

Caring Home Health

Employee Acknowledgement and Agreement Statement Orientation to Caring Home Health

I acknowledge that I have received a copy of the following policies and that I have also been instructed in the following:

- _____ • Job Descriptions
- _____ • Time Sheet Guidelines / Payroll Guidelines
- _____ • Payroll Guidelines
- _____ • Special Notice
- _____ • HIPAA
- _____ • Confidentiality Statement
- _____ • Search of Property/Communication Surveillance
- _____ • Drug Screening
- _____ • Incident Release of Medical Records
- _____ • Notice to Employees concerning Worker's Compensation in
- _____ • Texas / Fraud
- _____ • Illegal Remuneration Policy
- _____ • Abuse Neglect and Exploitation
- _____ • Sexual Harassment
- _____ • Facts Regarding AIDS
- _____ • Universal Precautions
- _____ • Body Mechanics
- _____ • Who to report any health problems to
- _____ • Provided with HIV/HEP. Training

I have read and agree to be in compliance with all Agency policies/procedures and guidelines of client care.

Employee Signature

Date

Employee Printed Name

Agency Representative

CARING HOME HEALTH
P.O. BOX 1357
GEORGETOWN, TEXAS 78627
512-863-4748 *
800-846-4420

TIME SHEET GUIDELINES

If your client's coverage requires you to call in/out through the EW System, you will only have the initial timesheet you were given at your time of hire. This timesheet needs to be filled out and returned to Payroll. The EW System which tracks your calls in/out is what determines your pay and not the initial timesheet, so always call in/out every day you work.

You must fill out the total hours worked on each day. You must sign your name at the bottom right of the page. **Do not use liquid whiteout or scribble on your timesheet. Do not write over the top of another number. Use ONLY blue or black ink.**

. If you do not follow the instructions on your timesheet, your timesheet will not be accepted and will be returned to you to be completed correctly.

When a pay period is complete, **15th and 30th or 31st**: you must mail your timesheet to the office using the address listed above.. Your timesheet is **DUE IN THE OFFICE** no later than the **7th and 22nd** day of the month, by 5:OOPM. **A CHECK CANNOT BE ISSUED UNLESS WE HAVE THE CORRECT TIMESHEET IN OUR OFFICE AND IT MUST BE IN THE OFFICE BY THE DEADLINE DATE.**

If you are not sure whether you mailed in your timesheets, whether you have mailed in the correct timesheet, or whether your timesheet has been received, please contact the office at (512-863-4748 or 800-846-4420).

It is our main concern that you receive your paycheck on time; however, we need your full cooperation to **make sure your timesheets are received in the office on time and correctly filled out.**

PAY SCHEDULE:

You are paid twice per month (Semimonthly). Pay dates are the 1st and the 16th of the month. Checks are always mailed the day before the pay date. Once the checks are mailed, we have no control over them. If you have not received your check after seven (7) days from the pay date, please call the office for assistance at that time.

PAY PERIODS:

- Hours worked from the 1st through the 15th of the month are paid on the **1st of the next month.**
- Hours worked from the 16th through the end of the month are paid on the **16th of the next month.**

PAY CHECK:

Checks are mailed out the day before payday. ***Please understand that once checks are mailed, our Agency is not responsible for your check.***

PAYROLL GUIDELINES

1. **Electronic Visit Verification (EVV) 1-844-219-7483 Spanish 1-844-219-7484**

All PCA's are required to call in and out through the EVV system. (VESTA).

Whenever your client **HAVE** a fixed Traditional **LAND LINE PHONE**; you will be given, by a supervisor, a **PENDING HIRE FORM** at the time of hire during your face to face orientation. Call at beginning and end of schedule.

If your client **DOES NOT** have a **LAND LINE PHONE**; you will be given a PENDING HIRE FORM.

2. Agency has up to 14 days to deliver  and install a (VCT) visit clock token

3. You are required to notify agency if you have not received your TOKEN device in 14 days. The supervisor will have given you your schedule verbally over the phone or on the **PENDING HIRE FORM** and you may also always find the schedule in the clients home. You may refer to the service plan that is left in the home in the Agency's PR packet. (PURPLE FOLDER).

