assisting him/her.
- Test hot foods for proper temperature on the inside of your wrist.
- Give moderate-sized bites of food. Alternate liquids with solids, according to client.
- Be gentle with forks and spoons. Wipe corners of mouth gently with napkin periodically throughout the meal.
- Straws may aid in fluid intake. Client may prefer to hold the cup when drinking. When offering a glass or cup, touch it to the client's lips.
- Offer client opportunity to rinse mouth after eating. Assist client with oral hygiene.
- Make sure client is comfortable after eating. The client should remain sitting up for at least 30 minutes after eating.
- Take tray and dishes to kitchen and wash as soon as possible.

Special Diets

Low Calorie Exchange Diet.

Calories may be limited to control weight or to treat diabetes and other conditions. In general, older people need fewer calories than younger people. A certain number of calories will be prescribed to be divided among the four food groups. The client's family and/or Nursing Supervisor will give you a list of foods in each group, a guide for how many foods from each group are allowed, and a number of total calories to be consumed in a day.

For example, breakfast may allow one fruit exchange, two bread exchanges, one meat exchange, one milk exchange, and one fat exchange, for a total of 500 calories. Using the exchange lists and food calorie charts, you could translate this into half a grapefruit, one poached egg on toast, one slice of toast with a teaspoon of butter and an eight-ounce glass of milk.

The exchange diet permits choices in food preferences. Meals can be varied while calories are limited and basic nutrition requirements are met.

Sodium Restricted Diet

This diet is often called the “low salt” diet because of the sodium content of salt (one teaspoon of salt contains approximately 2,000 milligrams of sodium). Almost all foods contain some sodium. Animal foods, such as milk, meat, fish, poultry and eggs, contain the highest percentages of sodium, and plant foods contain the least. Most prepared foods, such as mixes, frozen foods and canned foods, contain large amounts of sodium.

Bodily needs for sodium are not great. Intakes of 1,100 to 3,300 milligrams of sodium per day are considered safe and adequate for the adult with no health problems. However, the sodium restricted diet is often prescribed for people with heart disease and high blood pressure. Sodium may also be limited in weight control diets.

Follow orders for a low sodium diet closely. This may call for careful measuring of foods, reading all labels and adding up the specific sodium content of each food prepared. The more common diet will merely restrict certain foods and prohibit adding salt to foods as they are cooked or at the table. Home baked and freshly cooked foods give you the most control over salt content and are the best choice for the client.

Avoid:

- *Processed meats:* avoid bacon, ham, luncheon meats, sausage and frankfurters.
- *Snack foods:* avoid salted crackers, peanuts, popcorn, and potato chips.
- *Canned vegetables.* Eat fresh vegetables if possible, frozen is next best.
- *Seasonings that have the word “salt” in their names:* onion, celery and garlic salts.
 - Prepared seasonings such as ketchup, parsley flakes, and soy sauce and steak sauces.
- *Canned and smoked fish.*
- *Carbonated soft drinks:* particularly low-calorie beverages.

Bland Diet

For a person with a peptic ulcer, a bland diet is often recommended. Several small meals a day rather than three large meals may be suggested. The bland diet is just that - bland. Food should be prepared simply, avoiding acidic food and restricting spices.

Foods that are encouraged include:

- milk, cream, mild and soft cheeses
- Poached, broiled or baked fish
- Lamb, veal, beef and chicken
- Poached or boiled eggs
- Well cooked vegetables (no gas forming)
- Skinless cooked fruits (such as applesauce)
- Diluted juices and ripe bananas
- Breads and cereals (no bran)
- Ice cream and simple puddings
- Cream soups

Foods to be avoided include:

- raw fruits
- all fried foods
- smoked and preserved meats
- raw vegetables
- gas forming vegetables (cabbage, onions, Cauliflower, Brussel sprouts, broccoli, Cucumbers, radishes, turnips, skinless Potatoes)
- pork and gravies
- pastries, candies
- coffee, tea
- alcoholic and carbonated drinks
- spices, condiments

Fat Controlled Diet

Fat intake may be restricted to persons with coronary artery disease and other heart conditions. The greatest changes from a normal diet are in the milk, bread, meat and fat foods.

Milk - Only skim milk is allowed. This includes regular skim milk, nonfat dry milk and buttermilk made from skim milk. Avoid products made from whole milk: cream, butter, cheese and ice cream.

Bread Foods - Hot breads, such as biscuits and muffins, should be made from corn, cottonseed, safflower and soybean oils or special margarine. Crackers made without oil are allowed: pretzels, breadsticks, Melba toast and matzo. Avoid cake made with whole milk and eggs.

Meat and Meat Alternatives - Meats are high in fat and should be limited. The lowest fat count is found in lean veal, fish (not shellfish), skinless poultry and cottage cheese. Other meats should be eaten no more than three times a week, three ounces each serving. These include: lean beef, center-cut loin pork and center-cut ham. Usually, only three eggs a week are permitted. Liver, shellfish and fatty meats are prohibited.

Fats - Only corn oil, cottonseed oil, safflower oil and soybean oil are allowed. Dressings, mayonnaise and margarines made from these oils are permitted. Look for the names of these oils on the commercial dressings' packages. Avoid whipped toppings and powdered coffee creamers because of the type of fat content.

MEAT LOAF

1 lb. Hamburger meat (3/4 uncooked) 1 tsp. Pepper
1 c. Onion 1 cup Tomato Juice
1 tsp. Salt 1 egg, Beaten
1 c. uncooked oats (or bread crumbs)

Preheat oven to 350. Combine all ingredients; mix well. Press firmly into ungreased 8x4x2 inch loaf pan. Bake at 350 about 1 hour. Let stand 5 minutes before slicing. Makes 8 servings.

SWISS STEAK

1 c. flour 1 cup Wesson oil
1 tsp. Salt 2 medium chopped onions
Dash of pepper 1 cup water
2 lb. Thick steak 1 (8oz.) can tomato sauce

Mix flour, salt and pepper, pound into both sides of meat. Brown meat in Wesson oil, remove browned meat from pan and cook onion until golden. Add water and tomato sauce, stir until mixture thickens a bit. Return meat to pan, cover and reduce heat. Simmer 1 _ hours or until meat is tender.

OVEN BEEF STEW

2 Tbsp. All-purpose flour 2 cup water
1 tsp. Salt 1 cup chopped onion
1/8 tsp. Pepper 4 medium potatoes, pared and cubed
1 lb. Beef chuck, cut into
1-inch cubes 4 carrots, scraped and cut into
1-inch pieces
2 Tbsp. Shortening
2 (10 oz.) condensed tomato soup

Combine flour, salt and pepper. Coat meat cubes in seasoned flour. Brown meat in hot shortening in Dutch oven. Add tomato soup, 2 _ cups water and onion. Cover and bake at 375 for about 1 hour. Add potatoes, carrots and _ cup water. Cover and bake 1 hour longer or until tender. Makes 6 servings.

CHICKEN AND RICE

1 cup rice 1 can mushroom soup
1 chicken, cut up 1 cup water
1 envelope onion soup mix

Place rice in greased casserole dish. Add chicken, meat side up. Sprinkle with dry onion soup. Add mushroom soup. Pour water on top and cover. Bake at 400 for 45 minutes to 1 hour, depending on the size of chicken.

EASY OVEN PORK CHOPS

Place 5 to 6 pork chops in ungreased casserole. Mix together:

1 can cream of chicken soup 2 Tbsp. Worcestershire sauce
2 Tbsp. Catsup

Pour over pork chops and cover tightly. Bake at 325 for 2 hours. Makes its own gravy.

PUMPKIN PIE PUDDING

1(15 ounce) can solid pack pumpkin 2 Tbsp. butter or margarine melted
1 (12 ounce) can evaporated milk 2 ½ tsp pumpkin pie spice
¾ cup sugar 1/2 cup biscuit/baking mix 2 tsp vanilla extract
2 eggs whipped topping

Combine first 8 ingredients in a large bowl. Transfer to a slow cooker coated with nonstick cooking spray. Cover and cook on low for 6-7 hours or until a thermometer read 160 degrees F. Serve in bowls with whipped topping.

General Housekeeping

Housekeeping and homemaking chores are provided to the client according to their Service Plan. When starting a new client, review the plan and identify what needs to be done. Involve your client in determining priorities.