4. Electronic Visit Verification (**EVV**) is a telephone and computer-based system that:"

- Electronically verifies that service visits occur; and
- Documents the precise time service provision begins and ends."
- **EVV replaces paper timesheets!**

It is our main concern that you receive your paycheck timely. We need your full cooperation to make sure that you call in/out for every shift that you are scheduled to work.

5. **PAY PERIODS:**

Paychecks for hours worked from the 1st through the 15th of the month are mailed out on the last day of the month.

Paychecks for hours worked from the 16th through the end of the month are mailed out on the 15th of the month.

3. **Pay Schedule:**

You are paid Semi-Monthly (twice a month). If the 15th or the last day of the month land on a weekend, checks will be mailed the Friday before that weekend. Once the checks are mailed, we have no control over them. You may call your local post office postmaster or visit www.USPS.COM.

4. Please understand that once checks are mailed, our Agency is not responsible for your check. If you have not received your check after seven (7) days from the pay date, please call the office at that time for assistance with the process of reissuance of your check.

Caring Home Health

PO Box 1357 * Georgetown, TX 78627 * (512) 863-4748 * (512) 930-5458 * FAX (512) 869-2900

SPECIAL NOTICE

OUR EMPLOYEE WORK POLICY RESTRICTS OUR SUPERVISORS FROM GIVING OUT THEIR HOME / CELL PHONE NUMBER. OUR EMPLOYEES NEED TO CALL 800-846-4420 DURING OFFICE HOURS. CALL THIS SAME NUMBER AFTER HOURS AND ON WEEKENDS. PLEASE DO NOT USE OTHER NUMBERS IDENTIFIED BY CALLER ID. OUR OFFICE IS RESPONSIBLE FOR CONTACTING YOUR CLIENT OF ANY CHANGE OF SCHEDULE AND TO PROVIDE AN APPROPRIATE SUBSTITUTE, IF NECESSARY.

THANK YOU

Subject:	Health Insurance Portability and Accountability Act of 1996 HIPAA	Policy #: Gen 2003-9
Approved:	Effective: 9-1-03	HIPAA

Policy: The Agency and its full staff shall strictly adhere to the mandated guidelines set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose: To ensure the protection and confidentiality of client information.

- Procedure:**
1. No client information shall be divulged without the full understanding by and written permission of the client.
 2. Client information relates to the;
 - a. Written, spoken or electronic information;
 - b. past, present, or future physical or mental health or condition of an individual;
 - c. provision of health care to an individual; and/or the
 - d. past, present, or future payment for the provision of health care to an individual.
 3. Client records shall be protected following the procedures set forth in Policy # 201 cj, "Protection of Records".
 4. Staff shall:
 - have computer security codes to access minimum necessary information;
 - use accessed information to meet job requirements only; and
 - sign and honor a Confidentiality Statement upon employment, protecting the privacy of all clients.
 5. Unauthorized disclosure of client information, whether verbally or written in any form or medium, can result in the termination of employment.

Confidentiality Statement

This statement is in regard to confidentiality between clients and personnel of the Agency. I understand and agree that in the performance of my duties as an employee of the Agency, I must hold in confidence any and all information, including medical, with which I may come in contact with during my employment.

Subject:	Search of Property	Policy #: 282 Gen
Approved:	Effective: 03/02/02	97.245

Policy: It shall be the policy of this agency to reserve the right to search anything brought onto the agency property' or the client property, including automobiles,

Purpose: To ensure the safety of the staff, the clients, and the client's families.

Procedure: Both random searches and searches with cause may be conducted by agency administrator or designee with eminent notice only to the employee.

Subject:	Communication Surveillance	Policy #: 281. 4 Gen
Approved:	Effective: 09/01/04	HIPAA

Policy: It shall be the policy of this agency to reserve the right to monitor telephone and computer use by staff members.

Purpose: To ensure the privacy of information and to maintain quality control,

Procedure: Both random surveillance and surveillance with cause of telephone use, computer use and/or use of the Internet may be monitored by the administrator or designee with or without notice to the employee.