Housekeeping Tips:

- Pick up all throw rugs and shake them outside.
- Use bucket for mopping, not kitchen sink! Ask client where to dump mop water.
- When cleaning the bathroom, wear disposable gloves.
- If using “gritty” cleaner for bathtub, rinse well to prevent gritty bath!
- If client does not have adequate cleaning supplies, make a PROVIDER COMMUNICATION FORM request.
- Be careful when using client’s appliances.
- Use proper cleaning products for surfaces to be cleaned.
- Thoroughly dust, vacuum and clean the living areas regularly.
- The bathroom and kitchen must be cleaned at least *once a week*.
- When cleaning a room, begin at the top and work down - floors last.
- Work in a circle around the room, it saves steps and effort.
- Before dusting, pick up and remove “*Knick knacks*” **carefully**. Dust thoroughly, then put back in the same place.
- Check vacuum bag regularly to see if it is full and needs a new bag.
- Vacuum behind and under smaller furniture, move it if necessary.
- Vacuum entire area, not just the middle of the room.
- Tidy up the living room each visit. Sort papers, etc., and determine with the client what can be thrown away. The living room is usually the first and sometimes the only room, visitors see.

Shopping Suggestions:

- Keep an ongoing list of cleaning supplies or groceries needed.
- Before leaving client’s home, know which brands of food, quantities of food desired, or any other information that you will need, in order to make correct shopping decisions.
- Use coupons. Only clip coupons for the food items you use regularly.

Laundry Hints:

- Always check pockets
- Be sure to sort laundry by color and fabric type
- Most commercial dryers run very hot. Don’t let the client’s clothes get too hot or over dry.
- Be careful with bleach. Only use bleach at the client’s request. **NEVER** pour it directly onto clothes.
- Double check to make sure you have picked up all of client’s laundry when you leave the facilities

Cleaning Tips:

- Use old toothbrushes for those hard to reach areas.
- Store brooms upside down to help keep their shape.
- Wrap a towel around to reach cobwebs in hard to reach areas.
- Plastic grocery sacks make good trash can liners.
- Newspapers are great for cleaning windows.
- After defrosting the freezer, spray the surface with PAM or wipe sparingly with cooking oil. Next time, ice will slide off.
- Avoid scouring powders.
- Avoid getting surfaces too wet.
- Always use clean water and cleaning materials.
- To prevent pipes from freezing, let them drip in freezing weather.

Time Saving Tips:

- Use your time wisely; plan your job before you begin to work.
- Do a good job the first time and it will be easier to maintain.
- Always return things to their proper place when you've finished with them.
- Do more than one thing at a time - while laundry is washing, dishes could be soaking and you could be making the bed.

Common Cleaning Aids:

If the client is reluctant or unable to purchase cleaning supplies, you can make your own by mixing these inexpensive ingredients they are likely to have on hand.

Window Cleaner (3 versions)

1 Pint Rubbing Alcohol
2 T dishwashing soap
2 T Ammonia
Water to make a gallon

1/2 C Ammonia
1 C White Vinegar
2 T Corn Starch
1 Gal water

2 T Lemon Juice
2 T White Vinegar
1 Gal Water

Windshield Cleaner

1 Quart Rubbing Alcohol
Water to make a gallon

2 T Dishwashing Soap

2 T Ammonia

Mix it all together well. Pour into car windshield washer dispenser. This mixture will not freeze down to 30 degrees below zero.

Drain Cleaner

Use a handful of baking soda and cup vinegar. This will help a sluggish drain but will not be adequate for one that is completely stopped up.

Insect & Rodent Prevention

- Moth balls placed here and there will prevent silverfish
- DOVE soap placed in drawers will prevent roaches and silverfish.
- Boric acid mixed with sugar - lightly sprinkle area.
- Bengal spray - spray affected area lightly.
- Boric acid mixed with small amounts of flour, sugar, bacon grease and milk, rolled in small balls and placed in cupboards. Keep away from children and pets.
- Roach chalk is good for killing roaches, ants and crickets.
- Rodents - poison wheat - purchase at a feed store and mouse traps.

Many clients have very limited budgets. You can substitute common inexpensive items found in most people's homes to replace higher cost, brand name products.

Ammonia - cleans ovens, bathrooms, windows and removes wax.

Chlorine Bleach - cleans bathrooms and windows. Disinfects garbage pails. Removes stains from kitchen counter tops and removes mildew. Use in small amounts to help kill germs. Always use sparingly.

Baking Soda - cleans refrigerators, stains from porcelain enamel and kitchen counter tops. Used as a carpet cleaner - sprinkle carpet, wait and vacuum later. Mix 1 T of soda with water for use as an abrasive cleanser for sinks and tubs. Mixture of vinegar, soda and water helps with a sluggish drain.

Vinegar or Lemon Juice - cleans glass and chrome fixtures. Mixed with salt, cleans copper, brass and aluminum. Removes rust, hard water spots from ceramic tile, and mildew from rubber strip on refrigerator.

NEVER MIX AMMONIA AND CHLORINE BLEACH - IT MAKES POISONOUS/TOXIC FUMES!

Cleaning Surface

Proper Cleaning Technique

Kitchen Counter Tops	Always use cutting board. Use baking soda or bleach to remove stains. Do not scour with abrasive cleanser.
Ceramic Tile	Clean with mild detergent. Use chlorine bleach to remove black mildew in cracks. Do not scour with abrasive cleanser.
Porcelain Enamel (refrigerator, range, sink & bathtub)	Clean with mild detergent. Use baking soda to remove food stains. Do not scour with abrasive cleanser.
Windows and Mirrors	Clean with designated cleanser or use mix of ammonia/water or Vinegar/Water. Do not scour with abrasive cleanser.
Wood/Natural Finish	Clean with a mild detergent and damp, <i>not wet</i> , cloth. Wax with a “for use on wood floors” only product. Do not scour with abrasive cleanser.
Aluminum	Clean with mild detergent. Use vinegar mixed with salt to remove stains. Do not use baking soda or ammonia. Do not scour with abrasive cleanser.
Chrome Fixtures	Clean with mild detergent. Use vinegar on spots. Do not use metal polish. Do not scour with abrasive cleanser.
Stainless Steel	Clean with mild detergent. Do not scour with abrasive cleanser.
Vinyl Tile	Sweep often and wipe up spills. Wash, rinse and dry before waxing. Remove black marks with a fine steel wool. Use any kind of wax. Do not scour with abrasive cleanser.

DEPARTMENT OF MENTAL HEALTH (DMH) Training Manual

(Specific to DMH/DDS Providers)

This Training Manual is *in addition to* Phoenix Home Care's General Employee Handbook



Event Reporting

Purpose of Event Report Training

1. Learning when and how to complete an Event Management Tracking Form.
2. To learn how to review an Event Management Tracking Form.
3. To establish the EMT reporting criteria and process.

Why Do We Report?

We collect information around the individuals we serve and used in a variety of ways.

1. Risk Prevention and Management
2. Center for Medical Services
3. Mental Health Commission
4. Licensure and Certification
5. Regional Offices and State Operated Programs

Definition of a Reportable Event

Specific incidents that were unusual, have actual or potential adverse outcomes, or medication errors that reach the individual

When to Report

It is required to provide immediate report of all events to your supervisor.

Events to which require immediate report made:

- Abuse and neglect or misuse of consumer funds/property
- Critical Events
- Death of DMH-DD individual
- DD-Employee Misconduct

All other events require written notification within the next business day of event or discovery of event.

How to Review the EMT

The individual that completes the EMT forms will need to ensure completeness, identify reports, allegation or suspicion and identify critical events.

Submitting EMT Report Forms

Some Regional Offices ask that you submit to TCM (Targeted Case Management).
Some Regional Offices ask that you submit directly to the Regional Office.

Reportable Categories

Reportable events are classified into eight (8) categories.

Category #1

Reporting all events where there is a report, allegation or suspicion of misuse of funds/property, neglect, physical abuse, sexual abuse and verbal abuse.

Category #2

Reporting all visits to the emergency room, unscheduled hospitalizations, deaths of individuals served by DD, med errors that reach an individual, incidents of falls and uses of emergency procedures.

Category #3

Reporting all events where there is law enforcement involvement when the individual is either the victim, alleged perpetrator, or law enforcement is called as a support in the event.

Category #4

Reporting all events that result in disruption of DMH service due to fire, theft or natural disaster; resulting in extensive property damage or loss.

Category #5

Reporting all events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.

Category #6

Reporting all events where there is any threat or action, verbal or non-verbal. This must convey a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted.

Category #7

Reporting all events where the individual ingests a non-good item.

Category #8

Reporting all events that result in a need for an individual to receive lifesaving intervention or emergency medical/psychiatric intervention.

Worksheet Scenario Training

Group discussion regarding provided scenarios for training purposes.

Abuse and Neglect Training

Course Outcomes

The outcomes of abuse and neglect training is to become knowledgeable of abuse, neglect and misuse of consumer/funds and property definitions, reporting requirements and prevention strategies. An individual will also be able to demonstrate knowledge of abuse, neglect and misuse of consumer funds/property definitions, reporting requirements and prevention strategies through participation of a competency based online test.