Subject;	Drug Screening	Policy #: 97.253
Approved:	Effective: 06/01/2006	Gen: 257

Policy; It shall be the policy of this agency to reserve the right to drug test at will and to appropriately drug screen:

1. Licensed Professional Nurses;
2. Employees involved in an at-fault automobile accident while on the job;
3. Employees if indications warrant; and
4. Randomly selected job applicants.

It shall not be the policy of this agency to require mandatory drug screening of all unskilled attendants hired in the field.

Purpose: To ensure the safety of the clients and other staff.

Procedure:

- 1, At the discretion of the Agency, employee drug screening shall be arranged with an independent occupational clinic under the following circumstances:
 - a Licensed professionals prior to hire;
 - Employees involved in an at fault automobile accident while on the job;
 - « Any employees if indications warrant; and
 - » Job applicants selected at random.
2. It is not required for unskilled attendants, hired in the field, to routinely undergo drug screening.

INCIDENT RELEASE OF MEDICAL RECORDS
Caring Health Services, Inc.
DBA Caring Home Health

I do hereby authorize and give permission to have healthcare providers who have rendered medical care or related services to me, to release to my employer and/or any person duly acting on their behalf complete access to all medical records pertaining to diagnosis and treatment of my injury, illness and/or medical condition. My permission also gives to the above employer the right to discuss the prognosis of my injury or illness with the appropriate physician(s) and/or medical personnel, with permission for full disclosure.

I understand that the above named employer will utilize the information requested to make a determination of applicable benefits, if any, and to assess the potential of my return to full job duties. Further, by my signature and full acknowledgement of medical release, I hereby release all parties from all liability for any damage which may result from the furnishing of said information.

A copy of this medical release shall be as valid as the original.

NOTICE TO EMPLOYEES CONCERNING
WORKER'S COMPENSATION
IN TEXAS

Caring Health Services, inc. does not have worker's compensation insurance coverage to protect you from damages resulting from work-related illness or injury. However, you may have rights under the common law of Texas. Your employer is required to provide you with coverage information when you are hired or whenever the employer becomes, or ceases to be, covered by worker's compensation insurance.

SAFETY HOTLINE: The Commission has established a 24-hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division of Workers' Health and Safety at 1-800-452-9595.

Billy E. Cummings LVN II
ADMINISTRATOR

Subject: Worker's Compensation Fraud	Policy #: 279 Gen
Approved: JW	Effective: 1-1-05

Policy; This Agency does not tolerate Workers' Compensation Fraud. It shall be the policy of this agency that ALL workers compensation claims shall be investigated, including the use of private investigators to monitor the activities of employees on disability and all fraudulent claims shall be turned over to the district attorney for prosecution.

Purpose: To avoid all fraudulent workers compensation claims which can lead to charges consisting of fines and/or imprisonment. '

- Procedure:
- A. in the event of any workers compensation claim particular attention will be paid to claims with the following characteristics:
 - 1. Injuries that have no witness other than the worker;
 - 2. Injuries occurring early Monday morning,
 - 3. Injuries not immediately reported;
 - 4. Injuries occurring in anticipation of termination;
 - 5. Injuries occurring where the worker would not usually work; and/or
 - 6. Injuries not usually occurring in the particular job description, for example, a clerical employee injured when lifting a heavy object.
 - B. All injuries are to be reported immediately to the agency at (800) 846-4420. It is required that you **speak with** your supervisor, the Administrator or the Assistant Administrator to report the injury. A delay can result in the denial of your claim.
 - C. Employees shall be treated by medical providers as directed by the agency or claim shall be denied.
 - D. Workers compensation payment for medical services or prescriptions shall be for injury related condition only,
 - E. Employee shall follow the directions of the medical provider or claim shall be ended for noncompliance,
 - F. Employee shall not work for any other individual, business or agency while drawing workers compensation without risking workers compensation fraud charges leading to fines and imprisonment.
 - G. Workers compensation wages shall equal sixty-five per cent the usual wages until the worker is released to return to work by the medical provider or thirty calendar days, whichever comes first,

Subject: Illegal Remuneration Policy		Policy#: 205
Approved; JW	Effective:- 02/01/2002	Regulation: 97.255

Policy: The agency may not accept referrals contingent upon using the nursing personnel from the referring agency. In addition, the agency may not make any kind of financial incentive arrangement with any referral source in exchange for referrals.