Mandated to Report

All employees are mandated reporters if you are present during the abuse event or if someone reports the event to you. Employees responsibilities are to attempt to stop the abuse. Immediately notify your supervisor, Children's Division for individuals under the age of 18, Division of DD for individuals of every age. All employees are responsible for completing a written Event Report Form immediately and submit to their supervisor.

Event Report Form

On this form it is important to include the following:

Who, what, when, where?

Types of abuse and neglect:

- Neglect
- Misuse of funds/property
- Physical abuse
- Sexual abuse
- Verbal abuse

Neglect/Misuse of Funds

Definition of Neglect

Failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any consumer when that failure presents either imminent danger to the health, safety or welfare of a consumer, or a substantial probability that death or serious physical injury would result.

Signs of Neglect

Signs or symptoms of not following physician orders. Such as...

- Not using prescribed adaptive equipment
- Not administering meds as prescribed
- Evidence of not following the person's Individual Support Plan. Such as...
- Level of required supervision not followed
- Untreated medical condition

Examples of Neglect

1. An individual has a personal plan (ISP) which indicates a need for a staff to assist them during bathing/showering because the person cannot regulate the water temperature from the faucet. You observe the staff who was assisting the individual with their shower and the individual leaving the bathroom. At that moment you notice the individual's feet and ankles are red and blistered.
2. Individual has a personal plan which indicates they have a history of drinking any liquid within their reach. The personal plan directs staff to lock up all cleaning supplies in order to prevent the person from ingesting those items. You learned that the one staff on duty left the area to answer the phone and accidentally left the bathroom cleaning supplies out and within reach of the individual.
3. The individual has choking precautions outlined in their personal plan (ISP). Physician orders indicate a thickener should be used for all drinks served to an individual to prevent choking. Staff forgot to put thickener in the individual's drink.

Definition of Misuse of funds/property

The misappropriation or conversion for any purpose of a consumer's funds or property by an employee or employees with or without the consent of the consumer, or the purchase of property or services from a consumer in which the purchase price substantially varies from the market value.

Signs of Misuse

- A receipt for merchandise is present but the merchandise is not in the home.
- The account ledger is not matching the number of available monies/funds.
- Missing property/belongings/money.

Examples of Misuse

1. An individual told you that another staff did not bring enough money to buy themselves lunch after taking the individual to the doctor. The individual gave staff permission to borrow money for their lunch with the understanding that they would pay the money back the next morning.
2. You heard from another staff member that your supervisor used an individual's EBT card (food stamps) to purchase groceries for themselves and their family.
3. An individual sold their newly purchased flat screen 30" TV to a staff member for \$20.00 because the individual needed money to purchase cigarettes.

Making Purchases and Returning Items for Clients

1. All monies obtained from return/exchange of client's item MUST be returned to client. If an employee has approval from their supervisor to return/exchange an item for a client that involves the exchange of money, a shopping requisition must be filled out. The shopping requisition must list the amount of the returned/exchanged item (attached with receipt), the amount of money that was given to employee for return/exchanged item, and initials from client confirming receipt of money for returned/exchanged item. Unless approved by your supervisor, you may not return/exchange items that result in receiving more than \$100 back for return/exchange.

Physical/Sexual/Verbal Abuse

Definition of Physical Abuse

An employee purposefully beating, striking, wounding or injuring a consumer. In any manner whatsoever, an employee mistreating a consumer in a brutal or inhumane manner. When an employee is handling a consumer with any more force than is reasonable for a consumer's proper control, treatment or management.

Signs of Physical Abuse

- Unexplained cuts, lacerations, punctures
- Unexplained bruises, welts, discolorations, grip marks
- Burns
- Unreasonable physical restraint (using too much force or unapproved technique)
- Broken bones
- Examples of Physical Abuse

Examples of Physical Abuse

1. Staff observed one individual slapping their roommate. Staff intervened and staff slapped the first individual to demonstrate to that person how it felt.
2. You read the notes from the previous shift and learned that staff put Tabasco sauce on the individual's tongue to try to teach the individual to quit cussing.
3. Another staff member told you that an individual had been verbally aggressive towards staff. Staff called for help and both staff members put the individual in a manual hold (physical restraint).

Definition of Sexual Abuse

Any touching, directly or through clothing, of a consumer by an employee for sexual purpose or in a sexual manner. This includes but is not limited to:

- Kissing.
- Touching of the genitals, buttocks or breasts.
- Causing a consumer to touch the employee for sexual purposes.
- Promoting or observing for sexual purpose any sexual activity or performance involving consumers.
- Failing to intervene or attempting to stop inappropriate sexual activity or performance between consumers.
- Encouraging inappropriate sexual activity or performance between consumers.

Signs of Sexual Abuse

- Sudden avoidance/fear of specific people, genders or situations.
- Sexually inappropriate behaviors, compulsive masturbation, promiscuity.
- Hints about sexual activity; new or detailed understanding of sexual behavior.
- Urinating or defecating in clothing.
- Bleeding, bruising, infection, scarring or irritation to a person's genitals, rectum, mouth or breasts.
- STD's.
- Torn, stained or bloody underclothing.
- Difficulty walking or sitting.
- Depression, withdrawal or excessive crying spells.

Examples of Sexual Abuse

1. Staff appeared to be touching an individual's genitals for their own sexual gratification rather than to support a personal care or hygiene need.
2. While on evening shift, you observed another staff member encouraging two individuals to have sexual contact with each other, while that staff watched.
3. You learned the next morning, from an individual, that the night shift staff brought a pornographic movie to work and asked the individual to stay up and watch it after everyone else went to bed.

Verbal Abuse Defined

An employee making a threat of physical violence to a consumer, when such threats are made directly to a consumer or about a consumer in the presence of a consumer.

Signs of Verbal Abuse

Uncharacteristic behaviors...

- Emotionally upset or agitated.
- Avoidance of a specific person or situation.
- Extremely withdrawn/non-communicative.
- Unusual behavior (sucking, biting, rocking).
- Verbal/physical lashing out at others.
- Wanting to be isolated from other people.

Examples of Verbal Abuse

1. An individual pick up your slice of pizza and takes a bite. Another staff intervenes and says, "If you ever do that again I am going to cut your hand off and make you wish you had never done that!"
2. You are discussing your work schedule with your supervisor. During your meeting the office door is open and adjoins the kitchen where individuals are preparing dinner. Your supervisor tells you that they are frustrated and going to slap Julie (individual) on her mouth if she doesn't stop talking obsessively. You happen to look up and see Emma (another individual) standing in the doorway.

Prevention Strategies

The PA in the home needs to be knowledgeable of the individual they are caring for and their:

- Hopes and Dreams
- Likes and Dislikes
- Family and Friends
- Personality Traits
- Communication Style
- Medical and Behavioral Support Needs
- Supervision Needs

Additional Prevention Strategies Include:

- Educating individuals how to say “No” to abuse.
- Encouraging individuals to have friendships with people other than direct care staff.
- Listening to the person you support.
- Educating individuals on the reporting process, and helping them to know whom they can speak to when they have concerns or issues.
- Assisting individuals to have an effective way to communicate their concerns or issues.
- As a staff member know your limitations physically and emotionally.
- Participate in staff trainings and education opportunities.
- Ask for help from other staff when needed.
- Avoid working long hours or double shifts.
- Conduct a self-check of your personal motives.
- Involving individuals and their support staff with the planning and evaluation of supports for the individuals they serve.
- Establishing clear operating policies and procedures.
- Maintaining current background checks.
- Conducting unannounced visits at service sites.

I understand that Phoenix Home Care does not provide Physical Management training and therefore does not promote, condone, or encourage physical restraint or isolation/seclusion of clients for any reason.

Laws Regarding Reporting-Missouri Revised Statutes

Mandatory Reporting Requirements

Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department.

Failure to Report & False Reporting

Any person who knowingly fails to make a report or knowingly files a false report may be found guilty of a class A misdemeanor and shall be subject to a fine up to one thousand dollars.

After A Report Is Made

- DMH will ensure the health and safety of the individual/s.
- An Inquiry will be conducted by the Regional Office.
- Other agencies may be involved as well.
- All staff are required to cooperate fully with the inquiry/investigation.

Once an employee completes the Abuse and Neglect training, they will be required to complete the online quiz found: <http://www.mimhtraining.com/dd/abuse-neglect/>

Missouri Quality Outcomes Training

This training is required for all employees that do not have one (1) year experience with individuals with developmental disabilities.

The Origin of Missouri Quality Outcomes

- The Missouri Quality Outcomes were developed as a result of listening to people with disabilities, their families, and advocates. The outcomes were designed to encourage personal quality of life outcomes with individual focus on leading a self-determined life; including personal values, choice, health, safety, inclusion and self-advocacy.
- The Missouri Quality Outcomes are intended to be a guide to assist the user with facilitating discussion around key areas of importance to the individual that defines quality of life. Improving quality requires continuous efforts on getting to know the person in the settings and situations where they are supported, as well as, consistent interaction and involvement with the individual and their support systems for on-going assessment of their quality of life.