Purpose: To ensure compliance of the agency and its employees and contractors with the Health and Safety Code, #161.091 et seq relating to the prohibition of illegal remuneration for securing or soliciting clients or patronage.

Procedure:
1. No staff member shall suggest nor agree to any incentive offer.
2. Any staff member approached with an incentive offer shall report that offer to their supervisor, Administrator or Alternate Administrator

Background Information:

There has been a proliferation of nursing agencies that provide nurses for homebound clients as well as contract nurses for hospitals and other providers who need additional nursing help. These agencies are commonly not Medicare certified. When these non-Medicare certified agencies have clients needing Medicare covered services, the patient is referred to a Medicare certified agency. This is all legal unless the non-Medicare referring agency refers the patient to a Medicare certified agency in exchange for an agreement to contract for nursing services from the non-Medicare agency. The Inspector General would view this transaction as illegal remuneration in exchange for a referral, which could be punished as a criminal felony or through exclusion from Medicare, Medicaid, and other governmental health care programs.

Subject: Abuse, Neglect and Exploitation PCA Field Staff Instructions		Policy*: 242.6
Approved: BEC	Effective: 10-12-14	Regulation: 97.249

Policy: The Agency staff members or contract personnel shall immediately report to the division (Adult Protective Services or Child Protective Services), those client's who exhibit signs of Abuse, Neglect and/or Exploitation and/or if there is cause to believe there is Waste, Fraud Abuse, Neglect and/or Exploitation by either an agency employee or non-employee. The Agency shall further make reports, as appropriate, to the Texas Dept. of Aging and Disability Services & Dept. Family Protective Services.

Purpose:

1. To assist in the protection of the client from abuse, neglect, and/or exploitation.
2. To provide a protocol for reporting and investigating suspicions of abuse, neglect, and/or exploitation.
3. To remain in compliance with state regulations.

Procedure:

1. **Without exception**, any suspected abuse, neglect, and/or exploitation of a client, by either an employee or non-employee, **shall immediately be reported to the supervisor or Administrator**, who will ensure the appropriate authorities have been notified and an investigation has been implemented.
2. In case of a priority 1 (serious harm or life threatening) need for an adult Protective Services (APS) referral, the abuse shall be reported immediately to the local law enforcement agency and to the Department of Family and Protective Services (A.P.S.) at **1-800-252-5400**.

Reportable Conduct shall include:

- Abuse or neglect that causes or may cause death or harm;
- Sexual abuse;
- Financial exploitation of consumer in amount of \$25.00 or more; and
- Emotional, verbal or psychological abuse that causes harm.

Indicators of Abuse:

- A. Physical Abuse** - common indicators include:
1. Frequent injuries such as bruises, cuts, black eyes or burns, especially when the caretaker cannot adequately explain how they happened.
 2. Frequent complaints of pain without obvious injury,
 3. burns or bruises in an unusual pattern that may indicate the use of instruments, cigarettes or similar items. Cigarette burns, for example, are often found on the face, arms, palms of the hands or soles of the feet,
 4. Passive, withdrawn and emotionless behavior,
 5. Lack of reaction to pain, and
 6. Injuries that appear after the person has not been seen for several days

- B. Neglect-common indicators include:
1. obvious malnutrition
 2. lack of personal cleanliness
 3. habitually dressed in torn and/or dirty clothes,
 4. obvious fatigue and listlessness,
 5. left unattended for long period of time,
 6. in need of medical or dental care, and
 7. Beggings for food.
- C. **Sexual Abuse**-common indicators include:
1. physical signs of sexually transmitted diseases,
 2. evidence of injury to the genital area,
 3. difficulty in sitting or walking,
 4. fear of being alone with caretaker(s), and
 5. reports sexual abuse.
- D. **Exploitation-common** indicators include:
1. unexplained loss or misuse of food supplies, personal belongings, money, checkbooks, credit cards, etc.
 2. uninvited solicitation by mail, telephone, or in person,
 3. uninvited residents in home, and/or
 4. unsolicited packages, purchases or services.

'Reporting Responsibilities: Texas operates a mandatory reporting system. Failure to report known abuse, neglect, or exploitation is a class B misdemeanor under chapter 48 of the Human Resources code. Aged or disabled adults who have the capacity to consent have the right to be involved in decisions regarding where and how they live and whether or not they want services to address any abuse, neglect, and/or exploitation.

48.151 provides that the Dept. of Aging and Disability Services will initiate a prompt and thorough investigation within 24 hours of receiving the report.

48.054 provides that any person reporting abuse, neglect, and/or exploitation under this chapter is immune from civil or criminal liability unless the person acted in bad faith or with malicious purpose.

48.203 provides that an elderly person may voluntarily request protective services.

**Definitions of applicable terms are as follows:

- a. Minor - an infant or person who is under the age of 18
- b. Adult Abuse - Texas law states that adult abuse has occurred when a person "65 years of age or older who is disabled and between the ages of 18 and 64" has been subjected to any of the four categories of abuse: Abuse, Exploitation (financial abuse), Caretaker neglect, self-neglect.
- c. Abuse - The willful infliction of injury, unreasonable confinement, intimidation, or the willful deprivation by a caretaker or one's self of goods or services which are necessary to avoid physical harm, mental anguish, or mental illness.
- d. Financial Abuse - The misuse of property or financial deception, diverting income, mismanagement of funds, and taking money against a person's will.
- e. Caretaker neglect - Caretaker neglect is the failure of the person responsible for the adult or minor's care to provide the goods or services which are necessary to avoid physical harm, mental anguish, or mental illness.
- f. Self-Neglect - Self-neglect is the failure to provide for oneself the goods or services which are necessary to avoid physical harm, mental anguish, or mental illness.
- g. Exploitation - The illegal or improper act or process of a caretaker, family member or other individual who has an ongoing relationship with an elderly or disabled person using the resources of the elderly or disabled person for monetary or personal benefit, profit or gain without the informed consent of the alleged victim. This may include taking money, food, property or other assets.

D.A.D.S. 97.21 [C] (27), 97.26 [J] (23) Abuse Neglect, and/or Exploitation/Revised 02/08/00

Revised: 9/26/2016

Subject: SEXUAL HARASSMENT		Policy #: HR713
Approved: 04/01/00	Effective: 04/01/00	

Policy: Caring Health Services shall not tolerate any form of harassment, including sexual harassment of any employee, non-employee, and/or client by another employee, non-employee, and/or client for any reason.

Purpose: To provide a professional working environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment

- Procedure:**
1. This policy shall apply to all employees of the Agency, all clients in which Caring Health Services provides services, and non-employees. It shall therefore constitute a violation of company policy for any client, employee or non-employee to engage in any of the acts or behavior defined below
 2. An employee shall have the legal right to raise the issue of harassment without fear of reprisal regardless of who the offender may be. Complaints of any type of perceived harassment should be brought to the attention of the employee's supervisor. If the employee is not comfortable speaking to his/her supervisor, then the employee should discuss the problem with the Human Resources Manager/Administrator or any other supervisor in which the employee feels he/she can communicate comfortably. All complaints shall be regarded as serious and shall be investigated immediately giving due regard to the need for confidentiality.
 3. The supervisor shall immediately contact the Human Resource Coordinator after notification of an employee's or non-employee's complaint.
 4. After the Human Resource Coordinator is notified of the complaint, the Human Resource Coordinator or his/her designee shall begin a confidential Investigation immediately to gather all facts about the complaint
 5. The investigator shall interview the victim or "charging party", and if possible, shall obtain a written statement from the complainant. (Failure to provide a written statement does not mean that the investigation should cease or the complaint is false, it may just mean that the victim is afraid).
 6. The investigator shall;
 - a. interview the alleged harasser;
 - b. provide the alleged harasser with enough information about the complaint so that he/she will know to what he/she is to respond; and
 - c. obtain a written statement from the accused detailing his/her views of the alleged incident(s).
 7. If the harasser does not deny the conduct but explains the circumstances, there shall be no need for further investigation. An appropriate remedy or disciplinary action(s) shall be formulated to conclude the investigation,
 8. If the two parties have conflicting statements, the investigator shall individually interview any potential witnesses to the alleged incident. If there are no witnesses to the alleged conduct, then the investigator, at his/her discretion, may investigate if other individuals have been subjected to objectionable conduct,

- 9, If the complaint cannot be proven, the investigation shall cease. A warning shall be given to the alleged harasser stating that serious disciplinary action shall be taken if he/she engages in objectionable conduct in the future. The warning notice will be contained in a confidential investigation file by the Agency.
10. At the completion of the investigation, a determination shall be made by management regarding the resolution of the case, if warranted, disciplinary action shall be taken up to and including termination. Non-employee violators will be subject to expulsion from Agency property. Furthermore, the Agency may report violators to the appropriate authority for civil or criminal action.
11. The investigator shall explain to the complainant what the investigation uncovered and describe any disciplinary actions taken, if any.
- 12, The investigation and resolution will be conducted within thirty (30) days after the employee brings the matter to the attention of the supervisor/Administrator or Human Resources Manager.

Sexual harassment is a form of misconduct which undermines the integrity of the employment relationship and/or client-employee relationship. No employee should be subject to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constituting sexual harassment when;

1. submission to such conduct is made wilder explicitly or implicitly a term or condition of an individual's employment;
2. submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment can take the form of, but not be limited to, permitted or unprompted physical contact; verbal abuse; as well as obscene language; dirty jokes; leering; gestures; personal questions; threatening or demeaning cartoons, drawings, or other graphics; pornography; sexually suggestive sounds; and more subtle advances and pressures inviting sexual activity.

Facts Regarding A.I.D.S,
(Acquired immune Deficiency Syndrome)

You Cannot Get A.I.D.S. from the following:

- ❖ Touching a toilet seat
- ❖ Touching a telephone
- ❖ Mosquito bites or bites from insects
- ❖ Contact with Saliva, Sweat, Tears, Urine or a Bowel movement

Modes of Transmission:

Transmitted through blood, semen, vaginal fluids and possibly breast milk

- ❖ By sexual contact (Anal, Vaginal, Oral)
- ❖ By sharing needles and syringes, particularly those involved in the use of illegal intravenous drugs.
- ❖ From infected woman to her baby, either before or during birth or possibly through breast feeding.
- ❖ Through contaminated blood or blood products.

Methods of Prevention:

- ❖ Practice sexual abstinence
- ❖ Practice safer sex techniques (use condoms & spermicide)
Maintain a long-term relationship with one un-infected sex partner * Avoid sharing needles

This information is from reports provided by the Surgeon General.

Universal Precautions
(AKA Universal Blood and Body Fluid Precautions)

Definitions;

- ❖ **Health-care worker:** Health-care workers are defined as persons, including students and Trainees, whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting.

- ❖ **Body fluids:** Universal Precautions apply to blood and to other body fluids containing Visible blood. Universal Precautions also apply to tissues and to the following fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

Body fluids to which Universal Precautions do not apply to saliva, breast milk, feces, nasal secretions, sputum, sweat, tears, urine, and vomitus, unless they contain visible blood.

Universal Precautions;

- ❖ All health-care workers routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient's anticipated.
- a. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids.
 - b. Hands and other skin surfaces should be washed immediately if contaminated with blood or other body fluids.
 - c. Hands should be washed IMMEDIATELY after gloves are removed.
 - d. All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.

To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

After they are used disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture resistant containers should be placed in puncture should be located as close as practical to the area of use. Large-bore reusable needles should be placed in a puncture-resistant container for transport to a reprocessing area,

- e. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
- f. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient contact and from handling patient-care equipment until the condition resolves,
- g. Pregnant health-care workers are not known to be at greater risk of contacting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
- h, All specimens of blood and body fluids should be put in a well-constructed container with a secure lid to prevent leaking during transport, Care should be taken when collecting each specimen to avoid contaminating the outside of the container and of the laboratory form accompanying the specimen carrier,
- i, Spills of blood on environmental surfaces must be cleaned up promptly with disinfectant solution such as a 1:10 dilution of common household bleach and water that is prepared daily, by personnel using gloves.

in spills involving body secretions or excretions other than blood, visible organic matters should first be removed and the area should then be decontaminated.

The health-care worker is responsible for cleaning up spills that he/she has made. The health-care workers should receive verbal permission from the patient or family member prior to using the recommended disinfectant, The health-care workers shall instruct the patient and family member in appropriate measures for cleaning up blood and/or body fluid spills when the health-care worker is not in the home,

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Although soiled linen has been identified as a source of large numbers of certain pathogenic microorganisms, the risk of actual disease transmission is negligible. Rather than rigid procedures and specifications, hygiene and common-sense storage and processing of clean and soiled linen are recommended,

Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air or persons. Linen soiled with blood or body fluids should be placed in plastic bags until they can be washed separately.

If hot water is used, linens should be washed in detergent in water at least 71 degrees C (160F) for 25 minutes. If low temperature, 70 degrees C (158F) laundry cycles are used, chemicals suitable for low temperature washing at proper use concentration should be used.

Soiled dressings should be double bagged and disposed of in the patient's main waste container.

Bulk blood, suction fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer (i.e. toilets).

Implementation of Universal Precautions for ALL patients eliminates the need for use of the isolation category of "Blood and Body Fluids Precautions" previously recommended by CDC for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (i.e. enteric, "AFB", strict, etc.), should be used as necessary, if associated conditions such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

'Based upon Centers for Disease Control, Morbidity and Mortality Weekly Report, August 21,1987; Vol. 36; No. 2s.

Employee Acknowledgement Universal Precautions (AKA Universal Blood and Body Fluid Precautions)

I, _____, serving as
an employee of

CARING HOME HEALTH, in the capacity of. Personal Care Attendant (PCA)

have received and read the handout entitled "Universal Precautions", understand the meaning thereof, and agree to comply with all conditions and directives set forth within, I understand that the aforementioned, Universal Precautions, is accepted as standard policy and procedure by the Agency and is subject to all definitions, interpretations, and restrictions thereof.

Body Mechanics

Purpose:

1. To lift or move a patient without putting strain or injury on the patient or attendant.
2. To move inanimate objects without strain on the attendant.
3. To conserve energy, prevent fatigue, and work efficiently,

General Instructions:

1. Evaluate the load.
2. Get as close to the load as possible. Have the bed at the proper height.
3. Be sure you have firm wide support from your feet.
4. Do not twist as you move.
5. Bend at your hips and knees - squat if necessary - distribute muscle action evenly over body.
6. Lift smoothly, confidently and with rhythm so as not to jerk or jar patient upward.
7. Twisting causes strain, and reduces effectiveness. To turn with a load you should pivot your feet in the direction you want to move that load.
8. Keep your spine straight.

Procedure:

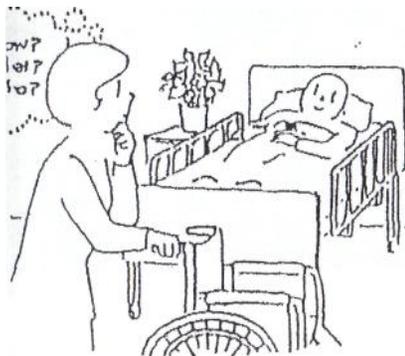
1. Lifting and moving patients without putting strain on the back:
 - a. Stand as close to the patient as possible with your feet spread comfortably apart. You should have a firm, natural footing.
 - b. Bend at the hips and knees, never the back, to the necessary height. You will be using the strong thigh muscles.
 - c. Slip your arms under the patient's shoulders and hips.
 - d. To lift, keep the spine straight. Straighten the knees, your legs will push up the weight. Keep the weight close to your body,
 - e. Do not try to lift a helpless patient alone, have another person help divide the weight load between you,
 - f. To pick up a load from the floor, bend at the knees and pick it up in the front or at your side.
2. Lifting an object:
 - a. Lift with you leg muscles not with your back.
 - b. When moving heavy objects it's better to push it or roll it, When pushing or rolling avoid stops and starts,
 - c. Squat close to the load. Let your legs do the work not your back,
 - d. Keep back as straight as possible,
 - e. Grip object firmly.
 - f. Hold load as close to your body as possible. Bend your knees instead of bending from the waist

g. Lift by pushing up with strong leg muscles.

Before You Lift The Patient

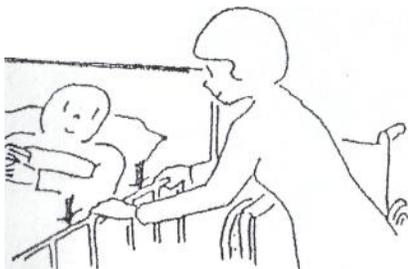
EVALUATE THE SITUATION.

Make sure you're aware of what you have to do, and make sure you have the necessary equipment and



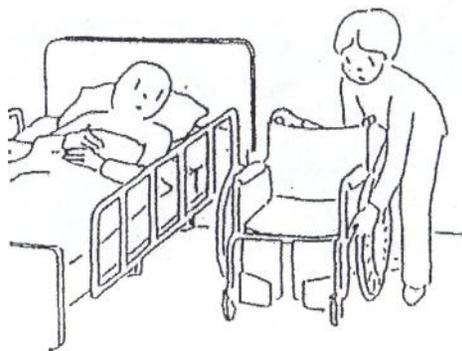
personnel,

adjust the chair, stretcher, etc., bed level (or vice versa), and any handrail or side rail. this will minimize the amount



of lifting or lowering required. Be sure to lock the wheels

on the W/C and/or bed,



POSITION THE Equipment.

Place the wheelchair, stretcher, gurney, etc., as close to the patient as possible and in proper alignment for the shortest, possible



transfer,

SLIDE THE PATIENT

By pulling or pushing the patient as (far as possible, you can help minimize the move. Use a turn sheet if (possible,



HOLD THE PATIENT CLOSE.

This will help you keep your balance and reduce strain on your arms and back.

Lift In Unison

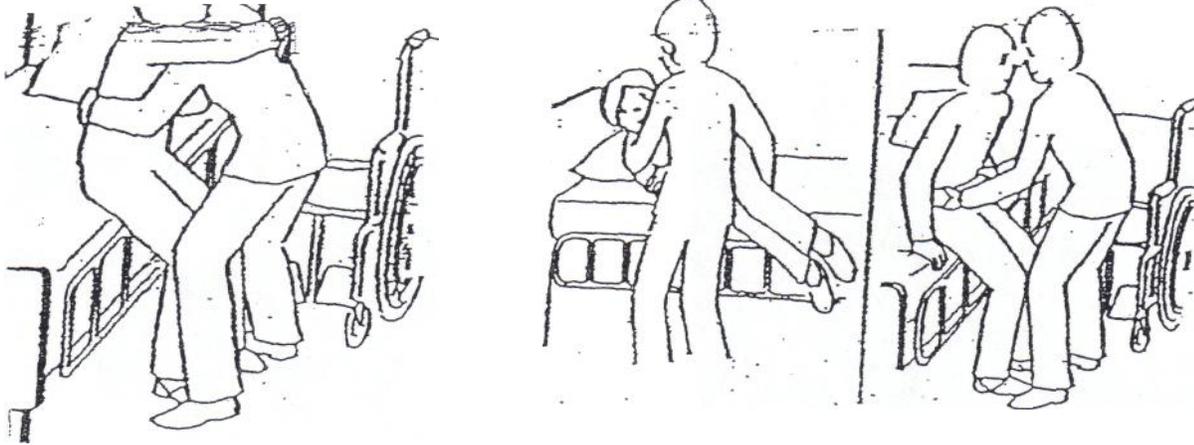
When working with others, make sure everyone knows what to do in advance and moves at the same time (counting out loud may help). Avoid sudden, jerky movements.

Keep your Feet Apart

This will provide a stable base, help you maintain your balance and leave you more energy for the lift.

use your- ARMS AND LEGS

Remember the Importance of lifting with your *legs*. Bend your elbows to hold the patient close and make the **lift** easier.



3. Direction of movement:
 - a. Twisting the back pulls the muscles and may cause back strain. Move with the direction of your efforts.
 - b. Pivot with your feet. Avoid twisting.
 - c. Stand straight whenever possible.

I hereby certify that i have been trained in the proper techniques of Lifting and Body Mechanics and that i fully understand these procedures.