Daily Living Activities Outcome

This outcome is designed to support individuals to make informed choices and encourage self-determination in pursuing daily activities of their choice while exploring the full range of options; including employment, volunteering, use of free time and participating in activities of their choice. Outcomes/Supports should be individualized to assist in achieving maximum potential.

Questions for Daily Living Outcome

1. Do you have people who explain options and choices in a way that makes sense to you?
2. Do these explanations help you make informed decisions about your options?
3. When was the last time you tried something new?
4. Would you like to try something new? What needs to happen in order for you to try something new?
5. Have you had the chance to explore a variety of opportunities to determine areas of interest?
6. How do you spend your day?
7. What do you like most/least about your day? Is there anything you would like to change?

Community Living Outcome

This outcome is about presence and participation in the community, based on interests determined by the individual. Individuals are integrated into their community, including community service, in the same way as neighbors and fellow community members. Individuals have natural supports in their lives and relationships that are not based on their disability.

Questions for Community Living Outcome

1. Did you choose this community? Did you choose your home? Did you choose who you live with (if applicable)?
2. What made you choose this community? What made you choose this home?
3. Are you satisfied with your home? Does it reflect who you are and what is important to you?
4. Are there adaptations in your home to fit your needs? If not, are they needed? (examples may include lighting that is sensitive to seizure, or other things that make the home accommodating to the individual's needs)

Social and Spirituality Outcome

This outcome is about presence and participation in the community, based on interests determined by the individual. Individuals are integrated into their community, including community service, in the same way as neighbors and fellow community members. Individuals have natural supports in their lives and relationships that are not based on their disability.

Questions for Social and Spirituality Outcome

1. Do you know about community activities and choose which ones to participate in?
2. Do you have the support you need to participate in these community activities?
3. Are you able to get to community activities of interest?
4. Do you have the support you need to develop and maintain relationships with other community members?
5. Are you a regular member of a church, social group and/or community organization that is not related to having a disability?
6. Do you spend time with people in your community who are not paid to provide you with support services?
7. Do you enjoy community activities (such as shopping, going out to eat, etc.) and are you able to do these activities?
8. Are you supported to explore and practice your religious beliefs?

Healthy Living Outcome

This outcome emphasizes the individual's right to receive physical, emotional and mental health care from the practitioner of their choice. Individuals receive information and education on ways to maintain their health and well-being. Individuals are supported in making healthy choices.

Questions for Healthy Living Outcome

1. Who are the doctors you go to? Are you comfortable talking with your doctors?
2. Does your doctor help you understand issues about your health? Does your doctor listen to your concerns?
3. How did you go about deciding which doctors to go to?
4. Do you have someone who goes to the doctor with you? Do you have someone who helps you remember your doctor appointments?
5. Do you make a list of questions for the next time you see your doctor?
6. Do you take any medicines? If so, do you know what each medicine is for?
7. How do you let others know when you are not feeling well?
8. What do you do to stay healthy?
9. Do you have an exercise you enjoy? How often do you exercise?
10. Does anyone talk with you about making healthy choices in what you eat or getting exercise?

Safety and Security Outcome

This outcome emphasizes individuals living free from harm, being educated about their rights and living in healthy environments where safety and security are a high priority, while supporting the individual's rights to live independently, make personal choices and take some risks.

Questions for Safety and Security Outcome

1. Do you feel safe in your home? If not, what would make you feel safe?
2. Does your home have safety equipment like smoke alarms, fire extinguishers and Co2 detectors? Do you participate in emergency drills/plans?
3. Do you feel safe in your neighborhood? If not, what are some of the things you do to keep safe in your home?
4. What are some of the things you do to keep safe in your community?
5. Do you understand your rights? (Example: Can you share what your rights are? Has the DDD Rights brochure been shared with you?)
6. Are there any restrictions on your life that you feel are not fair, like not being able to use the phone, or have friends over or being by yourself when you want to? If so, are you aware of due process?
7. If there is a problem, who do you tell? What if the person you tell is part of the problem?
8. Have you ever felt mistreated? Did you report it? Was the problem solved?
9. Do you have privacy in your home? Is your personal business kept private?

Citizenship and Advocacy Outcome

This outcome emphasizes the importance of self-advocacy. Training and ongoing support are often time require to assist an individual in developing their self-advocacy skills.

Questions for Citizenship and Advocacy Outcome

1. Have you participated in People First, Project STIR or other self-advocacy groups?
2. Do you attend self-advocacy trainings?
3. Do you attend meetings related to causes you support?
4. Have you voted in an election? If not, why not?
5. If you have a guardian, do you feel he/she includes you in decisions?
6. If not, do you feel capable of making your own choices and exercising your rights without any support?
7. If needed, do you have people around you who you trust to help you make choices and exercise your rights?

Supports to Families Outcome

This outcome focuses on information presented to family members to educate them in the process of self-determination. Families provide support and insight that will assist their family member in leading a self-determined life including making choices, setting goals, assuming responsibility, and driving how one's own life is lived. Families are integral in the development of a person's independent and interdependent capacities.

Questions for Supports to Families Outcome

Talking Points for Families:

1. What are the strengths you see in your family member?
2. Do you have the information you need to promote self-determination for your family member?
3. What are your family member's future goals?
4. How do you promote independence in the life of your family member?
5. Do you have a long-term plan in place if you are unable to provide care for your family member?

Talking Points for Individual:

1. Do you have the information you need to promote self-determination in a way that is meaningful to you?
2. How does your family encourage you to find and keep friendships?
3. How does your family encourage you to make your own life decisions?
4. How does your family encourage you to set personal goals that are meaningful to you and follow through on them?
5. Share at least one story of a time your family allowed you to take a risk or try something new without interfering?
6. What chores do you have within your home?
7. What other responsibilities do you have in your home?

Positive Behavioral Support Training

Introduction to PBS Training

- Purpose: Preparing the environment to provide support for all individuals and increase likelihood of success.
- Your role: Important job you have; a lot of responsibility to ensure success of individuals and create the environment for success.
- 4 Modules
 1. Creating Positive Environments
 - Creating positive physical and social environment with positive reinforcements and specific praise while predicting and scheduling.
 2. Encouraging Communication and Choice Making
 - Encouraging choices, communication and understanding preferences.
 3. Establishing Positive Relationships at Home
 - Increasing positivity at home with an emphasis on positive culture by teaching and supporting values.
 4. Helping Individuals Achieve Positive Lifestyles & Quality of Life
 - Utilizing Person-Centered Planning by teaching and reinforcing skills to achieve quality of life through opportunities.

Rights & Responsibilities of the Individual

Individual Rights

A person receiving Division services shall be entitled to the following rights without limitation:

1. To be treated with respect and dignity as a human being
2. To have the same legal rights and responsibilities as any other person unless otherwise limited by law
3. To have the right to due process review when any limitation to rights is proposed or is alleged to have taken place
4. To receive services regardless of gender, race, creed, marital status, national origin, disability, or age
5. To be free from physical, verbal, mental, and sexual abuse and neglect
6. To receive appropriate humane and high-quality services and supports as determined by the person's support team, which may include, but not limited to, the person, parent's guardian, or authorized representative.
7. To receive these services and supports in the most integrated setting appropriate for the person's particular needs
8. To have access to Division rules, policies, and procedures pertaining to services and supports
9. To have access to personal records
10. To have personal records maintained confidentially
11. To have services, supports, and personal records explained so that they are easily understood

Required Documentation

Daily progress notes:

- Used for staff to convey important information about the individual to the next shift and for records.
- Can be used as a check and balance system for administration of medications, to ensure needed appointments were made for the consumer, and to ensure that outcomes are being worked on.
- Keep important information current and incorporated into the personal plan.
- Keep notes detailed and useful. Words such as “good” “bad” “no problems” should be avoided. Those words do not tell the reader useful information. Describe to the reader what “good” means. For instance, instead of “..... Had a good day”, describe the person’s day and what made the day good.
- Information documented should reflect the time spent with the consumer excluding the objectives: where they went, they day did, etc.

Monthly Summary

The monthly summaries describe progress on the individual person-centered plan goals and objectives and overall status of the individual. Once the progress notes are submitted to your immediate supervisor, they will build the monthly summary for submission.

Documentation on Outcomes

This document will state the level of support that was needed, what the PA did for the objective, progress made, and recommendations.

Personal Plan

The personal plan is a document resulting from a process directed by the individual served, with assistance as needed by a representative. It identifies strengths, capacities, preferences, needs, and desired outcomes of the participant. The process may include other individuals freely chosen by the participant who are able to serve as contributors to the process. The person-centered planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes.