

Infinity of Page Home Health Services, LLC



Policies & Procedures

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Policy Title: Mission, Vision and Values	Policy Number: 1.10
	Effective Date: 01-01-2020 01-01-2020
	Revision Date:
	Approved By: Ms. L Adams
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Mission Vision and Values

PURPOSE

To provide employees, clients and the community with the mission, vision, and values of the Agency and to give the Agency a foundation and a sense of direction for its development and service delivery.

DEFINITIONS

1. Mission

A mission statement defines what an organization is, why it exists and its reason for being; i.e. what it is today.

2. Vision

A vision statement focuses on tomorrow and what the organization wants to become.

3. Values

A values statements defines the foundation of an organization's identity and principles, which affect how it conducts business.

POLICY


Infinity of Page Home Health Services, LLC shall establish a *Mission, Vision & Values Statement*, which clearly defines, in writing, its mission, vision and values, which help to guide all future planning and decision-making in the delivery of services.

PROCEDURES

1. The Agency's *Mission, Vision & Value Statement* shall be:
 - a. discussed with all employees during orientation, at the time of hiring;
 - b. reviewed with employees, during staff meetings;
 - c. shared with/distributed to clients/families and the community-at-large; and,
 - d. posted in the Agency office.
 - e. Included in all brochures and/or other advertising tools.
2. Annual reviews of the *Mission, Vision and Values Statement* shall be conducted with any revisions required being made in writing and subsequently shared with staff, clients/families and the community-at-large.

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1. Mission, Vision and Value Statement

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Legal Structure and Governing Body

PURPOSE

To identify the legal structure and outline the roles and responsibilities of the governing body.

DEFINITIONS

1. Governing Body

The governing body is the person or group of persons having full legal authority for the operation of the business (agency). This would include Sole Proprietorships, Partnerships, Limited Liability Companies (LLCs), and Corporations. The governing body may be:

- a. a Board of Directors in the case of a Corporation;
- b. the members in a Limited Liability Company;
- c. the individual/proprietor in the case of a Sole Proprietorship; or,
- d. the general partners in the case of a Partnership.


POLICY

Lynnette L. Adams: Owner/CEO is designated to assume full legal authority and responsibility for the operation of the business.

PROCEDURES

The governing body shall assume responsibility for:

1. complying with all applicable federal, state, county, and municipal regulations that govern the operation of the business and any applicable licensure or certification requirements.
2. controlling and being responsible for all services provided, including those through a contractual agreement;
3. serving as, or employing, a qualified Owner/Manager/Administrator, who shall be responsible for the overall management of the business including those services provided through contractual agreements;
4. designating one or more employees to be in charge during those times when the Owner/Manager/Administrator is absent;
5. developing, revising, and implementing policies and procedures for the administration and operation of the Agency and protection of client rights; and,
6. providing an office, which is suitable and safe for staff and clients, in compliance with local zoning, building, health regulations and fire safety laws.

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Organizational Structure

PURPOSE

1. To establish how the Agency will operate.
2. To assist the Agency, obtain its goals to allow for future growth.
3. To ensure there are clear lines of authority, responsibility and accountability in the administration and delivery of Agency services in the community.

DEFINITION

1. Organizational Structure


An Organizational structure is a system used to define the hierarchy within an organization. It identifies each job, its function and where it reports to within the organization. The structure is illustrated using an Organizational Chart.

POLICY

Infinity of Page Home Health Services, LLC has an organizational structure, which clearly defines the responsibilities, accountability and relationships of all its employees.

PROCEDURES


1. During orientation, and via ongoing, as-needed training, thorough explanations shall be given on:
 - a. the Agency's organizational structure;
 - b. the roles and responsibilities of all its employees;
 - c. the lines of communication; and,
 - d. who to consult on specific issues.
2. Whenever there is a change in any reporting process or in the organizational structure, staff shall be informed of the change immediately.
3. The Agency's *Organizational Chart* shall be used to define relationships and lines of authority within the Agency.
4. Job descriptions shall be developed for all Agency positions, which shall include an explanation of reporting relationships, authorities and accountabilities.
5. Contracted workers (if applicable) shall be informed of, and understand, the structure and reporting processes.
6. Specific positions, within the Agency's organizational structure, have responsibility and accountability, which shall be clearly understood by all employees. These specific positions have responsibilities and accountabilities for:
 - a. governance and management of the company;

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- b. development, implementation and review of policies and procedures;
- c. hiring of staff and handling of all human resource issues;
- d. supervision of staff, including supervision in clients' homes;
- e. financial management;
- f. delivery of Home Care services, with specific explanation whenever particular skills and certification might be required;
- g. administration and management of client records, staff records, financial information, and other related operational activities; and,
- h. collection and management of information for evaluation and reporting purposes, including client and staff satisfaction.

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1. Organizational Chart
2. Home Care Owner/Manager/Administrator Job Description
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4. Personal Care Attendant Job Description
5. Homemaker Job Description
6. Home Care Companion Job Description

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Policy Title: Service Areas	Policy Number: 1.40
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Service Areas

PURPOSE

To identify the service area(s) in which the Agency delivers services and/or is licensed to operate.

DEFINITIONS

1. Service Area


Service area refers to the geographic area within which an agency/company provides service and/or is licensed to provide services.

POLICY

1. Infinity of Page Home Health Services, LLC provides services in the following areas: Statewide Arizona, additional States might increase to include Utah and New Mexico.
2. Only those clients who are within the Agency's service area will be accepted for service.

PROCEDURES

1. Requests for service, service cancellations and/or changes to service schedules can be made by accessing one or more of the following contacts:
 - a. 928-645-6862
 - b. lynetteadams@infinityofpage.org
 - c. PO Box 3505 Page, Arizona 86040
 - d. 928-645-9089
2. Adequate staff shall be maintained, within the Agency's service area(s), to:
 - a. perform Home Care service activities;
 - b. supervise Home Care Workers delivering services;
 - c. supervise the effectiveness and efficiency of services delivered; and,
 - d. conduct administrative functions.

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Hours of Operation

PURPOSE

To identify the Agency's regular hours of operation.

DEFINITIONS

1. Hours of Operation


Hours of Operation refers to the timeframes an agency/company is regularly open to the public to conduct its non-emergency business transactions.

POLICY

1. Infinity of Page Home Health Services, LLC office's regular hours of operation are:
Monday to Friday from 8:00 a.m. to 5:00 p.m.
2. Personnel are available 24 hours per day, 7 days a week and 52 weeks per year to provide required services to clients. After Hour Emergency number is (928-206-7265) leave message or text
3. All staff and clients are provided with an after-hour contact number in the event that any problems, concerns or emergencies arise.

PROCEDURES


1. An individual shall be designated to accept phone calls/other inquiries during regular office hours.
2. An individual shall be designated to accept phone calls on a mobile/cell phone whenever a staff member is not available to man the office.
3. Office phones shall be programmed to divert in-coming calls to the mobile/cell phone whenever a staff member is not available at the office.
4. In the event that there is no one available at the office during regular office hours, the person in charge shall:
 - a. post a notice in a visible location outside the office that will provide information regarding how to contact the person-in-charge; and,
 - b. leave a message on the answering machine or similar electronic device that will provide information regarding how to contact the person-in-charge.
5. Regular office staff shall be thoroughly familiar with:
 - a. all services offered;
 - b. pricing structures; and,
 - c. administration practices.

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6. The staff member who receives phone calls/other inquiries shall:
 - a. have access to basic information about the services the client regularly uses; and,
 - b. be able to transfer/refer the caller to an appropriate individual for more specific information or services.
7. Requests for service delivery between the hours of 10:00 p.m. and 6:00 a.m. shall only be provided for services that are deemed to be essential.
8. All phone calls/other inquiries received by the office shall be logged.

GUIDELINES

1. During holidays, evening and weekend hours, the office phones may be routed to a trained answering service that is staffed 24 hours a day.
2. The off-hour staff of that answering service shall be trained to take the relevant information from the caller and to respond accordingly.
3. In the event of a routine service request, the off-hour staff member shall advise the caller that the request has been received and noted, and that a regular staff employee will call to schedule service:
 - a. the next day, if the call is received on a weekday,
 - b. on Monday, if the call is received during the weekend; or,
 - c. on the first day after a statutory holiday(s).

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Policy Title: Staffing and Staff Structure	Policy Number: 1.60
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Staffing and Staff Structure

PURPOSE

To describe the Agency's staffing structure.


POLICY

Infinity of Page Home Health Services, LLC shall have an adequate number of skilled, qualified and experienced staff available, at all times, for the delivery of services and the operation of the business.

PROCEDURES

1. The Agency shall utilize an *Organizational Chart* for outlining its reporting structure.
2. Suitably qualified and competent individuals shall be available for consultation whenever Home Care Workers are providing assistance to clients.
3. The Supervisor, Office Manager, Marketing Manager, Bookkeeper shall take direction from the Owner/Manager/Administrator.
4. All Home Care Workers shall take direction from the Field Supervisor.
5. The current average ratio of Supervisors to Personal Care/Homemaker/Companion Workers is 1 Supervisor to 60 employees
6. The current average ratio of Personal Care/Homemaker/Companion Workers to clients is 1 Home Care Worker to 3 clients
7. Information, advice and assistance shall be given, as required, to employees who deliver in-home services.
8. Whenever necessary, employees shall be given the training needed to assist them in carrying out their assigned duties.
9. The Agency employs personnel to be responsible for the following duties:
 - a. Service Agreements/Contracts:
 - i. Name: Elisa Brown
 - ii. Title/Position: Office Manager
 - iii. Phone Number: 928-645-6862
 - b. Initial Assessments and Service Plan:
 - i. Name: Melinda Daw
 - ii. Title/Position: Field Supervisor
 - iii. Phone Number: 928-645-6862
 - c. Scheduling:



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- i. Name: Melinda Daw
- ii. Title/Position: Field Supervisor
- iii. Phone Number: 928-645-6862
- d. Client Issues/Complaints:
 - i. Name: Elisa Brown
 - ii. Title/Position: Office Manager
 - iii. Phone Number: 928-645-6862
- e. Finance/Invoices:
 - i. Name: Elisa Brown
 - ii. Title/Position: Office Manager
 - iii. Phone Number: 928-645-6862


10. The following individual(s) shall be responsible for supervision:

Name	Title/Position	Phone Number
Lynnette Adams	Owner/Administrator	928-206-7265
Elisa Brown	Office Manager	928-645-6862
Melinda Daw	Field Supervisor	928-645-6862

FORMS

Organizational Chart



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Policy Title: Roles and Responsibilities of Owner/Manager/Administrator	Policy Number: 1.70
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Roles and Responsibilities of Administrator

PURPOSE

To outline the roles and responsibilities of the Agency's Owner/Manager/Administrator.

POLICY

Infinity of Page Home Health Services, LLC utilizes an Owner/Manager/Administrator, or designee, to be accountable and responsible for managing all the affairs of the Agency and the services it provides, which shall:


1. be delivered in a safe and efficient manner;
2. meet the legal requirements and standards of practice; and,
3. be consistent with the Agency's policies and procedures.

PROCEDURES

Responsibilities and duties of the Owner/Manager/Administrator shall include, but not be limited to:

1. complying with all applicable federal, state and local laws, rules, statutes, regulations, licensure and safety requirements for the delivery of services;
2. maintaining certification, registration or licensure, as mandated by any state or local government, body or board;
3. designating, in writing, a qualified individual to act as Owner/Manager/Administrator in his/ her absence;
4. designating an individual(s) to assume a supervisory role(s) and to be accessible and available, at all times, to:
 - a. in-home care workers;
 - b. clients; and,
 - c. office employees (if applicable).
5. developing, implementing and ensuring the adherence of company policies and procedures, as well as monitoring, reviewing and updating them. Staff may be consulted in the review and revision process;
6. ensuring there is a signed *Service Agreement* before services are delivered;
7. ensuring the Agency has an adequate number of qualified staff to provide the required services;
8. employing or contracting qualified personnel, in accordance with job descriptions;




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9. ensuring the completeness and accuracy of all information provided to the public regarding the Agency and its services;
10. ensuring that the Agency only accepts and retains clients for whom it has the skills and competency required to meet their care needs;
11. recruiting, hiring and firing staff;
12. ensuring that staff have the necessary qualifications, skills, training and/or experience to deliver the services and care advertised;
13. ensuring that pre-employment background checks are conducted before hiring, in accordance with the Agency's policy on *Pre-Employment Background Checks*;
14. ensuring that Home Care Workers, who provide personal/ hands on care, have medical clearance;
15. ensuring that confidentiality of information, concerning clients and staff, is maintained;
16. developing written job description(s) for the all positions offered and ensuring they are signed by the candidates and Supervisor or designee, in accordance with the Agency's policy on *Job Descriptions & Employment Types*;
17. ensuring that training and development is provided to all staff, in accordance with the Agency's training policies and that a *Staff Record of Training* is maintained.
18. ensuring the efficiency of staff performance are conducted and documented, in accordance with the Agency's policies on *Competency Evaluations* and *Employee Performance Appraisals*;
19. ensuring that any employee, whose duties include transporting clients in private/personal vehicles have a valid driver's license and carry the appropriate automobile insurance coverage;
20. ensuring there is a written contract in effect, if contracting with individuals or other agencies;
21. maintaining appropriate financial records, personnel records, administrative records, client records, and all Agency policies and procedures, including procedures for the safe keeping, storage and disposal of such documents;
22. regularly monitoring the quality of services delivered to clients; and,
23. ensuring adequate insurance coverage is obtained, including:
 - a. Workers Compensation, in accordance with established law;
 - b. Comprehensive General Liability, covering employees and clients;
 - c. Professional liability for the provision of hands-on-care (if applicable);
 - d. Automobile Liability for Agency vehicle(s); and

CROSS-POLICY REFERENCES




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13. Performance Evaluations

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6. Home Care Companion Job Description
7. Pre-Employment Background Check
8. Employee Performance Appraisal



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Policy Title: Contracted Services	Policy Number: 1.80
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Contracted Services

PURPOSE

To outline the process and contents of a written agreement for contracted services by defining the nature and scope of services provided by personnel/others, who are not directly employed by the Agency


POLICY

Infinity of Page Home Health Services, LLC requires that a written agreement be drawn up when arranging for services to be provided by personnel/others, who are not directly employed by the Agency.

PROCEDURES

1. Contracted services shall be defined in a written agreement before individuals/ agencies will be permitted to provide services on behalf of this Agency.
2. The written agreement, for contracted services, shall include, but not be limited to, the following criteria:
 - a. Contracted individuals and/or agencies shall provide verification of current licensure/certification of personnel, as appropriate. Documentation of this verification shall be maintained in the Agency office.
 - b. Contracted individuals and/or agencies shall conform to all applicable Agency policies.
 - c. Contracted individuals and/or agencies shall meet the same requirements that Agency's employees must meet.
 - d. The Agency shall be responsible for all activities conducted by the contractor, including administration, supervision and client care.
 - e. The Agency shall be responsible for development, review, and revision of the *Service Plan*.
 - f. The method in which services shall be controlled, coordinated, evaluated and supervised by the Agency shall be specified.
 - g. The Agency shall maintain client records.
 - h. The procedures for submitting progress notes or other care entries to the client's record shall be specified.
 - i. A statement shall be given to confirm which party shall be responsible for liability insurance and bonding.



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- j. An outline of the services to be delivered shall be provided.
- k. Procedures for determining charges and reimbursements shall be outlined.
 - l. The process for scheduling visits and/or hours shall be specified.
- 3. Independent contractors are not employees of the client company and thus are not eligible to receive tax-free benefits from the company.

GUIDELINES

The Agency follows IRS guidelines for determining Independent Contractor status. i.e. Independent Contractors:

1. “Follow their own individual instructions and perform work based upon independently established procedures or industry specs;
2. Are skilled professionals requiring no training to adequately perform services;
3. Supply a unique service and do not meld into the business operations; has assistants or employees while retaining the right to hire others to perform the required work.
4. hire assistants at their expense to perform all or parts of project;
5. provides services and contracts for separate and distinct projects and not on continuing basis;
6. retain the right to complete work at any time;
7. contract specifies on what is to be accomplished by what date;
8. determine their compensation separately by project or based on fixed fee;
9. are not reimbursed for out-of-pocket expenses.
10. possess and invest in facilities and equipment to perform services;
11. furnish their own tools and materials;
12. shoulder the possibility of incurring a loss and realizing a profit;
13. have numerous concurrent clients and are not financially dependent on any one;
14. offer services to the public;
15. cannot be discharged other than for failure to perform contracted service; and,
16. may terminate their relationships only upon completion of contract or breach by other party.”


FORMS

1. Independent Contractor Agreement

REFERENCE

1. Internal Revenue Service (IRS)



Infinity of Page Home Health Services, LLC Policies and Procedures	
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Policy Title: Display of Jurisdictional Business License	Policy Number: 1.90
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Display of Business License

PURPOSE

To identify the location of the Agency's Home Care/Business License and to comply with established regulations.

DEFINITION

1. Business License

A Business license is permit issued by [government agencies](#) (usually local government) that allow individuals or companies to conduct business within the government's geographical [jurisdiction](#).


POLICY

Infinity of Page Home Health Services, LLC displays its Home Care/Business License your Agency Headquarter office.

PROCEDURES

1. The license(s) shall be displayed in a conspicuous place.
2. License(s) shall be kept current.
3. Licenses shall be maintained and updated by the Owner/Manager/Administrator, as required.



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Policy Title: Certificates of Insurance	Policy Number: 1.100
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Certificates of Insurance

PURPOSE

To ensure that the Agency is adequately covered against liabilities resulting from claims incurred in the operation of its business.


POLICY

Infinity of Page Home Health Services, LLC carries at least the minimum levels of all required liability insurance protection.

PROCEDURES

1. The types and amounts of insurance obtained shall be consistent with industry standards and/or regulations.
2. Copies of insurance certificates/policies shall be kept in the Agency office.
3. Insurance certificates/policies shall be reviewed annually.
4. The Agency shall obtain insurance coverage as follows:
 - a. Comprehensive General Liability Insurance shall be carried for all employees, as a protection to them and to Agency clients from losses due to negligence and/or carelessness.
 - b. Workers Compensation Insurance shall be carried for all employees, while on duty, whether they work in the Agency office or in clients' homes.
 - c. Automobile liability shall be carried on all Agency vehicles and shall provide coverage against under-insured/uninsured motorists.
 - d. Property Insurance shall be carried on all Agency buildings and contents, if applicable.
 - e. Professional Liability/Malpractice Insurance shall be carried for all licensed and non-licensed Personal Care (hands-on) Workers, as required.
5. All contract personnel, who provide hands-on care, shall carry their own Professional Liability Insurance.



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Policy Title: Compliance with Office Building Regulations	Policy Number: 1.110
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Compliance with Office Building Regulations

PURPOSE

To ensure that the building, or portion of the building, which is occupied by the Agency office, is in compliance with applicable zoning, building, health and fire safety laws/regulations.


POLICY

Infinity of Page Home Health Services, LLC provides, maintains, manages and equips an office, which is suitable for its staff and clients; and, provides a safe environment, in compliance with local zoning, building, health and fire safety laws/regulations.

PROCEDURES

1. The Owner/Manager/Administrator shall be responsible for obtaining written evidence that the office premises are in compliance with local zoning, building, health and fire safety laws/regulations.
2. Documentation about office suitability and compliance with the aforementioned laws and regulations shall be maintained in the Agency office and shall be made available upon request.



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Policy Title: Promoting Agency Services	Policy Number: 1.120
	Effective Date: 01-01-2020
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Promoting Agency Services

PURPOSE

To establish guidelines for promoting the Agency's services.

DEFINITIONS

1. Personal Selling

Personal selling refers to oral communications with individuals with the intention of obtaining them as clients. It focuses, initially, on developing a relationship with them and ends with an attempt to sell services.

2. Advertising

Advertising is any paid form of non-personal communication in the "media", which is aimed at a target market and is intended to persuade and inform.

3. Publicity

Publicity is the placing of information in the media without paying for the time or media space directly. It is commonly known as "public relations" or "PR".

POLICY


Infinity of Page Home Health Services, LLC does not use or engage in any fraudulent, misleading or false promotional activities in the marketing of its services, including any means of communicating to potential clients the:

1. qualifications of personnel; and/or,
2. availability, scope or terms of services offered.

PROCEDURES

1. The Agency shall, generally, handle promotional activities through:
 - a. personal selling;
 - b. advertising and,
 - c. publicity.
2. Promotional activities shall not be conducted until a Home Care/Business License is obtained (if required).
3. All promotional activities/material shall be authorized by the Owner/Manager/Administrator prior to implementation/distribution.
4. Promotions shall reflect the Agency's mission, vision and values.
5. Promotional tools may include, but not be limited to, the following:




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- a. brochures;
- b. logos;
- c. business cards;
- d. web site;
- e. newspapers;
- f. television/radio;
- g. yellow pages;
- h. business directories;
- i. magazines;
- j. flyers;
- k. trade shows;
- l. calendars;
- m. billboards; and,
- n. word-of-mouth.

CROSS-POLICY REFERENCES

- 1. Mission, Vision and Values



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Section 1: Organization & Administration	
Policy Title: Record Management	Policy Number: 1.130
	Effective Date: 01-01-2020
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Record Management

PURPOSE

To ensure that all Agency records, including legal documents, client information, staff information, and financial information are confidentially maintained, stored and secured.

DEFINITION

1. Records Management

Records Management is a function that manages information in an organization including identifying, classifying, storing, securing, retrieving, tracking and destroying or permanently preserving records.

POLICY


Infinity of Page Home Health Services, LLC has a record management system that:

1. protects Agency, client and employee information;
2. assists quality monitoring activities; and,
3. conforms to relevant local, state and federal legislation/regulations.

PROCEDURES


1. All records, including legal documents, client information, employee information, contracted services and financial information shall be maintained in locked cabinets and/or in a locked room in the Agency office.
2. All records shall be kept for the mandated period of time.
3. Electronic documents shall be protected through the application of passwords.
4. Access to records shall be restricted to authorized personnel only.
5. Records that shall be maintained include, but are not limited to:
 - a. Client Service Records, including:
 - i. client assessments and/or client service plans;
 - ii. client service agreements;
 - iii. case management files (if applicable);
 - iv. ongoing client information and notes written by staff providing direct services, which may be kept in the home and/or in the Agency office;
 - v. records of complaints and compliments and action(s) taken; and,
 - vi. record of incidents of abuse or suspected abuse and actions taken.
 - b. Financial Records, including:



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- i. income and expense records;
 - ii. data pertaining to annual reporting; and,
 - iii. all business transactions.
- c. Human Resource Records, including:
 - i. payroll records;
 - ii. records of grievance and disciplinary procedures; and,
 - iii. employee files, including active, inactive and terminated.
- d. Quality Management Records
 - i. client satisfaction surveys/data;
 - ii. occurrence/incidents, accidents, reporting and tracking records, including *Workers' Compensation* claims; and,
 - iii. other legal documents including contracts, business license(s), home care license(s), insurances policies, minutes of meetings, etc.
- e. Audits Records for:
 - i. all internal audits conducted;
 - ii. investigation conducted on offenses detected;
 - iii. corrective actions taken; and,
 - iv. follow-up reports on effectiveness of corrective actions.
- f. Investigation records for compliance with:
 - i. Agency's Policies & Procedures, Standards of Conduct (See Policy: *Compliance*)
 - ii. federal, state and local regulations including Federal Deficit Reduction and False Claims (Refer to Policy: *Compliance with Federal Deficit Reduction & False Claims Acts.*)
- 6. All Internal Agency Audit and Compliance Reports and related records shall be maintained in the Agency Office and shall be made available for mandatory audits by outside authorities.
- 7. Personnel shall be educated in the responsibilities of their positions, as they pertain to record management.
- 8. Personnel shall be educated in the:
 - i. procedures regarding the release of information and usage of the Agency's *Release of Information* form;
 - ii. storage of files;
 - iii. destruction of files; and,
 - iv. use of quality monitoring data.



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9. Legislative requirements for records management shall be monitored to determine the need for changes in policy and/or direction.
10. Inappropriate use/release/destruction/loss of records shall be documented for quality monitoring purposes.


CROSS-POLICY REFERENCES

1. Documentation & Client Records
2. Records Kept in Client's Home
3. Safeguarding Client Records
4. Retention of Client Records
5. Client Access to Information
6. Personnel Records
7. Confidentiality of Personnel Records
8. Privacy and Confidentiality
9. Consent to Release Information
10. Compliance
11. Compliance with Federal Deficit Reduction & False Claims Acts

FORMS

1. Consent to Release Information



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Policy Title: Internal and External Communications	Policy Number: 1.131
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Internal and External Communications

PURPOSE

1. To assist employees, managers, contractors and agents to understand the Agency's mission, values, objectives, developments and issues.
2. To facilitate better communication for promoting improved business operations and client services.
3. To gain the respect of colleagues and clients by helping others and making Agency operations run as effectively as possible.

DEFINITIONS

1. Communication

Communication is a two-way process of reaching mutual understanding during which participants not only can exchange information news, ideas and feelings but also can create and share meaning. It is used to connect people or places. In business, it is a form of interaction amongst management, employees, contractors, agents and clients.

2. Internal Communication

Internal communication is the sharing of [information](#) within an [organization](#) for [business](#) purposes. For example, internal communication within a [company](#) can take place [via](#) speech, [telephone](#), radio, [mail](#), [paging](#), fax, [closed circuit](#) television, [electronic mail](#), [Internet connections](#) and [computer networks](#).


3. External Communication

External communication is the transmission of information between a business and another person or entity in the company's external environment. Examples of these people and entities include customers, potential customers, suppliers, investors, shareholders, and the public-at-large.

POLICY

Infinity of Page Home Health Services, LLC is committed to promoting, maintaining and enhancing effective communications by implementing open, efficient, internal and external communication lines, which reflect the principles of confidentiality, data protection, freedom of information and other relevant legislation.




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PROCEDURES for INTERNAL COMMUNICATIONS

1. Internal communication measures shall be established, implemented and maintained to:
 - a. ensure all staff are aware of the Agency's *Communications Policy* and apply it.
 - b. increase staff's understanding of, and commitment to, Agency's values, visions and objectives;
 - c. engage staff, on a regular basis, to provide information, receive feedback and initiate any actions needed;
 - d. ensure staff are familiar with policies and procedures and are kept cu-dated on all revisions;
 - e. develop and implement a formal consultative process, which will help achieve Agency objectives;
 - f. establish mechanisms to audit internal and external agency communications and act on any issues found;
 - g. ensure staff promote the Agency, within the limits of their responsibilities, without compromising confidentiality and financial management policies;
 - h. build staff awareness (as appropriate) of the financial, economic, and environmental factors affecting the Agency's performance;
 - i. raise awareness of the Agency's achievements;
 - j. promote and enhance the Agency's reputation;
 - k. ensure that staff receive consistent messages;
 - l. ensure currency of information; and,
 - m. assist staff to accept change more readily.
2. Appropriate policies, procedures and monitoring arrangements, which support effective, internal and external communications shall be implemented and maintained.
3. Agency Management shall conduct informal and formal meetings with employees, contractors and agents, at regularly scheduled intervals and on an as-needed, basis to provide information and solicit feedback.
4. Communication shall be encouraged to take place within and between all levels of staff, which include:
 - a. Administrator and staff;
 - b. Administrator and Supervisor;
 - c. Supervisor and Staff;
 - d. Compliance Officer & Compliance Committee;
 - e. Compliance Officer and Management Team;
 - f. Compliance Officer and Staff;




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- g. Compliance Officer and Agents/Contractors;
 - h. Agents & Contractors and Administrator;
 - i. Agents & Contractors and Supervisor; and,
 - j. In-homeworkers and Office Workers
5. The Agency shall use any, or a combination of, common transmission tools to communicate information to all levels of staff such as:
- staff/team meetings;
 - in-services & training sessions,
 - written memorandums
 - email messages;
 - telephone ;
 - texting;
 - face-to-face discussions;
 - bulletin boards,
 - newsletters
 - briefings;
 - internet;
 - video conference;
 - teleconference;
 - two-way interactions;
 - staff events;
 - Employee Handbook
6. The Agency also uses formal processes and designated individuals to establish, maintain and enhance information exchanges within its organizational structure, including:
- a. Compliance Program
 - i. All management personnel shall be given a copy of the Compliance Program and any revisions.
 - ii. Managers are responsible for understanding the Compliance Program and distributing a copy to all employees.
 - b. Annual Compliance Work Plan

To maintain and enhance communication within the Agency’s organizational structure, a number of practices are utilized:

 - i. The Agency Management Team, comprised of the Administrator, Supervisor, and Registered Nurse shall develop the Annual Compliance Work Plan and assign responsibilities for required actions to selected members of the Management Team.
 - ii. The annual Compliance Work Plan shall include a basic plan for ongoing employee communication such: as newsletters, bulletins, email messages, meetings, interviews, training sessions, educational seminars, performance reviews.
 - iii. A copy of the Annual Compliance Work Plan shall be given to the Compliance Officer;




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- iv. All Management Staff shall receive copies of the Compliance Program, and significant revisions.
- v. Managers are responsible for understanding the Compliance Program and distributing copies to all employees.
- vi. Each member of the Management Team, who is assigned duties in respect to the Annual Compliance Work Plan, shall regularly report the status of his/her responsibilities to the Compliance Officer.
- c. Compliance Program and Standards of Conduct
 - i. All Agency personnel shall be given a copy of the Compliance Program and the Standards of Conduct upon hire.
 - ii. Copies of any revisions to the Compliance Program and/or Standards of Conduct shall be provided to employees in a timely manner.
 - iii. Employees shall confirm their receipt and understanding of the Compliance Program and Standards of Conduct.
 - iv. Copies of the employees' signed acknowledgements shall be placed in their individual Personnel Files.
- d. Issues Tracking Log
 - i. The Compliance Officer shall maintain an "Issues Tracking Log" to document all communications from federal and state regulatory agencies.
 - ii. Copies of the log shall be presented to the Compliance Committee, Agency Administrator and governing body.
 - iii. Supervisors and employees shall receive timely notification of communications from state and regulatory agencies.
 - iv. Member(s) of the Management Team are required to regularly report the status of their responsibilities under the Issues Tracking Log to the Compliance Officer.
 - v. Routine or informal communication, particularly in situations where documentation is not required, may be achieved through normal organizational channels.
- e. Incident Reports

All incidents that result in personal injury or illness and/or property damage shall be reported and investigated to ensure that:

 - i. incidents are reported in a timely manner;
 - ii. all incidents are thoroughly identified and investigated; and,
 - iii. appropriate corrective actions are taken.
- f. Whistleblower Actions



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Staff shall be encouraged to communicate/report unlawful activities, without fear of reprisal as per the Whistleblower protection clause addressed in the *Federal Deficit Reduction & False Claims Acts Policy*.

g. Performance Reviews

The Supervisor and a single employee communicate through one-on-one discussions during regular performance appraisals.

h. Employee Agent & Contractor Satisfaction Surveys

Satisfaction surveys shall be conducted, at designated intervals, to:

- i. assess attitudes and satisfaction levels;
- ii. determine best and poor practices; and/or,
- iii. identify other areas of concern.

i. Agency Administrator

The Agency Administrator has a responsibility to communicate with all levels of the Agency to:


- i. ensure staff are kept informed and are given the opportunity to provide feedback;
- ii. adhere to staff's right to receive current and accurate information concerning the Agency, including any proposed changes to service delivery;
- iii. enhance external communications building and maintain consumer confidence in the quality of services the Agency provides.
- iv. ensure any developments or changes in its provision of health and social care are appropriately communicated to the relevant staff; and,
- v. assist staff to become more receptive to change by being informed and being given opportunities to provide feedback.

j. Compliance Officer

The Compliance Officer shall:


- i. oversee the implementation and policing of the Agency's compliance programs, policies and procedures;
- ii. be the Agency's main primary point of contact with regulatory authorities and shall transmit incoming program information and regulatory guidance to the appropriate individual(s);
- iii. shall ensure the Agency's mandatory requirement, for all levels of the organization to report compliance concerns, is communicated through training, compliance presentations, and disciplinary actions;
- iv. cooperate and communicate with the Audit Committee, which inspects the Agency's compliance & ethics programs and policies and procedures.



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- v. develop and maintain effective, appropriate lines of communication with all levels of the Agency organization and regulatory authorities including:




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- Governing Body or Board of Directors (if it exists)
- Administrator
- Supervisors
- Skilled medical workers
- office & field workers
- contracted persons
- federal and state regulatory authorities
- vi. ensure the lines of communication are accessible to all and allow for anonymous and confidential good faith reporting of potential compliance issues;
- vii. utilize any one, or combination of, the formalized communication methods, listed under “#5 & #6” of this section for internal and external communications.
- k. Compliance Committee
 - i. The Compliance Committee shall meet every 3 months or sooner to exchange information and make decisions, which are communicated to staff, as appropriate.
 - ii. The Compliance Officer shall serve as Chairperson of the Compliance Committee and, as such, shall be responsible for setting the agenda for committee meetings and distributing the minutes, when approved by the Compliance Committee.
 - iii. The Compliance Officer shall inform the Committee and seek its assistance on compliance or ethical issues that represent potential risk to the Agency.
 - iv. The Compliance Officer shall maintain open lines of communication with Agency Administrator and governing body and provide them with copies of:
 - i. approved minutes from all Compliance Committee meetings;
 - ii. the Compliance Program; and,
 - iii. the Compliance Department Work Plan

PROCEDURES for EXTERNAL COMMUNICATIONS


1. The Agency’s reputation shall be promoted through enhanced public awareness and understanding.
2. To gain maximum exposure and results, the Agency shall employ different channels of communication, depending on the mission-at-hand, including:
 - a. face-to-face communication such as meetings, presentations;
 - b. print media (newspapers, magazines, fliers, and newsletters);



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- c. broadcast media (radio and television);
 - d. electronic communication (websites, email, social media Facebook/Twitter,);
 - e. media relations;
 - f. public liaison/lobbying; and,
 - g. direct and indirect personal contacts;
3. Two-way communication measures shall be encouraged when exchanging information with external resources and clients in order to:
- a. gain and maintain confidence in the quality of services provided by the Agency;
 - b. develop and sustain positive relationships with relevant external resources; and,
 - c. relay, in a timely manner, any important changes or developments in the Agency's delivery of health and social services.
4. The Agency shall enhance its communication to outside resources/clients by:
- a. developing a communication strategy;
 - b. selecting the type of communication, in accordance with the circumstance, purpose, and the intended recipient;
 - c. ensuring information is relevant and meaningful;
 - d. dispensing information that is accurate, sensitive and timely;
 - e. ensuring information is available to everyone;
 - f. offering information in alternative formats and languages;
 - g. being accessible to everyone;
 - h. demonstrating its commitment to delivering quality service;
 - i. fostering good communication, cooperation and collaboration among service providers, clients and communities;
 - j. recognizing and demonstrating the importance and value of communication;
 - k. ensuring that management listens to staff feedback about community input; and,
 - l. taking action based on information received, when appropriate, and providing feedback.
5. The Agency shall comply with relevant federal and state legislation, including, but not limited to, confidentiality, data protection, a freedom of information and equality.
6. Communication with Clients
- a. The Agency shall apply quality communication practices during interactions with clients, their families and the in-home workers.
 - b. A combination of regular phone calls, home visits and satisfaction surveys shall be used to ensure top-notch services are provided. Copies of notations, documenting these contacts, shall be maintained in the clients' files.
 - c. Regular communication is crucial between the Agency and its clients to:



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- i. ensure services are effectively and efficiently delivered;
 - ii. ensure clients and assigned workers are appropriately matched;
 - iii. determine if implemented services are satisfying needs/desires and meeting the goals of the Care Plan; and,
 - iv. assist with and/or arrange for referrals to other resources, if needed and wanted;
7. Communication with Community Resources
- a. The Agency shall foster and maintain good communication, cooperation and collaboration among the Agency, clients and community resources by:
 - i. identifying the appropriate referral resources in the community;
 - ii. developing communication links with them; and,
 - iii. establishing professional working relationships with them.
 - b. The Agency shall participate in care planning and coordination of client services with community resources by:
 - i. obtaining permission from the client/family to discuss and/or refer the client to them should:
 - the Agency be unable or unwilling to provide needed services/care; and/or,
 - the community resource, concurrently, be delivering care/services to the same client;
 - ii. exchanging pertinent client information, on a need-to-know basis, including residence location, contact numbers, health conditions, implemented services; services needed and other case management specifics; and,
 - iii. attaining and maintaining client/family authorization to keep open lines of communication regarding their care.
8. Communication Etiquette
- All levels of the Agency shall follow Communication Etiquette practices when interacting with others: i.e.:
- a. be courteous, tactful, considerate, respectful and helpful;
 - b. handle any differences privately and discreetly;
 - c. maintain a respectful work atmosphere at all times;
 - d. avoid gossiping and backbiting;
 - e. avoid shouting, yelling, using vulgarities or swearing at co-workers or client;
 - f. promote a work environment free from disparaging remarks about religion, ethnicity, sexual preferences, appearance and other non-work related matters;
 - g. avoid making inappropriate remarks, which will:
 - i. not be tolerated; and,
 - ii. result in disciplinary action, up to and including termination of employment.



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- h. foster an understanding of others' differences in order to create an environment where those differences contribute to a better workplace;
- i. communicate directly with the other individual involved in a dispute to resolve differences;
- j. offer constructive criticism tactfully and respectfully when the intent is to improve Agency operations; and,
- k. avoid destructive criticism if the intention is to harm Agency or another person.


GUIDELINES

1. For communication to be effective,
 - a. The individual(s) providing information should:
 - i. create a climate of trust and confidence;
 - ii. express ideas clearly and concisely;
 - iii. be explicit about expectations;
 - iv. strive for a balance between too much and too little information;
 - v. be aware of the non-verbal elements of the message; and,
 - vi. give the recipient time to process the message.
 - b. The recipient(s) of information should:
 - i. pay attention to what is being communicated;
 - ii. clarify anything not understood;
 - iii. confirm the meaning of the message; and,
 - iv. be aware of nonverbal behaviors and what they could be indicating.

CROSS-POLICY REFERENCES

1. Incident Reporting
2. Federal Deficit Reduction & False Claims Acts



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Compliance

PURPOSE

1. To develop effective internal controls, which will promote compliance to applicable Federal, State and local laws and regulations;
2. to develop, adopt and implement a Compliance Program to establish and maintain the Agency's commitment to ethical operating practices; and,
3. to ensure the Agency is not submitting false or inaccurate claims to Government and private payors.

DEFINITIONS

1. Compliance

Compliance is either a State of being in accordance with established guidelines, specifications, or legislation or the process of becoming so.

2. Compliance Officer

A Compliance Officer monitors and reports results of the compliance or ethical efforts of a company and provides guidance to the Board of Directors and Management on matters relating to compliance. The CO is authorized to implement all necessary actions to ensure achievement of the objectives of an effective compliance program.


3. The Federal Civil False Claims Act

The Federal False Claims Act (FCA) is intended to prevent and detect fraud, waste and abuse of government funds. It is a violation of the federal FCA for anyone to knowingly submit, or cause another person to submit, a false health care claim and receive government funds. Anyone who knowingly or intentionally submits a false claim to the federal government is liable for civil penalties of \$5,500 to \$11,000 per claim, plus three times the amount of damage caused by the false claim. (Refer to Policy 1.141 – *Compliance with Federal Deficit Reduction & False Claims Acts*)

4. “Quit Tam” (Whistleblower)

“Qui tam” (Whistleblower) is a mechanism of the False Claims Act (FCA) that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, in order to recover the stolen funds. In compensation for the



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risk and effort of filing a “qui tam” case, the whistleblower may be awarded a portion of the funds recovered. (Refer to Policy 1.141 – *Compliance with Federal Deficit Reduction & False Claims Acts*)

5. Federal Deficit Reduction Act of 2005 – Section 6032


Section 6032 requires that any entity, which receives Medicaid payments of at least \$5,000,000 annually, establish certain written policies for all their employees, managers, contractors, and agents as a prerequisite to receiving Medicaid/Medicaid reimbursement. These policies shall provide written information on the Federal False Claims Act; remedies for false claims and statements; state laws pertaining to civil or criminal penalties for false claims and statements; whistleblower protections; and the role such laws play in preventing and detecting fraud, waste, and abuse in federal health care programs. (Refer to Policy 1.141 – *Compliance with Federal Deficit Reduction & False Claims Acts*)

POLICY

Infinity of Page Home Health Services, LLC observes and complies with applicable Federal, State and local laws and regulations, Third Party agreements and record retention requirements to demonstrate its commitment to honest and responsible conduct.


1. The Governing Board or Manager shall appoint a Compliance Officer/Designee to oversee the development and maintenance of a Compliance Program, which adheres to Federal and State standards, with rigid focus on anti-fraud and anti-abuse measures. In addition, the Compliance Officer's responsibilities shall include, but not be limited to:
 - a. revising the program, in accordance with Agency changes and/or legal changes;
 - b. reporting regularly to the governing body and/or the Compliance/Ethics Committee
 - c. reviewing employees’ qualifications, in accordance with the Agency’s Standards of Conduct and Personnel Qualifications Policy;
 - d. assisting in the coordination of internal compliance reviews to manage the Agency's financial activities;
 - e. investigating adherences to compliance matters and conducting required follow-up actions;
 - f. developing policies and procedures for reporting suspected fraud without fear of retaliation; and,
 - g. keeping the Compliance Program active and focused on its goals.
2. The Compliance Program shall be designed to play a leadership role with:



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- a. assisting in the development of written policies and procedures to promote compliancy requirements;
 - b. developing and implementing an effective compliancy training and education curriculum;
 - c. developing and maintaining effective communication methods;
 - d. enforcing standards through transparent disciplinary guidelines;
 - e. using audits and other evaluation practices to monitor compliance;
 - f. developing procedures, to deal with compliance offences; and,
 - g. taking corrective measures when compliancy offences occur.
3. The Governing Board or Manager shall establish an Agency Compliance/Ethics Committee and designate individuals, with varying responsibilities, to serve on it. The purposes of the committee shall include, but not be limited to:
- a. advising the Compliance Officer/Designee and assisting in the implementation of the Compliance Program;
 - b. establishing and advising the Agency on business ethics and practices;
 - c. ensuring compliance to laws, regulations, program requirements and guidelines;
 - d. having the final authority on all business ethics and compliance decisions;
 - e. reviewing and documenting all misconduct and compliance violations;
 - f. maintaining a record of its activities and actions;
 - g. reporting any violations and committee activities to the Governing Board or Manager, at least twice a year or on an as-needed basis;
 - h. evaluating the Agency's, standards, regulations and policies; applicable Federal, State and local legal requirements; and risk areas;
 - i. assessing existing policies and procedures, which deal with these risk areas for application in the Compliance Program;
 - j. working with Agency personnel to develop policies, procedures and standards of conduct, which comply with laws and regulations;
 - k. recommending and monitoring the development of procedures and controls to carry out the standards, policies, and procedures;
 - l. determining appropriate approaches to encourage adherence to the Compliance Program and to expose potential violations; and,
 - m. developing procedures to receive, assess and reply to complaints and problems.
4. The Agency shall establish Standards of Conduct to be the benchmark for its behavioral expectations.




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5. Members of the Governing Board, management, employees and independent contractors shall be required to read and acknowledge, in writing, that they have read and accept these Standards of Conduct when they first begin working for the Agency, and whenever new or revised Standards of Conduct are issued.
6. The compliance Officer/Designee shall assume responsibility for the ongoing monitoring of billings to Medicaid for fraud, abuse and/or false claims practices which:
 - a. are inconsistent with proper business, fiscal or medical practices;
 - b. result in the reimbursement of services that are not medically necessary;
 - c. result in unnecessary costs to Medicaid; and,
 - d. fail to meet professionally recognized standards for health care.
7. At the end of each fiscal year, the Agency's shall conduct an internal audit to review:
 - a. accounts receivable,
 - b. delinquent accounts;
 - c. admissions;
 - d. payments;
 - e. reimbursements; and,
 - f. staff expenses.


to ensure adherence to all laws, regulations, program requirements and guidelines and policies.
8. Internal audit results shall be given to the Compliance/Ethics Committee, within 30 days of completion, for review and recommendation to the Governing Board/Manager.
9. The Agency shall maintain all clinical records and billing documentation in an accessible location for regulatory reviews and post payment audits.
 - a. Records shall be maintained for:
 - v. all internal audits conducted;
 - vi. investigation conducted on offenses detected;
 - vii. corrective actions taken; and,
 - viii. follow-up reports on effectiveness of corrective actions.
 - b. All Internal Agency Audit Reports and related records shall be maintained in the Agency Office and shall be made available for mandatory audits by outside authorities.
10. The Agency shall cooperate and participate fully with all governmental and or law enforcement compliance investigations of desktop and on-site audits that may be conducted.



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11. The Agency shall not alter or destroy any electronic, printed or written documentation in anticipation of an investigation or upon notification of an intended investigation by an authorized person or body.
12. The Agency shall meet requirements for addressing identified program deficiencies, discrepancies, and quality issues through corrective action processes and overpayment recovery procedures.
13. While the Agency discourages the acceptance of gifts, in some situations acceptance is permitted as per the Agency's Acceptance of Gifts Policy.
14. At any time, should any member of the Governing Board, Management or an employee accept monies, gifts and/or other considerations, details shall be logged and presented to the Compliance/Ethics Committee for review at the end of each fiscal year or more frequently, if indicated.
15. The Agency complies with Federal and State regulations regarding confidentiality of client information. Staff shall adhere to its "*Confidentiality and Privacy of Client Information*" Policy and shall sign the Agency's "*Confidentiality Agreement*".
16. Clients shall be advised of the Agency's commitment to confidentiality and be:
 - a. provided with information on the legal requirements of confidentiality, as mandated by State and Federal law;
 - b. given information about the Agency's *Confidentiality and Privacy of Client Information* Policy during the initial assessment;
 - c. given the Agency's *Consent for Referral and Release of Information* form to sign prior to the distributing information and/or referring them to another party(ies).
17. Clients shall be informed about their right to submit complaints and report misconducts including:
 - a. the process for submitting them, as detailed in the Agency's "*Client Complaints & Grievances*" Policy;
 - b. the completion of the Agency's "*Complaints/Grievance* form;
 - c. assurance that their concerns will be investigated promptly; and,
 - d. reassurance that corrective actions will be taken, as indicated.
18. When complaints/reports have legal implications, clients shall be informed of their right to:
 - a. make a complaint to the local law enforcement;
 - b. seek legal advice;
 - c. contact the Office of the Inspector General's hotline (Toll Free: 1-800-424-5081)
 - d. contact the relevant State authority.



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19. The Agency shall follow a structured process for reporting misconduct, unethical business practices and compliancy offenses:
- a. Reports of misconduct, unethical business practices or program/guideline violations shall be received by the Agency from anyone within or outside the local community including, but not limited to:
 - i. public-at-large;
 - ii. the business community;
 - iii. persons representing Federal, State and/or local authorities, who do not usually participate in regular compliance audits; and,
 - iv. any professional persons/organizations.
 - b. Non-Compliance Reports can be submitted in writing, electronically or verbally.
 - c. Non-Compliance Reports shall be submitted to the Agency Supervisor by contacting him/her @ 928-645-6862
 - d. The Supervisor shall conduct a preliminary investigation within 5 days of receiving the complaint.
 - i. If the allegations are unsubstantiated, the Supervisor shall document his/her findings and advise the person who reported it, accordingly.
 - ii. If the allegations appear to be, or are, substantiated the complaint will be referred to the Agency Manager and/or Compliance Officer/Designee.
 - e. The Agency Manager and/or Compliance Officer/Designee shall review the complaint and may, if necessary, conduct an independent investigation within 5 days.
 - f. Should the Agency Manager and/or Compliance Officer Designee determine the complaint is valid, the case shall be referred to the Compliance/Ethics Committee, where a full investigation shall be conducted within 30 days.
 - g. The Compliance/Ethics Committee shall forward its findings and recommendations to the governing body:
 - i. In the absence of a governing body, the Compliance/Ethics Committee, in consultation with the Manager, shall resolve substantiated allegations through appropriate corrective action(s) and/or discipline.
 - ii. If a governing body is in place, it shall review the findings and shall resolve substantiated allegations through appropriate corrective action(s) and/or discipline.
20. The Agency is committed to the detection, preventing and reporting of abuse fraud and waste in health care programs and thus employees, managers contractors or agents, who suspect or know of a violation to the False Claims Act, any other federal, state or



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local law, an Agency policy or the Agency’s Standards of Conduct are required to report violations promptly to:

- a. the Agency’s Compliance Officer or, if preferred, to the Agency Supervisor/Manager; or,
- b. an outside authority:
 - i. Office of the Inspector General
Phone: 1-800-HHS-TIPS (1-800-447-8477) or
TTY 1-800-377-4950; Fax: 1-800-223-8164;
Email: HHSTips@oig.hhs.gov
Online: <https://forms.oig.hhs.gov/hotlineoperations>
 - ii. Medicaid State Agency
 - iii. State Bureau of Investigations
 - iv. Provider Fraud & Fiscal Abuse Hotline
 - v. State Office of the Inspector General

21. In accordance with the” Qui Tam” (whistleblower) provision of the Federal False Claims Act:

- a. anyone who, in good faith, reports a suspected or known violation of the False Claims Acts, shall be protected from retaliation and retribution, regardless of whether, after investigation, a violation is found to have occurred;
- b. If issues related to misuse of government funds are not addressed and resolved by the reporting channels, individuals, may sue, on behalf of the government, to recover the improperly charged funds and become eligible to share in any damages recovered.
- c. If retaliation measures are taken against individuals who report suspected or known fraud and/or abuse, then those individuals shall be reinstated with the same seniority status that they had or would have had, if not for the discrimination. Or, if not reinstated they shall have the right to bring action for reinstatement and may seek back pay, costs damages and fees.


22. All complaints/reports shall be handled in the strictest of confidence.

23. A record shall be kept of all complaints/reports received in the Agency office, including details of the investigation and action(s) taken.

24. If an individual fails to report such known offenses, the Agency may take disciplinary action.

25. The Agency shall advise employees of their duty to report any and all illegal and unethical business practices to their Supervisor, Compliance Officer/Designee and/or



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appropriate authorities, when discovered. They shall be assured that no retaliation measures such as firing, demotion, reduction in hours and/or punishment of any form will be taken as a result.

26. Employees who feel they have been retaliated against shall be given information on where and how they can make an official complaint.

TRAINING

1. The Compliance Policy, Standards of Conduct and Compliance shall be reviewed with employees, management, contractors and agents shall be given compliancy training during orientation, as required and annually thereafter, including:
 - a. Compliance Policy
 - b. Compliance with Federal Deficit Reduction & False Claims Acts and the roles these acts play in preventing and detecting waste fraud and abuse in federal health care programs.
 - c. Standards of Conduct
2. Training records shall document:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training;
 - d. names and positions of people attending the training sessions; and,
 - e. date when refresher training is due.
3. Training records shall be kept for 5 years from the date of training.


FORMS

1. Standards of Conduct
2. Confidentiality/Non Disclosure Agreement
3. Conflict of Interest Statement
4. Consent for Referral and Release of Information
5. Complaints/Grievances
6. Independent Contractor Agreement

CROSS-POLICY REFERENCES

1. Compliance with Federal Deficit Reduction & False Claims Acts
2. Standards of Conduct and Work Ethics
3. Conflict of Interest
4. Disciplinary Action




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5. Termination of Employment
6. Grievances/Complaints
7. Confidentiality and Privacy of Client Information
8. Client Complaints
9. Acceptance of Gifts
10. Drugs and Alcohol
11. Personnel Qualifications

REFERENCES

1. Federal False Claims Act (U.S.C. Title 31; Chapter 37; Subchapter III; § 3729)
2. Federal Deficit Reduction Act of 2005 – Section 6032
3. Department of Health and Human Service (DHHS)
4. Office of the Inspector General (OIG)
5. Health Insurance Portability and Accountability Act (HIPAA)



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Compliance with Federal Deficit Reduction and False Claims Act

PURPOSE

1. To participate in the prevention of health care fraud and abuse;
2. to comply with applicable state and federal laws on reporting suspected abuse; and
3. to ensure Agency employees, managers, contractors and agents are familiar with the terms of the False Claims Acts.

DEFINITIONS

1. Agency

For purposes of this policy, Agency refers to Infinity of Page Home Health Services, LLC

2. Fraud

Fraud is the deliberate deception or misrepresentation made by an individual who knows that the deception could provide him or another individual with an unauthorized benefit.

3. Medicare Fraud

Medicare Fraud is the collection of reimbursement money from the Medicare Program under false pretenses.

4. Provider Fiscal Abuse

Provider Fiscal Abuse refers to provider practices that:

- a. are inconsistent with proper business, fiscal or medical practices;
- b. result in the reimbursement of services that are not medically necessary;
- c. result in unnecessary costs to Medicaid and,
- d. fail to meet professionally recognized standards for health care.

5. Claim

For purposes of this policy, a claim includes any request or demand for money or property wherein the United States government provides any portion of the requested or demanded money.


6. Contractor or Agent

For purposed of this policy a contractor or agent is an individual who, on behalf of the Agency, authorizes Medicaid health care items or services, performs billing or coding functions or is involved in monitoring the care provided by the Agency.

7. Whistleblower

Whistleblowers are lay people including employees/former employees, contractors, or agents of healthcare entities, who report known and suspected submission(s) of false



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claims by a health care entity or service provider. The False Claims Act authorizes whistleblowers to sue companies and individuals that defraud the government. These suits are filed under seal in federal court and investigated by the Department of Justice. In return for their report, a whistleblower is rewarded by the government with a significant portion of any recovered funds.

8. Knowingly

As defined by the False Claims Act, the term “knowingly,” means an entity who has actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information or acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required.

POLICY

Infinity of Page Home Health Services, LLC complies with federal and state laws for preventing health care fraud, waste, and abuse by ensuring that all current and new employees, managers, contractors and agents are educated at the time of hiring and annually, thereafter, about the Federal Deficit Reduction Act – Section 6032 and False Claims Acts and the purposes these laws play in preventing and detecting fraud, waste and abuse in federal health care programs.

PROCEDURES


1. Communicate Role of Federal & State Laws in Preventing Fraud, Waste & Abuse

Federal and State governments have legislated criminal and civil laws regarding the submission of false or fraudulent claims for payment or approval to the federal and state governments and to private payers. These false claims laws, which provide for criminal, civil and administrative penalties, provide governmental authorities with the authority to investigate and prosecute potentially fraudulent activities and also provide anti-retaliation provisions for individuals who report suspected or known waste, fraud, and/or abuse activities.

2. Provide Information on the Federal, State and Medicaid False Claims Acts

All current and new employees, managers, contractors and agents shall be educated on the Federal False Claims Act, Arizona, Utah, New Mexico Act and Medicaid False Claims Act.



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- a. All current and new employees, managers, contractors and agents shall be familiar with Agency policies regarding the detection and prevention of health care fraud and abuse.
- b. New employees, managers, contractors and agents shall be educated within 30 days of employment or contract status with the Agency.
- c. All current and new employees, managers, contractors and agents shall receive an annual review of the Federal, State and State Medicaid False Claims Acts and their related policies.
- d. At the initial training, each person shall be given a copy of this *False Claims Policy* and the Agency's *Employee Handbook*, which contains a summary of the False Claims Acts.

Terms of the Federal Civil False Claims Act

1. The Federal Civil False Claims Act (U.S.C. Title 31; Chapter 37; Subchapter III; § 3729) is a federal statute that imposes civil liability on any person who knowingly:
 - a. submits, or arranges for another person to submit, a false or fraudulent claim, record or statement to the government for payment or approval;
 - b. makes, uses or has made, a false record or statement material to a false or fraudulent claim;
 - c. conspires with another to defraud the government by getting a false or fraudulent claim allowed or paid;
 - d. returns only a portion of the government money or property in his possession with the intent of defrauding the government;
 - e. makes or delivers a document, which certifies receipt of property, without completely knowing if the information on the receipt is true;
 - f. buys public property or accepts it as a pledge or obligation/debt from an officer or employee of the government or a member of the armed forces, who is not authorized to sell or pledge this property; and,
 - g. uses a false record or statement to avoid or decrease an obligation to pay or transmit money or property to the government.
2. Anyone who knowingly or intentionally submits a false claim to the federal government is liable for civil penalties of \$5,500 to \$11,000 per claim, plus three times the amount of damage caused by the false claim.

State False Claims Act



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See next

State Medicaid False Claims Act

State laws: Although the state of Arizona does not have its own “False Claims Act”, there are a number of state laws that apply to filing fraudulent claims with the government.

A. It is unlawful for a person to make a claim to the state, the AHCCCS administration, or a contractor for an item or service the person knows was not provided, is false or fraudulent, or may not be made by the health care system for specified reasons such as medical necessity. §§36-2918, 36-2957, A.R.S.


B. A person who knowingly obtains services or property of another person commits theft and is guilty of a felony, except where the amount involved is less than \$1,000, in which case the theft is generally a misdemeanor. A.R.S. §13-1802.

A person commits forgery and is guilty of a felony if, with intent to defraud, a person: (1) falsely makes, completes or alters a written instrument; or (2) knowingly possesses a forged instrument; or (3) offers or presents, whether accepted or not, a forged instrument or one that contains false information. A.R.S. §13-2002.

A person who knowingly obtains any benefit by means of false or fraudulent pretenses, representations, promises or material omissions upon any other person is guilty of a felony. A.R.S. §13- 2310.

In any matter related to the business conducted by any department or agency of the state or any political subdivision thereof, any person who, pursuant to a scheme to defraud or deceive, knowingly falsifies, conceals or covers up a material fact by any trick, scheme or device or makes or uses any false writing or document knowing such writing or document contains any false, fictitious or fraudulent statement or entry is guilty of a felony. A.R.S. §13-2311.



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C. An employee can make a claim against an employer if that employee is terminated in retaliation for disclosing information in a reasonable manner that the employer or an employee of the employer has violated the law. §23-1501, A.R.S. 4)

3. Provide Information on Deficit Reduction Act of 2005 – Section 6032

The Agency shall furnish information on the Deficit Reduction Act of 2005 – Section 6032 by:


- a. providing written and/or electronic information to all new employees, managers, contractors and agents at the time of hiring and to all current employees, managers, contractors and agents who do not have this information already;
- b. inserting information on Section 6032 in the *Employee Handbook*; and,
- c. reviewing Section 6032 compliancy requirements during orientation and annually thereafter.

Terms of the Federal Deficit Reduction Act of 2005 – Section 6032

Section 6032 requires that any entity, which receives Medicaid payments of at least \$5,000,000 annually, establish certain written policies for all of their employees, managers, contractors, and agents as a prerequisite to receiving Medicaid/Medicaid reimbursement. Its requirements are to:

1. establish written policies for all employees, managers, contractors and agents of the entity, which provide detailed information about:
 - a. the Federal False Claims Act;
 - b. remedies for false claims and statements;
 - c. state laws pertaining to civil or criminal penalties for false claims and statements;
 - d. whistleblower protections; and,
 - e. the role such laws play in preventing and detecting fraud, waste, and abuse in federal health care programs.
2. include, as part of their written policies, detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse, which form the foundation of their Compliancy Programs;
3. include, in the entity's *Employee Handbook*, a specific discussion of:
 - a. the state and federal laws referenced above;
 - b. the rights of employees to be protected as whistleblowers; and,
 - c. the entity's policies and procedures for detecting fraud, waste, and abuse.



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4. Provide Information on “Qui-Tam” (Whistleblower) Protection


Information on “Qui-Tam” (Whistleblower) Protection shall be distributed to employees, management, contractors and agents at the same time and in the same manner that the information of the Federal Deficit Reduction Act – Section 6032 is disseminated, as outlined above.

Actions by Private Persons or “Qui-Tam” Protections

- a. If issues related to misuse of government funds are not addressed and resolved by the reporting channels, the Federal False Claims Act contains “whistleblower” provisions that allow citizens with evidence of false claims against the government to sue, on behalf of the government, in order to recover the improperly charged funds.
- b. In accordance with the Deficit Reduction Act of 2005, Section 6032 Whistleblowers shall be protected as follows:
 - i. No retaliation measures including threats, harassment, discrimination, suspension, demotion or termination of employment shall be tolerated for reporting fraud and abuse to this Agency or to the Office of Inspector General Medicaid Fraud Control Unit.
 - ii. Should any employee, manager, contractor, or agent have retaliation measures taken against them, including discharge, demotion, suspension, threats, harassment, or other discriminatory actions, for reporting suspected or known fraud and/or abuse, then those individuals shall be reinstated with the same seniority status that the employee, manager, contractor, or agent would have had, if not for the discrimination. Or, if not reinstated they:
 - shall have the right to bring action for reinstatement in the appropriate federal district court of the United States; and;
 - may seek two times the amount of back pay plus interest and other enumerated costs, damages, and fees, including litigation costs and reasonable attorney’s fees.

5. Outline Process for Reporting Fraud & Fiscal Abuse




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- a. Current and new employees, managers, contractors and agents shall be made aware of Agency measures for the detection and prevention of health care fraud and abuse and how to report it.
- b. Employees, managers, contractors and agents shall report suspected or known fraud and fiscal abuse to the Compliance Officer, as soon as it is appropriately possible, in order that issues can be resolved quickly and effectively.
- c. Any employee, manager, contractor or agent who reports fraud and/or fiscal abuse shall have the right and opportunity to do so anonymously and will be protected against retaliation.
- d. The Agency shall have the right to take appropriate action against an employee, manager, contractor or agent who has participated in a violation of federal or state law or Agency policy.
- e. Should the person reporting the suspected or known fiscal abuse or fraud feel uncomfortable contacting the Compliance Officer or the Compliance Officer does not respond quickly and appropriately to the issues, then the reporting person is encouraged to contact the Supervisor and/or Agency Manager directly.
- f. The Agency shall investigate any suspicions of fraud, waste, or abuse swiftly and thoroughly and shall require the cooperation of employees with any investigations it conducts.
- g. Individuals, who suspect or know of fiscal abuse or fraud, shall have the option of either reporting their concerns:
 - i. in accordance with the process outlined above; or
 - ii. directly to an appropriate outside resource:
 - Office of the Inspector General
 - Phone: 1-800-HHS-TIPS (1-800-447-8477) or
 - TTY 1-800-377-4950; Fax: 1-800-223-8164;
 - Email: HHSTips@oig.hhs.gov
 - Online: <https://forms.oig.hhs.gov/hotlineoperations>
 - Your Arizona Medicaid State Agency

Who Can Report Fraud or Abuse

Absolutely anyone can report fraud, abuse, or member abuse. There are no restrictions.



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Contacts

Provider Fraud

If you want to report suspected fraud by medical provider, please call the number below:

In Maricopa County: 602-417-4045

Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686

Member Fraud

If you want to report suspected fraud by an AHCCCS member, please call the number below:

In Maricopa County: 602-417-4193

Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686

Questions

If you have questions about AHCCCS fraud, abuse of the program, or abuse of a member, please contact the AHCCCS Office of Inspector General (OIG).

Email: AHCCCSFraud@azahcccs.gov


<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-oct2014.pdf>

Other State Resources

- State Bureau of Investigations
- Provider Fraud & Fiscal Abuse Hotline
- State Office of the Inspector General


6. Establish Measures to Detect and Prevent Health Care Fraud, Waste and Abuse Compliance Program



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- a. The Agency has established a Compliance Program, which adheres to Federal and State standards, with rigid focus on anti-fraud and anti-abuse measures. This program’s components are addressed primarily in:
 - i. Policy 1.140 – Compliance
 - ii. Policy # 1/141– Compliance with Federal Deficit Reduction & False Claims Acts
 - iii. Policy #4.130 - Standards of Conduct & Work Ethics
 - iv. Standards of Conduct
- b. A Compliance Officer has been appointed to oversee the execution and maintenance of the Compliance Program.
- c. The Compliance Program has policies and procedures, which provide guidance on the:
 - i. execution of specific job functions; and,
 - ii. detection and prevention of fraud, waste, and abuse.
- d. These policies and procedures undergo regular reviews and are revised as necessary.
- e. Employees, managers, contractors and agents are expected to follow the compliance policies and procedures.
- f. Should employees, managers, contractors or agents not adhere to the Agency’s compliancy requirements and/or to its written Standards of Conduct, then;
 - i. further training may be provided, as indicated and appropriate;
 - ii. direct and constant supervision may be enacted; and/or,
 - iii. disciplinary action, up to and including termination of employment or contract, may be enacted.
- g. The Compliance Officer and Compliance Committee shall maintain communication with all Agency employees, managers contractors and agents including:
 - i. providing each person with a copy of the Agency’s Compliance Program and the Standards of Conduct, when hired and when revised. The Standards of Conduct shall be signed and dated by each individual to acknowledge its receipt and a signed copy shall be placed in the individual’s Personnel File.
 - ii. conducting informal and routine communication methods such as face-to-face discussions, email/written messages, meetings, newsletters or bulletins, and telephone or other technical communication tools.
 - iii. delivering training, in-services and other educational sessions;



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- iv. following-up incident reporting; and,
- v. conducting performance reviews.

Standards of Conduct

The Agency’s Standards of Conduct provide the framework for employees to avoid the appearance of, actual or perceived, wrongdoings when processing Medicaid/Medicare Claims.

Employees, managers, contractors and agents are:

- a. obligated to conduct themselves in a manner, which conforms to established standards; and,
- b. prohibited from knowingly submitting claims for payment or approval that are false, fictitious fraudulent or inaccurate.

Policies and Procedures


In addition to this policy (*Compliance with Federal Deficit Reduction & False Claims Acts*), which is specific to compliance stipulations for preventing and reporting fraud and fiscal abuse in health care programs, the Agency has other policies, procedures and forms, that address the FCA & FDA – Section 6032, including:

- a. Compliance (Policy #1.140)
- b. Standards of Conduct & Work Ethics (Policy #4.130)
- c. Standards of Conduct Agreement (Form)
- d. Conflict of Interest (Policy #4.140)
- e. Billings & Receivables (Policy #6.50)
- f. Continuous Quality Improvement (Policy #7.10)
- g. Orientation (Policy #4.50.10)
- h. Annual Training (Policy #4.50.50)
- i. Performance Appraisals (Policy #4.80)
- j. Employee Appraisals (Form)

Training Program

- a. The Agency shall provide employees, managers, contractors and agents with the materials and resources they need to be knowledgeable about relevant laws related to false claims including ethics laws, regulations, and policies and Section 6032 of the Federal Deficit Reduction Act.
- b. Training shall be provided during Orientation and annually, thereafter, to all employees, managers, contractors and agents on:
 - i. Federal Civil False Claims Act
 - ii. State False Claims Act (if in place)



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- iii. State Medicaid False Claims Act (if in place)
 - iv. Federal Reduction Act of 2005 – Section 6032
 - v. other relative laws and regulations; and,
 - vi. Agency policies and procedures, which contain compliance stipulations to these Acts, as listed under “Policies and Procedures”.
- c. Training shall be provided to employees, managers, contractors and agents on the Agency’s Compliance Program and Standards of Conduct. Once completed, participants shall:
- i. sign an acknowledgement affirming this training was received;
 - ii. be informed that their participation in this training and subsequent compliance with the policies will be:
 - utilized as part of their performance appraisals;
 - considerations for continuation of employment; and/or,
 - factors for establishing or extending contracts.

Performance Appraisals


- a. Knowledge of, and compliance with, the False Claim Acts, Section 6032 of the Federal Deficit Reduction Act of 2005 and related Agency policies are identified in *Employee Appraisals* (Policy #4.80) as some of the criteria used to assess employee performances.
- b. The Agency’s official *Employee Performance Appraisal* assesses, in part, employees’ adherence to laws, regulations & policies including those which assist in the detection, prevention and reporting of known or suspected cases of fraud and/or fiscal abuse.
- c. Addressing the False Claim acts, Section 6032 of the Federal Deficit Reduction Act of 2005 and related Agency policies in employee appraisals not only focuses employees’ attention on the importance of these laws and regulations but also highlights how seriously the Agency takes its obligations to adhere to them.

Employee Handbook

A summary of Policy #1.141 - *Compliance with False Claims & Federal Deficit Reduction Acts*) is provided in the Agency’s *Employee Handbook*. The summary emphasizes:

- a. the laws described in the written policies;
- b. the rights of employees, managers, contractors and agents to be protected as whistleblowers; and,



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- c. the Agency’s policies and procedures for detecting and preventing fraud, waste, and abuse.


Internal Audits

- a. Internal Agency Audits shall be conducted at scheduled and announced times and at impromptu and unannounced times to assess:
- i. compliance with state and federal false claims laws and regulations;
 - ii. compliance with Agency policies and procedures;
 - iii. compliance with billing procedures;
 - iv. adequacy of internal controls, including:
 - billing processes;
 - cash receipts;
 - payment postings;
 - write-offs; and,
 - refunds.
- b. Agency audits shall be conducted by the Compliance Officer, who shall be properly trained, in accordance with audit specifications and acceptable auditing procedures.
- c. The Agency Manager shall ensure Auditors are without conflict of interest.
- d. The Audit Report shall include:
- i. what was audited;
 - ii. the names & positions of the individual(s) who conducted the audit;
 - iii. date of audit;
 - iv. notation of any issues;
 - v. investigation of any issues;
 - vi. recommendations for corrective actions and follow-ups.
- e. The Audit Report shall be submitted to the Agency Manager for:
- i. further investigation of any issues, if indicted;
 - ii. consideration of submitted recommendations; and,
 - iii. provision of additional or different plans of action.
- f. The Agency Manager shall sign all Audit Reports to acknowledge he/she has reviewed the report.

Investigations

- a. The Compliance Officer shall coordinate the investigation with the appropriate Supervisor.
- b. Any violations discovered shall be reported to the Agency Manager and/or the Agency’s Board of Directors.



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- c. If indicated, reports of violations, including self-reporting, shall be made to the appropriate authority including:
- i. the Office of the Inspector General;
 - ii. Centers for Medicaid and Medicare Services;
 - iii. Medicare Approved Contractors and/or,
 - iv. State Department of Inspection and Appeals.

Corrective Actions

- a. If an Internal investigation discovers that a violation has occurred then corrective actions shall be initiated, to:
 - i. make prompt restitution of any overpayment amounts; and,
 - ii. implement changes to prevent a similar reoccurrence of the violation;
- b. Depending on the severity and frequency of the violation(s), consequences applied to the individual(s) involved may include:
 - iii. re-training,
 - iv. discipline, up to and including termination of employment or contract;
 - v. prosecution by law.


Record Maintenance

- a. Records shall be maintained for:
 - ix. all internal audits conducted;
 - x. investigation conducted on offenses detected;
 - xi. corrective actions taken; and,
 - xii. follow-up reports on effectiveness of corrective actions.
- b. All Internal Agency Audit Reports and related records shall be maintained in the Agency Office and shall be made available for mandatory audits by outside authorities.

7. Monitor Ccompliance with Section 6032 of the Deficit Reduction Act of 2005.

- a. As part of the Agency’s commitment to protect Whistleblowers, the Compliance Officer shall be given the:
 - i. responsibility to establish and maintain non-retaliation policies;
 - ii. responsibility to conduct compliance audits by reviewing personnel records and other documentation to ensure informants have not been victimized; and,
 - iii. authority to keep the informant’s identity confidential.



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b. The Agency does not authorize the Compliance officer to, unilaterally, offer immunity to Agency personnel who become involved in misconduct or noncompliance activities.

8. Provide Examples of Provider Fiscal Abuse and Fraud Practices


The Agency is cognizant of provider practices that constitute fiscal abuse and fraud in the health care system. Therefore, it shall ensure that employees, managers, contractors and agents know what activities have been deemed unlawful including:

- a. billing for services that were not delivered;
- b. billing twice for the same service;
- c. billing for more expensive service than was actually provided;
- d. seeking reimbursement for services that:
 - i. are not medically necessary for a client's condition; and/or,
 - ii. fail to meet professionally recognized standards for health care;
- e. making false statements regarding claims for payment;
- f. not providing services that are required in the scope of the per diem;
- g. concealing an event affecting initial or continued payments by Medicaid/Medicare;
- h. misrepresenting Agency credentials;
- i. offering financial rewards, which are often unlawful, to individuals who:
 - i. utilize or promote Agency services; or,
 - ii. send clients to utilize Agency services, in accordance with the Kickbacks/Stark Statute;
- j. offering, paying, soliciting, or receiving remuneration in order to induce business reimbursed under the Medicare or Medicaid programs.
- k. accepting referrals of Medicare patients when the referring Physician has a financial relationship with the Agency, in accordance with the Kickbacks/Stark Statute as well as the False Claims Act;
- l. submitting false statements or certifications of compliance in order to receive payment by the government health program; and,
- m. falsifying cost reports and other documents to meet eligibility requirements for Medicare/Medicaid funds.

CROSS-POLICY REFERENCES

1. Compliance (Policy #1.140)
2. Standards of Conduct & Work Ethics (Policy #4.130)



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3. Standards of Conduct Agreement (Form)
4. Conflict of Interest (Policy #4.140)
5. Billings & Receivables (Policy #6.50)
6. Continuous Quality Improvement (Policy #7.10)
7. Orientation (Policy #4.50.10)
8. Annual Training (Policy #4.50.50)
9. Performance Appraisal (Policy #4.80)
10. Incident Reporting (Policy #5.180)


FORMS

1. Standards of Conduct Agreement
2. Employee Appraisal

REFERENCES

6. Deficit Reduction Act of 2005 – Section 6032
7. Federal Civil False Claims Act



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Compliance with Agency Policies and Procedures

PURPOSE

To ensure all employees, contract workers and agents are oriented to Infinity of Page Home Health Services, LLC Policies & Procedures and sign an agreement to abide by them, as a condition of employment.

DEFINITIONS

1. Policies

Policies are a set of rules, principles and guidelines utilized or developed by an organization to reach its goals, achieve its mission and comply with regulations.

2. Regulations


Procedures are the specific methods used to carry out the policies in the organization's operations.

POLICY

Infinity of Page Home Health Services, LLC shall provide its new employees, contract workers, agents and volunteers with a working knowledge of Agency policies and procedures. Individuals shall sign an agreement to abide by them, as a condition of employment or the contract to ensure that:

1. Agency values mission and vision are reflected;
2. standards are established, documented and implemented, which are appropriate to the home care profession;
3. quality improvement and risk management are promoted;
4. decisions can be made that are consistent, uniform and predictable;
5. local, state and/or federal regulations are complied with;
6. workers are treated equally, visibly and consistently.
7. procedures are clear and implemented as defined;
8. direction and guidance are provided to ensure duties are performed with efficiency and consistency;
9. employment claims are off-set, wherever possible.
10. legal, licensing, certification and/or accreditation requirements are met;
11. written communication and teaching tools are in place;
12. potential conflict and misunderstanding possibilities are mitigated; and,



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13. new, employees, contract workers and volunteers can be oriented about their purpose, job standards and expectations

PROCEDURES

1. Agency Policies and Procedures shall be reviewed with all new employees, contract workers, agents and volunteers.
2. Policies and Procedures shall be reviewed during the initial Orientation.
3. Policies and Procedures shall be revised, as required, to adapt to changes resulting in, but not limited to local, state or federal regulations, Agency operations, client services and staff needs.
4. All staff shall be given verbal updates and written copies of any revised policies.
5. Updated, printed copies of revised policies shall be placed in all copies of the Agency Policies and Procedures Manual
6. All staff, contract workers and volunteers shall be responsible for abiding to all policies and procedures.
7. All staff, contract workers, agents and volunteers shall be responsible for adhering to all revisions when implemented.
8. Any employee, contract worker, agent or volunteer who is confused with any policy or procedure is responsible for obtaining clarification from a member of the Agency Management Team.
9. All staff, contract workers, agents and volunteers shall sign the *Policies & Procedures Agreement* acknowledging they:
 - a. understand the policies and agree to abide by them; and,
 - b. will adhere to all policy revisions, as they become effective.
10. A copy of the signed *Policies & Procedures Agreement* shall be kept in the individual's personnel file.
11. Policies shall be reviewed annually or on an as-needed basis.


CROSS-POLICY REFERENCES

4.50.10 - Training: Orientation

FORMS

1. Staff Record of Training



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Electronic Visit Verifications

PURPOSE:

1. To verify that clients are receiving the services that have been authorized for their care and for which the is being billed for.
2. To make timekeeping for home care agencies and workers faster, easier, and more accurate.

DEFINITIONS:

1. Electronic Visit Verification System

An Electronic Visit Verification system (EVV) is an electronic system that workers use to check-in at the beginning and check-out at the end of each period of service delivery. The system is used to monitor a client's receipt of authorized services and to generate claims for submission by the service provider.

2. Managed Care Organizations

Managed Care Organizations (MCO) are entities that combine the functions of health insurance, delivery of care, and administration. MCOs create their own contracts with service providers, maintains their own fee schedules and have their own in-network specialists and providers.


POLICY

Infinity of Page Home Health Services, LLC is committed to promoting its integrity by utilizing an Electronic Visit Verification System (EVV) as part of ongoing effort to curb fraud, waste and abuse in the home care industry.

PROCEDURES


1. The Agency shall use an EVV system for documenting the:
 - a. identity of the client receiving services;
 - b. identity of the worker assigned to deliver services;
 - c. date and time the worker begins and ends the delivery of services; and,
 - d. location where services are delivered.
2. At least one full-time staff member shall be dedicated to monitor the EVV system and two additional staff members shall be thoroughly trained and knowledgeable about the EVV system and its functionality including, at a minimum:
 - a. late/missed visit reporting;
 - b. exception handling;
 - c. scheduling; and,
 - d. billing.



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3. Sufficient and competent staff shall be assigned to:
 - a. deliver services, in accordance with the member's care plan; and,
 - b. substitute as adequate back-ups for the assigned worker, in the event that the assigned worker cannot deliver the required services.
4. An "on-call" process to monitor EVVs during non-office hours shall be established, utilized and enforced. By Office on-call personnel
5. All EVV appointments shall be scheduled in the system before a service delivery visit is made.
6. All EVV exceptions to the scheduled service shall be worked within 24 hours from the time the change in service delivery occurred.
7. In addition to the EVV system tracking client's service delivery, the Agency shall:
 - a. obtain client certification of service delivery using the *Client Service Certification Record* or other appropriate form;
 - b. file client certification documents in the Agency office; and,
 - c. make client certification documents available for Departmental inspection.
8. Training shall be delivered to all staff on the EVV system using *Sandata's* training slides. All staff that are assigned to deliver services in a client's home shall be checked to ensure they know:
 - a. how to clock in and out of the system;
 - b. how to enter the tasks performed; and,
 - c. what to expect if the system is not utilized correctly.
9. To ensure that clients are receiving proper services, in-home workers shall be required to pre-record a voiceprint on the software program prior to commencing service delivery in a client's home. This pre-recorded voiceprint will be compared to the voice phoning in.
10. In-home workers shall use the client's home telephone, cell phone or government-issued phone for the EVV process.
11. A mechanism shall be established for updating staff contact information in the EVV system and with Sandata. Prior to the delivery of service, a member's eligibility for services shall be verified.
12. Any and all information regarding a client's visit status, shall be submitted in a timely manner, in compliance with **all** regulations. This information shall include missed and late visits.
13. Claims shall be submitted within 30 days from the actual date of service delivery.
14. Whenever there is a deviation in a client's care plan, a report shall be made as soon as possible. Reports may be made by email or phone.
15. A process shall be designed for notifying all parties of any changes to a client's status, including hospitalizations, nursing facility stays or vacations.




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FORMS

- 1. Client Service Certification Record



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Confidentiality & Non-Disclosure of Information

PURPOSE

1. To ensure that all Agency operations and client and employee information is protected; and,
2. to comply with all federal, state and local laws pertaining to non-disclosure of information.

DEFINITIONS

1. HIPAA

The *Health Insurance Portability and Accountability Act* (HIPAA) protects all medical records and other individually identifiable health information used or disclosed in any form, whether electronically, on paper or orally.

2. GLBA

The *Gramm-Leach-Bliley Act* (GLBA) protects private, non-public, information of individuals. Private, non-public information consists of information such as name, Social Security Number, date and location of birth, gender, credit card numbers and driver's license numbers.

3. Sensitive Material

Sensitive Material, includes, but is not limited to:


- client lists;
- compensation/salary;
- benefits;
- performance appraisals;
- disciplinary actions;
- non-public business information;
- personal information; and/or,
- proprietary (trade) secrets.

4. Confidential Client Information

Confidential Client Information includes any identifiable information about a client's/family including, but not limited to:

- medical history;
- mental, or physical condition;
- treatments and medications;
- test results;
- conversations;
- financial information; and,
- household possessions.



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5. Confidential Employee Information

Confidential Employee information includes, but is not limited to:

- contact information i.e. telephone number(s); address, email address;
- names of spouse and/or other relatives;
- Social Security Number;
- performance appraisal information;
- health status and treatments; and,
- other information obtained from their personnel files which would be an invasion of privacy
e.g.:
 - date of birth;
 - place of birth
 - traditional password identifiers
 - bank account numbers
 - income tax records
 - driver's license numbers
 - credit card numbers
 - passport numbers

6. Confidential Business Information


Confidential business information includes, but is not limited to:

- client lists;
- Security data and credentials such as passwords,
- any information that, if released, could be harmful to the Agency; and,
- any financial information including accounts receivable, accounts payable and payroll.

POLICY

In compliance with the *Health Insurance Portability and Accountability Act (HIPAA)*, the *Gramm-Leach-Bliley Act (GLBA)* and other federal and state laws, Infinity of Page Home Health Services, LLC maintains the confidentiality and security of information it gathers or receives from other individuals, organizations, clients and employees. These laws pertain to the security and privacy of personal, medical and financial information and require that this information be used only for its intended purpose(s).



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It is the responsibility of all Agency staff, independent contractors and volunteers to preserve and protect confidential Agency, client and employee medical, personal and business information and shall not disclose this information except as authorized by law, client or individual. All staff, independent contractors and volunteers shall sign a non-disclosure agreement as a condition of employment.

PROCEDURES

1. Agency Operational files shall not be accessed unless it is necessary to do so in the performance of assigned duties.
2. Personnel files shall not be accessed unless it is necessary to do so in the performance of assigned duties.
3. Information shall be stored under secure conditions and every effort shall be made to ensure the privacy of all individuals is protected.
4. Sensitive information shall be protected against unauthorized access or disclosure.
5. Records shall not be divulged, copied, distributed sold; loaned, reviewed, altered or destroyed except as properly authorized by the appropriate Agency official, in accordance with federal and state laws.
6. All requests for information shall be referred to the Supervisor for guidance. No information will be released until instruction to do so is received from my Supervisor and/or the Agency Manager.
7. No information shall be released about staff or business operations unless there is a legal or lawful requirement to do so. Whenever possible, the Supervisor and/or the Agency Manager shall be advised as soon as any legal or lawful requests for information is received.
8. Any employee or business operations information that is being transmitted by fax, mail or other means, shall be done in a secure manner.
9. Confidential information shall be destroyed through shredding or other acceptable measure.
10. Employees shall report any potential, suspected or actual breaches of confidentiality to the Supervisor.
11. Should any suspected or actual breaches in confidentiality occur:
 - a. the details shall be fully documented;
 - b. the incident shall be investigated by the Administrator/Manager or Supervisor;
 - c. the employee involved shall be questioned; and,
 - d. if there is just cause, the employee involved shall be subjected to disciplinary action.

GUIDELINES



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1. Employees shall receive training on privacy and confidentiality during orientation, annually and on an "as-needed" basis.
2. Professional standards or practice shall be applied at all times.
3. Employee shall be provided with information on the legal requirements of confidentiality, as mandated by state and federal law.
4. Employees shall be informed about and understand the *Non-Disclosure of Information* Policy

CROSS-POLICY REFERENCES

1. Confidentiality and Privacy of Client Records
2. Confidentiality of Personnel Records
3. Compliance
4. Disciplinary Action
5. Safeguarding Client Records


FORMS

1. Confidentiality/Non Disclosure Statement
2. Consent for Referral and Release of Information

REFERENCES

1. Health Insurance Portability and Accountability Act (HIPAA)
2. Gramm-Leach-Bliley Act (GLBA)



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Services Provided

PURPOSE

To provide an overview of services provided by the agency, which it is qualified and/or licensed to provide to ensure that client needs are effectively, efficiently and safely met in the local community.

DEFINITIONS

1. Non-Medical Home Care Services

Non-Medical home care services assist older people to live independently in their own home by helping them with the tasks of everyday living. These services are non-medical in nature and are delivered by qualified personnel and are sensitive to the unique needs of the client and community. These services do not require the supervision of a registered nurse and do not require a physician's order. The tasks to be performed by home care workers are non-medical in nature and do not require clinical judgment and may be performed by unlicensed individuals. Home care services include, but are not limited to:

- a. Personal care, which includes assistance with activities of daily living (ADL), such as bathing, dressing, toileting, grooming, mobility assistance, incontinence care, feeding and medication reminding.
- b. Homemaking, which includes assistance with housecleaning, laundry, meal preparation, respite and transportation for appointments, errands, shopping and outings.
- c. Companionship/Sitting, which includes non-medical, basic supervision to ensure a client's safety and well-being.
- d. Respite, which provides assistance and support to primary caregivers.
- e. Friendly Reassurance, which includes contacting home bound clients.
- f. Chores, which include minor home maintenance and yard work.


POLICY

Infinity of Page Home Health Services, LLC provides non-medical, homecare services to clients, who may require assistance in their own homes and communities to assist in the maintenance and retention of their independence and well-being. These services are responsive to the distinct needs of the client and community and are delivered by qualified home care workers.

PROCEDURES

1. The Agency shall offer the following non-medical home care services:
 - a. Personal Care;



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- b. Homemaker;
 - c. Companion/Sitter;
 - d. Respite;
 - e. Friendly Reassurance; and,
 - f. Chores.
2. The Agency does not provide medical home care services but will, if possible and with the client/client representative's consent, refer the case to a Health Professional or other agency, which does deliver medical home care services.
 3. Employees and clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
 4. Services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
 5. Services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification, or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.
 6. Services shall be delivered by employees, who are able to communicate effectively with clients, using the clients' preferred methods of communication.
 7. Services provided shall be in accordance with Worker's Compensation regulations.


CROSS-POLICY REFERENCES

1. Personal Care Services
2. Homemaking Services
3. Companionship/Sitter Services
4. Respite Services
5. Friendly Reassurance Services
6. Chore Services
7. Service Delivery Process
8. Client Records
9. Confirmation of Service Hours

FORMS

1. Service Plan
2. Service Agreement
3. Employee Time Sheet



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Personal Care Services

PURPOSE

To describe the allowable activities (tasks/duties) that may be performed in the provision of Personal Care services.

DEFINITIONS

1. Personal Care Services

Personal Care services offer assistance to clients, who have experienced a loss in their ability to perform the activities of daily living, to remain in a safe, clean and healthy home environment.


2. Activities of Daily Living

Activities of daily living refers to activities, including bathing, dressing, transferring, using the toilet, eating, and walking, which reflect clients' capacity for self care.

POLICY


1. Infinity of Page Home Health Services, LLC provides Personal Care services to individuals in their own homes and communities, who need assistance with their activities of daily living as a result of old age, sickness, disability and/or other inflictions.
2. Personal Care services include, but are not limited to, the following:
 - a. assisting with eating, including:
 - i. preparing food for clients with eating difficulties by cutting or pureeing;
 - ii. monitoring food and liquid intake;
 - iii. following special diets;
 - iv. observing eating behaviors; and,
 - v. monitoring eating safety risks such as swallowing and choking.
 - b. assisting with bathing including:
 - i. bed bathing;
 - ii. sponge bathing;
 - iii. tub bathing;
 - iv. showering; and,
 - v. perineal care.
 - c. using bath equipment, including:
 - i. tub seat;
 - ii. hydraulic tub seat; and,



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- iii. hand-held shower wand.
- d. assisting with tooth care including:
 - i. brushing permanent teeth;
 - ii. flossing;
 - iii. using rubber pick; or,
 - iv. removing, cleaning, and inserting dentures.
- e. assisting/providing grooming, including:
 - v. shaving with an electric or safety razor;
 - vi. beard trimming; and,
 - vii. applying make-up.
- f. assisting/providing hair care, including:
 - i. brushing;
 - ii. shampooing; and,
 - iii. styling.
- g. assisting with bowel regularity, including:
 - i. monitoring bowel movements and appearance;
 - ii. following prescribed diets for bowel maintenance;
- h. assisting with transfers including:
 - i. one person pivot transfer;
 - ii. two person transfers;
 - iii. using transfer belts;
 - iv. using mechanical lifts; and,
 - v. using wheelchair, walker and/or cane.
- i. assisting with self-administered medication, including:
 - i. reminding client to take medications;
 - ii. placing medication within reach of the client;
 - iii. providing water for oral medication;
 - iv. opening pill bottles or dispensing medications from blister packs, which have been prepared by a Pharmacist;
 - v. storing medications; and,
 - vi. reassuring the client that medication has been taken.
- j. assisting/providing basic skin care, including:
 - i. washing and drying;
 - ii. applying non-prescription body lotions or creams; and,
 - iii. observing skin changes.



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- k. assisting with dressing including putting on support stockings, which do not require a physician's prescription;
 - l. assisting with nail maintenance including;
 - i. soaking;
 - ii. pushing back cuticles; and,
 - iii. filing, except as outlined in #3a.
 - m. emptying or changing external urinary collecting devices, including catheter bags and supra-pubic bags.
 - n. encouraging clients to perform normal body movements, as tolerated;
 - o. encouraging clients to follow prescribed exercise programs;
 - p. assisting with prosthetics such as applying/removing/cleaning hearing aids and limbs;
 - q. assisting with menstrual care;
 - r. assistance with urinals, bedpans and/or commodes;
 - s. providing bowel and bladder incontinence care;
 - t. assisting with positioning in bed, wheelchair and other chairs;
 - u. assisting with positioning cradles, rolls and pillows;
 - v. assisting with transferring back and forth from bed, wheelchair, toilet and chair;
 - w. providing colostomy care and emptying ostomy bag; and,
 - x. emptying, cleaning, and changing urinary drainage bags.
3. Personal care services shall not include:
- a. giving nail care to clients with circulatory problems or specific medical conditions such as diabetes and calluses;
 - b. dispensing medications unless the medications have been prepared by a Pharmacist and are placed in a blister pack;
 - c. inserting or removing tubes or objects into/out of body openings, including catheters;
 - d. assisting with the application anti-embolic or other pressure stockings, which require a Physician's prescription;
 - e. administering syringe feedings, tube feedings and/or intravenous feedings;
 - f. performing passive range-of-motion exercises on clients;
 - g. taking verbal telephone orders from Physicians;
 - h. advising clients/families about diagnoses and/or treatment plans;
 - i. supervising other Personal Care Attendants; and,
 - j. doing anything that is beyond the duties of a Personal Care Attendant.



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4. The Agency shall follow *Workers Compensation* regulations when providing Personal Care services.
5. Personal Care services shall be delivered in accordance with State regulations.

PROCEDURES

1. Supervisor shall follow the Agency's policy on *Service Delivery Process*:
 - a. Once a request for Personal Care services is received, Supervisor shall make a home visit to determine the client's needs/wants.
 - b. If the Personal Care services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.
 - c. If the Agency is able to provide the Personal Care services requested, Supervisor shall develop an individualized *Service Plan* jointly with the client/client's representative. A copy of the *Service Plan* shall be given to the client/client's representative.
 - d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
 - e. Supervisor shall arrange for Personal Care services to be implemented, in accordance with the *Service Plan*.
 - f. Supervisor shall monitor Personal Care services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
 - g. Supervisor shall ensure that adjustments are made to Personal Care services, where indicated.
2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee's observations.
3. Employees shall follow the *Service Plan* and document the required information on the forms provided.
4. At the end of each shift, employees shall document on the *Employee Time Sheet*:
 - a. that Personal Care services were delivered; and,
 - b. the date and time of service delivery.

Employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.



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GUIDELINES

1. Personal Care services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
2. Personal Care services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.
3. Employees shall be able to communicate effectively with the client, using the client's preferred method of communication.
4. Employees and clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
5. Services provided shall be in accordance with *Worker's Compensation* regulations.


CROSS-POLICY REFERENCES

1. Service Delivery Process
2. Confirmation of Service Hours
3. Client Records

FORMS

1. Service Plan
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Homemaker Services

PURPOSE

To describe the allowable activities (tasks/duties) that may be performed in the provision of Homemaker services.

DEFINITIONS

1. Homemaker Services

Homemaker services offer direct and practical assistance with household tasks and related activities. Homemaker services assist the client who has experienced a loss in the ability to perform the instrumental activities in daily living to remain in a safe, clean and healthy home environment.


2. Instrumental Activities of Daily Living

Instrumental Activities of Daily Living refers to certain daily tasks (light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money), which enable clients to live independently in their community.

POLICY

1. Infinity of Page Home Health Services, LLC provides Homemaker services to individuals in their own homes and communities, who need assistance caring for themselves as a result of old age, sickness, disability and/or other afflictions.
2. Homemaker services include, but are not limited to, the following:
 - a. conducting routine housekeeping activities such as:
 - i. making/changing beds;
 - ii. dusting;
 - iii. washing dishes, pots, pans and utensils;
 - iv. cleaning kitchen counters, cupboards and appliances, including oven, and stove top burners;
 - v. cleaning inside refrigerator;
 - vi. gathering up trash from inside the home and putting it out for pick up;
 - vii. cleaning bathroom fixtures;
 - viii. sweeping/vacuuming and scrubbing floors;
 - ix. vacuuming carpets and upholstery;
 - x. washing inside windows and cleaning blinds that are within reach without climbing;




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- b. doing laundry and ironing;
 - c. mending clothes;
 - d. teaching/performing meal planning and preparation;
 - e. cleaning up after meals;
 - f. assisting with special, written diet plans and reinforcing diet maintenance, which is provided under the direction of a Physician;
 - g. escorting or transporting clients to medical facilities, errands, shopping and outings;
 - h. shopping for essential items on client’s behalf such as groceries and cleaning supplies;
 - i. performing errands such as picking up medication and posting mail;
 - j. providing companionship, friendship and emotional support;
 - k. reading essential material to illiterate clients;
 - l. assisting clients with communication by writing or typing correspondence;
 - m. performing optional homemaker services, which are short-term, intermittent tasks necessary to maintain a clean, safe, healthy, and habitable home environment including:
 - i. doing heavy cleaning (washing walls, windows, stoves and woodwork);
 - ii. cleaning closets, basements and attics to remove fire and health hazards;
 - iii. cleaning/shampooing and securing rugs/carpets;
 - iv. spraying for insects within the home with over-the-counter supplies;
 - v. providing rodent control within the home (e.g. setting traps); and,
 - vi. replacing light bulbs, fuses, electrical plugs, and frayed cords.
3. Homemaker services shall not include any hands-on or Personal Care activities.
4. The Agency shall follow *Workers Compensation* regulations when providing Homemaker services.

PROCEDURES

- 1. Supervisor shall follow the Agency’s policy on *Service Delivery Process*:
 - a. Once an inquiry about Homemaker services is received, Supervisor shall make a home visit to determine the client’s needs/wants.
 - b. If the Homemaker services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.




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- c. If the Agency is able to provide the Homemaker services requested, Supervisor shall develop an individualized *Service Plan* jointly with the client/client's representative. A copy of the *Service Plan* shall be given to the client/client's representative.
 - d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
 - e. Supervisor shall arrange for Homemaker services to be implemented, in accordance with the *Service Plan*.
 - f. Supervisor shall monitor Homemaker services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
 - g. Supervisor shall ensure that adjustments are made to Homemaker services, where indicated.
2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee's observations.
 3. Employees shall follow the *Service Plan* and document the required information on the forms provided.
 4. At the end of each shift, employees shall document on the *Employee Time Sheet*:
 - a. that Homemaker services were delivered; and,
 - b. the date and time of service delivery.
 Employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
 5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.

GUIDELINES

1. Homemaker services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
2. Homemaker services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.
3. Employees shall be able to communicate effectively with the client, using the client's preferred method of communication.
4. Employees and clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.



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5. Services provided shall be in accordance with *Worker's Compensation* regulations.


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2. Confirmation of Service Hours
3. Client Records

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4. Service Plan
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Companion Services

PURPOSE

To describe the allowable activities (tasks/duties) that may be performed in the provision of Companion/Sitter services.

DEFINITIONS


1. Companion/Sitter Services

Companion/Sitter services include non-medical care, socialization and basic supervision to ensure a client's safety and well-being. Companions may provide light housekeeping tasks, which are secondary to the care and supervision of the client.

POLICY

5. Infinity of Page Home Health Services, LLC provides Companion/Sitter services to individuals in their own homes and communities, who need assistance caring for themselves as a result of old age, sickness, disability and/or other afflictions.
6. Companion/Sitter services include, but are not limited to, the following activities:
 - b. providing companionship, friendship and emotional support;
 - c. talking listening, sharing experiences,
 - d. playing games/cards, reading to client etc.;
 - e. helping keep clients in contact with family, friends and the outside world;
 - f. providing transportation and escort assistant to medical appointments, grocery store and errands;
 - g. accompanying clients to recreational and/or social events;
 - h. assisting with plans for visits and outings;
 - i. writing or typing letters/correspondence;
 - j. organizing and reading mail;
 - k. planning local trips and out-of-town travel with clients;
 - l. teaching/performing meal planning, preparation and serving;
 - m. performing household tasks essential to cleanliness and safety;
 - n. accompanying client on walks;
 - o. reminding client to take medication;
 - p. reminding client to start or finish meals; and,
 - q. assisting with pet care.
7. Companion/sitter services shall not include any personal or hands-on care.




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PROCEDURES

1. Supervisor shall follow the Agency's policy on *Service Delivery Process*:
 - a. Once a request for Companion/Sitter services is received, Supervisor shall consult with the client/client's representative to determine the client's needs/wants.
 - b. If the Companion/Sitter services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.
 - c. If the Agency is able to provide the Companion/Sitter services requested, Supervisor shall develop an individualized *Service Plan* jointly with the client/client's representative. A copy of the *Service Plan* shall be given to the client/client's representative.
 - d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
 - e. Supervisor shall arrange for Companion/Sitter services to be implemented, in accordance with the *Service Plan*.
 - f. Supervisor shall monitor Companion/Sitter services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
 - g. Supervisor shall ensure that adjustments are made to Companion/Sitter services, where indicated.
2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee's observations.
3. Employees shall follow the *Service Plan* and document the required information on the forms provided.
4. At the end of each shift, employees shall document on the *Employee Time Sheet*:
 - c. that Companion/Sitter services were delivered; and,
 - d. the date and time of service delivery.

Employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.



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GUIDELINES

6. Companion/Sitter services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
7. Companion/Sitter services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.
8. Employees shall be able to communicate effectively with the client, using the client's preferred method of communication.
9. Employees and clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
10. Services provided shall be in accordance with *Worker's Compensation* regulations.


CROSS-POLICY REFERENCES

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2. Confirmation of Service Hours
3. Client Records

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2. Service Agreement
3. Employee Time Sheet



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Respite Services

PURPOSE

To describe the allowable activities (tasks/duties) which may be performed and the delivery method in the provision of respite services.

DEFINITIONS

1. Respite Services

Respite care services are services furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.


POLICY

Infinity of Page Home Health Services, LLC provides respite services, which includes those services identified in the policies on personal, companionship/sitter, homemaking and friendly reassurance services.

PROCEDURES

1. Supervisor shall follow the Agency's policy on *Service Delivery Process*:
 - a. Once a request for Respite services is received, Supervisor shall consult with the client/client's representative to determine the client's needs/wants.
 - b. If the Respite services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.
 - c. If the Agency is able to provide the Respite services requested, Supervisor shall develop an individualized *Service Plan* jointly with the client/client's representative. A copy of the *Service Plan* shall be given to the client/client's representative.
 - d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
 - e. Supervisor shall arrange for Respite services to be implemented, in accordance with the *Service Plan*.
 - f. Supervisor shall monitor Respite services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
 - g. Supervisor shall ensure that adjustments are made to Respite services, where indicated.



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2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee's observations.
3. Employees shall follow the *Service Plan* and document the required information on the forms provided.
4. At the end of each shift, employees shall document on the *Employee Time Sheet*:
 - a. that Respite services were delivered; and,
 - b. the date and time of service delivery.
 Employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.

GUIDELINES

1. Respite services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
2. Respite services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.
3. Employees shall be able to communicate effectively with the client, using the client's preferred method of communication.
4. Employees and clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
5. Services provided shall be in accordance with *Worker's Compensation* regulations.


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Friendly Reassurance Services

PURPOSE

To describe the allowable activities (tasks/duties) that may be performed in the provision of friendly Reassurance Services.

DEFINITIONS

1. Friendly Reassurance Services

Friendly Reassurance Services refer to making regular contact, through either telephone or in-home visits, with homebound individuals to assure their well-being and safety.


POLICY

Infinity of Page Home Health Services, LLC provides regular, friendly Reassurance Services, which include contacting clients via telephone or by making in-home visits.

PROCEDURES

1. Supervisor shall follow the Agency's policy on *Service Delivery Process*:
 - a. Once an inquiry regarding Companion/Sitter services is received, Supervisor shall consult with the client/client's representative to determine the client's needs/ wants.
 - b. If the Friendly Reassurance services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the perspective client/client's representative gives consent.
 - c. If the Agency is able to provide the Friendly Reassurance services requested, Supervisor shall develop an individualized *Service Plan* jointly with the client/client's representative. A copy of the *Service Plan* shall be given to the client/client's representative.
 - d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
 - e. Supervisor shall arrange for Friendly Reassurance services to be implemented, in accordance with the *Service Plan*.
 - f. Supervisor shall monitor Friendly Reassurance services by conducting evaluation follow-ups at regular intervals to assess the success of service delivery.
 - g. Supervisor shall ensure that adjustments are made to Friendly Reassurance services, where indicated.




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2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee's observations.
3. Employees shall follow the *Service Plan* and document the required information on the forms provided.
4. When Friendly Reassurance service is provided, employees shall record the dates and times when contact has been made. If contact is made via a home visit, employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.
6. Employees, who provide Reassurance Services, shall receive orientation training, which covers at least:
 - a. the needs of isolated, homebound individuals;
 - b. emergency procedures;
 - c. communication and interpersonal skills; and,
 - d. the functions and limitations of employees providing Reassurance Services.
7. Supervisor shall be available for contact in emergency or problem situations.
8. Supervisor shall provide employees providing Reassurance Services with a copy of procedures to be followed in emergencies and for those occasions wherein clients do not phone in, answer their phone or are not home, when they should be. Procedures to follow, in these situations, shall include, at least the following:
 - a. arranging for an immediate visit to the client's home either by company/agency staff or by emergency service personnel such as police, ambulance, fire department, etc.;
 - b. contacting the individual identified to notified in cases of an emergency for each client; and,
 - c. confirming that either follow-up contact has been made with the client or that the client has been located and his/her location has been identified.

GUIDELINES

1. Friendly Reassurance services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
2. Friendly Reassurance services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.



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3. Employees shall be able to communicate effectively with the client, using the client's preferred method of communication.
4. Employees and clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
5. Services provided shall be in accordance with Worker's Compensation regulations.


CROSS-POLICY REFERENCES

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Chore Services

PURPOSE

To describe the allowable activities (tasks/duties), which may be performed and their delivery method in the provision of Chore services.

DEFINITIONS


1. Chore Services

Chore Services are short-term, non-continuous tasks necessary to maintain a clean, safe, sanitary and habitable home environment to maintain clients' health and safety.

POLICY

1. Infinity of Page Home Health Services, LLC provides Chore services to individuals in their own homes and communities, who need assistance caring for themselves as a result of old age, sickness, disability and/or other afflictions.
2. Chore services include, but are not limited to, the following activities:
 - a. doing heavy cleaning (washing walls, windows, stoves and woodwork);
 - b. cleaning closets, basements and attics to remove fire and health hazards;
 - c. cleaning/shampooing and securing rugs and carpets;
 - d. spraying for insects within the home with over-the-counter supplies;
 - e. providing rodent control within the home (i.e., setting traps);
 - f. replacing light bulbs, fuses, electrical plugs, and frayed cords;
 - g. replacing door locks and window catches;
 - h. replacing faucets or faucet washers;
 - i. installing screens and storm windows;
 - j. installing weather stripping around doors;
 - k. conducting outside maintenance including:
 - i. cutting lawns;
 - ii. edging;
 - iii. weeding;
 - iv. pruning;
 - v. clearing sidewalks of ice and snow;
 - vi. splitting and stacking firewood;
 - vii. raking leaves;
 - viii. planting gardens;
 - ix. mulching;
 - x. fertilizing;




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- xi. trimming short trees and shrubs;
 - xii. cleaning eaves troughs; and,
 - xiii. doing spring cleanup.
3. The Agency shall follow *Workers Compensation* regulations when providing Chore services.

PROCEDURES

1. Supervisor shall follow the Agency's policy on *Service Delivery Process*:
 - a. Once an inquiry regarding Chore services is received, Supervisor shall consult with the client/client's representative to determine the client's needs/wants
 - b. If the Chore services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.
 - c. If the Agency is able to provide the Chore services requested, Supervisor shall develop an individualized *Service Plan* jointly with the client/client's representative. A copy of the *Service Plan* shall be given to the client/client's representative.
 - d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
 - e. Supervisor shall arrange for Chore services to be implemented, in accordance with the *Service Plan*.
 - f. Supervisor shall monitor Chore services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
 - g. Supervisor shall ensure that adjustments are made to Chore services, where indicated.
2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee's observations.
3. Employees shall follow the *Service Plan* and document the required information on the forms provided.
4. At the end of each shift, employees shall document on the *Employee Time Sheet*:
 - a. that Chore services were delivered; and,
 - b. the date and time of service delivery.
 Employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.



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5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.

GUIDELINES

1. Service shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
2. Chore services shall only be assigned to those employees who have the necessary skills, qualifications, certification, or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.


CROSS-POLICY REFERENCES

1. Service Delivery Process
2. Confirmation of Service Hours
3. Client Records

FORMS

1. Service Plan
2. Service Agreement
3. Employee Time Sheet



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Service Delivery Process

PURPOSE

To outline the steps to be followed by Agency personnel in providing home care services to clients.


POLICY

Infinity of Page Home Health Services, LLC has a well-defined process in place to ensure all Agency personnel and prospective clients and/or existing clients understand the services provided and the appropriate procedures for the delivery of services.

PROCEDURES

1. Agency receives inquiries via phone, email, regular mail, fax or in-person. Contact can be made by anyone but usually originates from clients, potential clients, families, friends, neighbors, community agencies, organizations or co-professionals.
2. Information is exchanged between the caller and the Agency.
3. Information is gathered to determine how the Agency can help and the most appropriate action to be followed.
4. Most contacts involve a request for information or a request/services:
 - a. All necessary information about the Agency and its services shall be provided in order that potential clients and/or interested individuals can make informed decisions.
 - b. Information may be provided in person, via the telephone, via email, fax or postal mail.
 - c. A follow-up call shall be made within one week of information being sent to determine if the information was received.
5. Once a request for service is received, a home visit shall be scheduled before delivering services, to determine if:
 - a. the client's requests/needs can be met by the Agency in a safe and efficient manner;
 - b. the client has any additional, unmet needs; and,
 - c. the help required falls within the Agency's scope of services.
 - i. If the services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate outside resource, if the individual making the request gives consent.




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- ii. If the Agency is able to provide the services requested, Supervisor shall develop an individualized *Plan* jointly with the client/client's representative. A copy of the *Care Plan/Service Plan* shall be given to the client/client's representative.
- 6. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it.
- 7. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
- 8. Supervisor shall arrange for services to be implemented, in accordance with the *Care Plan/Service Plan*.
- 9. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee's observations.
- 10. Employees shall follow the *Care Plan/Service Plan* and document the required information on the forms provided.
- 11. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.
- 12. Supervisor shall monitor services and conduct evaluative follow-ups at regular intervals to assess the success of service delivery.
- 13. Supervisor shall ensure that adjustments are made to services, where indicated.
- 14. If Agency is not able to meet a client's needs, the client will be:
 - a. discharged from Agency care; and/ or,
 - b. transferred to an outside resource, with the client's permission.
- 15. If a discharge or transfer is conducted, Supervisor shall complete the following forms:
 - a. *Discharge or Transfer Summary*
 - b. *Discharge or Transfer Client Notification*

CROSS-POLICY REFERENCES

- 1. Provision of Information
- 2. Services Provided
- 3. Consent to Receive or Refuse Service
- 4. Acceptance of Clients
- 5. Care Plan-Service Plan
- 6. Service Agreement
- 7. Referral of Clients to Outside Resources
- 8. Monitoring and Follow-Up
- 9. Discharge & Transfer of Clients




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FORMS

1. Care Plan/Service Plan
2. Service Agreement
3. Consent for Referral and Release of Information
4. Referral to Outside Resources
5. Discharge or Transfer Summary
6. Discharge or Transfer Client Notification



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Provision of Information

PURPOSE

To define the operational and educational information and materials to be distributed to individuals who become clients of the Agency.

POLICY


Infinity of Page Home Health Services, LLC ensures that current and potential clients/clients' representatives have access to comprehensive information, which will enable them to make informed decisions on whether or not the Agency can meet their service and care needs.

PROCEDURES

An up-to-date information package shall be provided to Clients/Client's Representative prior to the initiation of services. The information shall be presented in a clear and easily understood manner and include:

1. types and goals of services/care the Agency will be providing;
2. types and scope of services/care provided;
3. process for developing the Service Plan/Care Plan;
4. terms and conditions, as set out in the Service Agreement;
5. Agency address and contact details;
6. hours of operation and statutory holidays observed by the Agency;
7. access to care after hours;
8. details of Agency's license and insurance coverage;
9. name of the Direct Care Worker(s) who will deliver the services;
10. details about other resource(s) that may also be involved with their care;
11. days and times that services will be delivered;
12. hourly and/ or weekly fees and total costs for services to be provided;
13. process of notifying Clients/Client Representatives about any changes in care and subsequent financial obligations that may incur, as a result of changes.
14. hiring and competency requirements for Direct Care Workers to be acceptable for employment or referral by this Agency.
15. disclosure, which specifies:
 - a. whether the Direct Care Workers, who provide services/care to the client are:
 - i. Agency employees; or,
 - ii. Independent/Third Party Contractors affiliated with the Agency.



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- b. which taxes, insurances and other obligations the Agency and/or clients are responsible to handle.
16. rights & responsibilities of Clients & Agency;
 17. confidentiality & privacy;
 18. complaints & compliments;
 19. gifts & gratuities;
 20. transportation;
 21. management of client's money/property;
 22. safety information for in-home and external threats;
 23. infection control practices;
 24. emergency preparedness;
 25. accessible community resources;
 26. advance directives
 27. name and contact information for applicable Department to contact about:
 - a. licensing criteria for home care agencies or registries; and,
 - b. Agency's responsibilities and adherence to the rules and regulations established for home care agencies; and,
 28. telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA).


CROSS-POLICY REFERENCES

1. Rights and Responsibilities;
2. Client Confidentiality & Privacy;
3. Complaints & Compliments;
4. Acceptance of Gifts & Gratuities
5. Infection Control
6. Emergency Preparedness & Sub-Categories
7. Transporting Clients in Private Vehicles; and,
8. Managing Client's Finances/Property.

FORMS


1. Service Plan/Care Plan
2. Service Agreement
3. Rights & Responsibilities
4. Emergency Preparedness Plan
5. Advance Directives



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6. Home Safety Checklist



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Accessing Client Needs

PURPOSE

To visit clients in their home environment to assess their service needs, wishes and preferences and to determine if the Agency has the skills and competence required to meet their needs.

DEFINITIONS

1. Activities of Daily Living

Activities of Daily Living refer to personal care activities necessary for everyday living such as eating, bathing, grooming, dressing, toileting transferring and walking, which reflect a client's capacity for self-care.

2. Instrumental Activities of Daily Living

Instrumental Activities of Daily Living refer to daily tasks, which enable individuals to live independently in their homes and community such as doing light housework, preparing meals, taking medications, shopping for groceries/clothing, using the telephone and managing finances.

3. Nursing Assessments

Nursing Assessments are conducted to identify the actual or potential health needs of individuals/families, which include the physical, medical, social and emotional aspects of the assessed person's condition(s), the level of care indicated, referrals required and, if needed, coordination of care with other health professionals.

4. Home Safety Assessments

Home Safety Assessments are undertaken to identify any obvious hazards present in a home such as physical dangers at the home entrance, presence of handrails and other safety devices, existence of throw rugs, adequate lighting, existence of smoke detectors, proper storage of hazardous materials, etc.


POLICY

Infinity of Page Home Health Services, LLC shall, in consultation with the client/client's representative, determine his/her the unique service requirements prior to implementing any services.

PROCEDURES

1. The person requesting the service shall be contacted to arrange a suitable time for an in-home visit.
2. At the beginning of the discussions, the following should be explained:




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- a. the purpose of the visit;
 - b. that written notations will be made during the visit;
 - c. that the client/client's representative is encouraged to ask questions at any time;
 - d. that any information collected will be handled as private and confidential;
 - e. that he/she has the right to refuse any questions; and,
 - f. that the *Service Plan* will be jointly developed and agreed upon.
3. With the client/client representative's input, Supervisor shall develop a *Service Plan* by identifying:
 - a. activities of daily living needs; and/or,
 - b. instrumental activities of daily living needs.
 4. Should the Supervisor determine that the client's needs appear to be complex and/or beyond the scope of the Agency's non-medical services, the Supervisor shall, with the client/client representative's consent, either:
 - a. refer the client to an external Registered Nurse (a R.N. who does not work for the Agency), or,
 - b. if the Agency has a Registered Nurse on staff, consult with the Agency R.N. who may elect to either:
 - i. refer the case directly to an external, appropriate Agency/Health Care Professional, without completing a Nursing Assessment; or,
 - ii. conduct a Nursing Assessment (using the Agency's *Nursing Assessment*) prior to making a referral to determine if nursing services, assistive devices, special equipment, speech therapy, exercise regimes, special diets, social interventions, etc. appear to be needed.
 5. As a added value service, Supervisor shall also assist the client/client's representative to assess the home's safety status by referring to the Agency's complimentary *Home Safety Checklist*. Any areas of concern shall be left with the client/client's representative for follow-up.

GUIDELINES

1. Clients may have a family member or a friend present during the visit to provide support and assistance, if they choose.
2. A good rapport should be developed early in the process to express a sense of caring, trust, support, professionalism, respect and understanding.
3. Language that is easily understood should be used, avoiding, where possible, any medical jargon.



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4. In-home assessments provide the basis for a positive and mutually beneficial relationship between the client/client’s representative and the Agency and are a critical component of the Service Delivery Process.


CROSS-POLICY REFERENCES

1. Service Delivery Process

FORMS:

1. Service Plan
2. Nursing Assessment
3. Home Safety Checklist



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Admission of Clients to Agency

PURPOSE


1. To outline the standards, criteria and processes through which an individual may be accepted for admission to the Agency.

POLICY

Infinity of Page Home Health Services, LLC applies the following standards and criteria for Agency admissions:

1. The Agency accepts individuals for services/care regardless of their race, nationality color, age, gender, sexual orientation, disability and/or communicable diseases.
2. Individuals diagnosed with active pulmonary tuberculosis shall be evaluated for admittance if the following conditions are met prior to the assessment:
 - a. They have been on an anti-tuberculin regime for at least 2 weeks.
 - b. They show clinical improvement.
 - c. They have undergone three consecutive samples that are AFB negative
3. The Agency shall be qualified and/or licensed to provide needed services/care competently and safely.
4. The Agency shall have a sufficient number of qualified, competent personnel and resources to safely meet an individual's needs.
5. The services/care needed shall fall within the Agency's scope of services.
6. Individuals shall reside within the geographical area served by the Agency.
7. The individual's home environment shall be adequate for safe and effective care.
8. The individual shall be willing and able to function at home with required services in place.
9. The individual's family/caregiver(s)/pertinent other(s) shall be accepting of in-home services and be willing, capable and available to participate in the care.
10. Individuals with medical problems shall be under the care of a Physician or shall be willing to seek care from a Physician for medical supervision purposes.
11. The individual shall have the financial means to pay for services/care, either through governmental assistance programs, private insurance or personal assets.
12. The Agency shall reserve the right to refuse service to anyone who does not meet the admittance criteria.
13. Individuals, being considered for admission to the Agency, may be referred to other resources if they:
 - a. do not meet the Agency's admission criteria;
 - b. refuse recommended services/care;



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- c. request a referral; and/or
- d. agree to a referral.


Refer to Policy 3.10.31: *Referring Individuals Not Admitted to Agency*

14. Individuals/Individual’s Representatives shall be given the opportunity to either accept or refuse services. Refer to *Policy 3.10.60 – Informed Consent to Plan of Care.*
15. Once individuals are accepted as Clients, the Agency shall be bound to provide services/care, within:
 - a. its areas of expertise and capabilities;
 - b. applicable laws; and regulations; and,
 - c. financial limitations.
16. The Agency may contract services out to qualified individuals and/or other agencies.

PROCEDURES


1. The Agency shall consider referrals from outside resources including, but not limited to: Physicians, hospitals, care facilities, visiting nurses, families, community organizations, home health agencies, third party payors, Veterans Organizations, Social Services and concerned persons.
2. Referring sources shall provide the following information when making a referral to this Agency:
 - a. individual’s name, address and telephone number;
 - b. Physician’s name and address;
 - c. medical diagnosis/condition;
 - d. type of services/care needed;
 - e. referral source’s name, title and phone number; and,
 - f. name and telephone number of primary caregiver and/or emergency contact, if applicable.
3. Supervisor shall evaluate request for services prior to admitting individuals to Agency.
4. An initial assessment shall be conducted by Supervisor/Registered Nurse to determine eligibility for admission based on:
 - a. individual’s geographical location;
 - b. individual’s urgency of need;
 - c. type and amount of care/service required;
 - d. Agency’s ability to meet individual’s needs; and,
 - e. competency of staff to meet individual’s needs.
5. Assessments shall be conducted in a timely manner, but must be carried out within 48 hours of the referral being made when:



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- a. care is requested by a Licensed Practitioner;
 - b. individual is discharged from hospital; and/or,
 - c. other referral source advises of the need for a quick assessment.
6. If Agency is unable to conduct an assessment within the timeframe requested, the following shall be contacted immediately:
 - a. Physician, if individual was referred by Physician;
 - b. referral source; and,
 - c. individual who has been referred.
 7. Confirmation that the referral source has been notified of the Agency’s inability to meet the desired timeframe shall be documented.
 8. If the referral source cannot extend the timeframe, the Individual shall be referred to another resource.
 9. An assessment shall be conducted by the Supervisor/Registered Nurse in conjunction with the Individual/Individual’s Representative/family to:
 - a. identify problems;
 - b. services/care required; and,
 - c. the ability of the Agency to meet the individual’s needs.
 10. After discussion and/or review, the Individual/Individual’s Representative, shall be given the opportunity to either accept or refuse the Plan of Care. *Refer to Policy 3.10.60 – Informed Consent to Care Plan*
 11. If recommended services/care are refused by the Individual/Individual’s Representative, the referral source shall be notified.
 12. Refusal of any or all recommended services/care by the Individual/Individual’s Representative shall be confirmed, in writing, on the *Care Plan/Service Plan* form.
 13. A log shall be maintained of everyone who is not admitted to the Agency. Details to document include:
 - a. name of individual;
 - b. date of referral;
 - c. date of assessment;
 - d. reason for not admitting (e.g. ineligible, refused services/care etc.);
 - e. referrals to other resources; and,
 - f. other pertinent facts, as indicated.
 14. If the Agency can deliver the services/care needed, the Individual/Individual’s Representative shall be provided with the necessary information/material to make an informed decision.



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15. Once an Individual/Individual’s Representative accepts the Plan of Care and is admitted as a Client, a written *Service Agreement* shall be drawn up and signed by the Individual/Individual’s Representative and the Agency Representative.
16. A copy of the *Service Plan/Care Plan* and the *Service Agreement* shall be given to the Client/Client’s Representative and the originals shall be placed in the Client’s record.
17. Upon admittance to the Agency, new clients shall be provided with information including Agency operations, plan of care and educational material. Refer to *Policy 3.10.10 – Provision of Information*.
18. The Agency Representative who admits a client shall document:
 - a. that information has been provided and/or discussed with the Client/Client’s Representative, in accordance with *Policy 3.10.10–Provision of Information*; and,
 - b. any lingering confusion or misunderstanding the Client/Client’s Representative has regarding the information provided.
19. A client record shall be created for each client admitted to the Agency.
20. The Agency may contract services out to qualified persons and/or other agencies.


CROSS POLICY REFERENCES

1. Re-Admission of Former Clients
2. Service Plan/Care Plan
3. Informed Consent to Plan of Care
4. Service Agreement

FORMS

1. Care Plan/Service Plan
2. Service Agreement



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PURPOSE

To provide guidelines and procedures for referring individuals to outside resources when:

1. the Agency is not able to provide the required services/care, as determined at the time of initial contact or during the initial assessment,
2. the individual's care needs cannot be met safely at home; and/or,
3. the individual asks the Agency's to make a referral on his/her behalf.

POLICY


It is the policy of Infinity of Page Home Health Services, LLC to:

4. refer individuals to outside resources if:
 - a. the Agency cannot meet their needs; and,
 - b. a referral is indicated.
5. ensure the referred individual/representative has input on where he/she wishes to be referred;
6. ensure that the individual representative signs a *Client's Consent for Referral & Release of Information* form before the referral is made;
7. provide the following information to the outside resource to which the referral is being made:
 - a. name and telephone number this Agency;
 - b. identity and title of Agency employee making the referral;
 - c. name, address and telephone number of individual being referred;
 - d. name and address of individual's physician;
 - e. medical diagnosis;
 - f. type and/or level of service needed;
 - g. name and telephone number of primary caregiver and of an emergency contact, if it is other than the primary caregiver.

PROCEDURES

1. If the Agency cannot meet an individual's needs, as determined at the time of initial contact or following the initial needs assessment, the Agency Representative shall:
 - a. provide details to the individual/representative on why it is not able to meet his/her needs; and,
 - b. obtain the individual's/ representative's consent to refer him/her to an outside resource.




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2. If consent for a referral is given, the Agency Representative shall complete the “*Consent for Referral & Release of Information*” form, which the individual/representative must sign prior to the referral being made.
3. The Agency Representative shall provide the person(s) who originally referred the individual to the Agency, with:
 - a. the name of the outside resource that received the referral; and,
 - b. the reason(s) for the referral.
4. If consent for a referral is not given by the individual/representative and/or he/she refuses to sign the release, the Agency Representative shall:
 - a. document the reason(s) given;
 - b. reiterate why the Agency is not able to provide service;
 - c. confirm that a referral cannot be made by the Agency on their behalf;
 - d. offer to provide him/her with contact information should he/she choose to contact the outside resource himself/herself.
5. A record of individuals, who the Agency did not accept as clients, shall be maintained in the Agency Office. This record shall include::
 - a. assessment date;
 - b. individual’s name;
 - c. services needed;
 - d. reason for non admittance; and,
 - e. referrals made to outside resources.

FORMS

1. Client's Consent for Referral & Release of Information



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PURPOSE

To outline conditions and criteria for re-admitting individuals who have previously been discharged/terminated or transferred from the Agency.

POLICY

Infinity of Page Home Health Services, LLC determines if individuals may be re-admitted as Agency clients and if service to them may be reinstated by conducting one or more of the following:

1. completion of another General Needs, Nursing Assessment and/or other Comprehensive Assessment;
2. review of the Progress Summary Notes;
3. update of the Service Plan/Care Plan which shall include:
 - a. new or revised goals and interventions;
 - b. a timeline for follow-up and evaluation;
4. consultation with a relevant resource(s), as indicated.

PROCEDURES

The Agency Supervisor/Agency Representative shall:


1. Review the reason(s) the client was terminated/discharged or transferred previously and determine what changes have occurred, which may justify re-admittance.
2. Determine individual's current, unmet needs and Agency's ability to meet these needs.
3. Develop *Service Plan/Care Plan* with input from the Individual/Individual's Representative/Family.
4. Provide the Individual/Individual's Representative with the information/material necessary to make an informed decision. Refer to *Policy 3.10.10 - Provision of Information*.
5. Obtain Individual/Individual's Representative's signature on the *Service Plan/Care Plan* to indicate his/her:
 - a. informed consent to Plan of Care; or,
 - b. informed refusal of Plan of Care.

Refer to Policy 3.10.60 – Informed Consent to Plan of Care..
6. Apply the standards, criteria and procedures outlined in *Policy 3.10.30 - Admission of Clients*.

CROSS POLICY REFERENCES

1. Admission of Clients




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2. Provision of Information
3. Service Plan/Care Plan
4. Informed Consent to Plan of Care

FORMS

1. Provision of Information
2. Service Plan/Care Plan



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Admission of Clients to Agency

PURPOSE

To develop a *Care Plan/Service Plan* based on the client’s identified needs and to outline each task/activity to be performed by the home care worker.

DEFINITIONS

1. Care Plan/Service Plan

A Care Plan/Service Plan is a written proposal developed by the individual conducting a general needs assessment in conjunction with the client/client’s representative. It details the needs/ problems identified and determines what services are required to meet these needs.


POLICY

Infinity of Page Home Health Services, LLC develops a written *Care Plan/Service Plan* for each client based on an assessment of their needs. The Care Plan/Service Plan is developed before providing service in cooperation and agreement with the client/client’s representative.

PROCEDURES

1. Supervisor shall use the Agency’s *Care Plan/Service Plan* to develop a Care Plan/Service Plan in conjunction with the client/client’s representative, which best meets the needs, wishes, and preferences of the client/client’s representative.
2. The Care Plan/Service Plan shall:
 - a. identify the client’s functional limitations;
 - b. determine the any needs the client may have with his/her “Instrumental Activities of Daily Living” and/or the “Activities of Daily Living”; and,
 - c. provide, verbally and/or in writing, information including, but not limited to, the following:
 - i. Agency contact information;
 - ii. roles and responsibilities of client and Agency;
 - iii. code of ethics;
 - iv. confidentiality of client information;
 - v. need for client consent for service delivery;
 - vi. costs and billings;
 - vii. days and times of service;
 - viii. requested/recommended hours of service; and,




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- ix. service start date and service end date (if known)
- 3. Supervisor shall obtain the client/client representative's verbal consent to receive services as requested and recorded in the *Care Plan/Service Plan*.
- 4. A copy of the *Care Plan/Service Plan* shall be given to the client/client's representative to be kept in the client's home.
- 5. The *Care Plan/Service Plan* shall be reviewed with the designated Home Care Worker(s) prior to service being delivered so that he/she is aware of:
 - a. any special needs;
 - b. the activities/tasks he/she is required to perform; and,
 - c. the outcomes, which are to be achieved.
- 6. Written notations of *Care Plan/Service Plan* reviews with Home Care Worker(s) shall be made and shall include:
 - a. the date of the review,
 - b. the signature of the Supervisor giving the review;
 - c. the names of the home care worker(s) who received the review and who are being assigned to the case; and,
 - d. the signature of the Supervisor giving the review.
- 7. The *Care Plan/Service Plan* shall be reviewed and updated on an ongoing basis to reflect changing needs/wants.
- 8. All changes to the *Care Plan/Service Plan* shall be made in writing and signed and dated by the individual making the change.
- 9. The Agency shall maintain the original *Care Plan/Service Plan* and all updated *Care Plan/Service Plans* in each client's record.
- 10. Complete and legible copies of the original *Care Plan/Service Plan* and subsequent revised *Care Plan/Service Plans* shall be given to the client/client's representative.

GUIDELINES

- 1. The *Care Plan/Service Plan* should maximize the functional capabilities of the client and the support system and facilitate the effective delivery of a range of services.
- 2. The goals of the *Care Plan/Service Plan* should reflect the client/client's representative's desires and preferences.
- 3. The *Care Plan/Service Plan* expectations should be clearly spelled out to the client/client's representative and the home care workers.
- 4. Wherever possible, clients should be encouraged/permitted to obtain, coordinate and monitor their own services.




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CROSS-POLICY REFERENCES

1. Service Delivery Process
2. **FORMS**
 1. Care Plan/Service Plan



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Policy Title: Referral of Individuals Not Admitted to Agency	Policy Number: 3.10.31
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Referral of Individuals Not Admitted to Agency

PURPOSE

To establish a process for confirming client care services have been provided.


POLICY

Infinity of Page Home Health Services, LLC requires that all services provided to clients be recorded and confirmed in writing by the Home Care Worker and the client/client's representative at the completion of each visit. Documentation procedures shall be in accordance with the Agency's Policy #3.210 *Documentation and Client Records*.

PROCEDURES

1. All designated services in the *Client's Care Plan-Service Plan* shall be completed, as outlined. If a service is not completed as scheduled, an explanation shall be documented on the Agency's *Client Service Certification Record* form.
2. The Agency's form shall be used to verify service delivery and to record the following:
 - a. service provided;
 - b. date of service; and,
 - c. time spent delivering the service.
3. Home Care Worker(s) & Client/Client's Representative shall provide samples of their signatures and initials at the bottom of the form:
 - a. at the time of the Home Care Worker's first visit; and,
 - b. when a new form is started.
4. All Home Care Workers, who provide service to the client, must sign and initial the form.
5. If more than one Home Care Worker delivers services to a client on the same day, either during the same visit or in separate visit(s), each Home Care Worker must document the service provided and sign & initial the form. The Client /Client's Representative shall also initial for each visit.
6. At the end of each visit, Home Care Worker & Client/Client's Representative shall sign their initials under the relevant date to confirm services were delivered and the amount of time required to deliver them.
7. The completed form shall be returned to the Agency and given to Field Supervisor or Field Representative
8. The Home Care Worker last delivering service to the client is responsible for:



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- a. ensuring the completed form is returned to the Agency office and given to the designated Agency person;
 - b. leaving a new blank form at the client's home, if he/she has a blank form with him/her; or,
 - c. advising the Supervisor that a new blank form is needed for the next service delivery visit.
9. The Agency may use the *Client Service Certification Record* form for billing and/or payroll purposes.
 10. All forms used to confirm service delivery shall be placed in the Client's file at the Agency Office immediately:
 - a. after they have been reviewed by the Supervisor; or,
 - b. after they are reviewed by the Supervisor and their data is recorded for billing and/or payroll purposes.
 11. Service Delivery confirmation records shall adhere to the Agencies policies:
 - a. *Safeguarding Client Records*
 - b. *Retention & Destruction of Client Records*


CROSS-POLICY REFERENCES

1. Care Plan-Service Plan
2. Documentation and Client Records
3. Safeguarding Client Records
4. Retention and Destruction of Client Records

FORMS

1. Client Service Certification Record
2. Care Plan-Service Plan
3. Client Care Flow Sheet
4. Client Care Notations
5. Medication Administration Record
6. Client Cash Transactions



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Section 3: Service Delivery & Client Care	
Policy Title: Re-Admission of Former Clients	Policy Number: 3.10.32
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Re-Admission of Former Clients

PURPOSE

To clearly define the service(s) to be provided and the terms and conditions for receiving service(s) in a written agreement/contract.


POLICY

Infinity of Page Home Health Services, LLC enters into a service agreement with the client/client's representative before the initiation of any home care services to the client.

PROCEDURES


1. When an individual is accepted for service, a written *Service Agreement* shall be signed and dated by the client/client's representative and the Agency. A copy of the signed agreement shall be given to the client and the original shall be maintained in the client's file at the Agency office.
2. The written *Service Agreement* may include, but not be limited to, the following items, which may be located in the agreement body, in supporting statements, in documents or in attachments:
 - a. name, telephone number, street address and mailing address of the Agency;
 - b. client/client's representative's consent to receive services, authorized by signing the *Service Agreement*;
 - c. date of the request/referral for service;
 - d. a description of, the frequency and the duration (if known) of the services to be provided;
 - e. date services shall commence;
 - f. rights and responsibilities of the client;
 - g. procedure and contact numbers for contacting the Agency Manager, Supervisor or designee during all hours wherein services are provided;
 - h. a clear statement indicating that it is not within the scope of the Agency's license to manage the medical and health conditions of clients, should they become unstable or unpredictable;
 - i. name(s) of person(s) to contact in case of an emergency or significant adverse change in the client's condition/circumstances;
 - j. acknowledgement of receipt of a copy of the policy on *Rights and Responsibilities*;
 - k. Agency's license status and currency of license, if required;
 - l. telephone numbers of the State licensing authority (if applicable) and Elder Abuse hotline;



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- m. Agency's responsibility to:
 - i. manage all payroll and other benefits;
 - ii. adhere to state and federal guidelines in its employment practices, such as:
 - withholding appropriate taxes;
 - payment of employment taxes; and,
 - payment of Workers' Compensation and Unemployment Insurance.
 - iii. manage staffing responsibilities, including but not limited to, the following:
 - conducting pre-employment background checks;
 - recruiting, disciplining and firing;
 - training;
 - giving instructions;
 - providing supervision;
 - conducting performance appraisals;
 - creating schedules;
 - setting standards;
 - providing equipment/materials for in-home workers to use; and,
 - following-up on complaints;
 - n. cost of services provided;
 - o. billing and payment procedures, including payment due dates;
 - p. Agency's refund guidelines;
 - q. notification of increases in service costs;
 - r. client's right to cancel *Service Agreement* at any time;
 - s. client's right to only be charged for services actually performed prior to the cancellation date;
 - t. Agency's right to levy charges if client gives insufficient cancellation notice, which results in a home care worker arriving at the client's home to deliver services requested;
 - u. criteria, circumstances, or conditions, which may result in termination of services by the Agency and procedures for notifying client of termination;
 - v. process for filing complaints;
 - w. contingency plan to be taken if scheduled services cannot be provided by regular workers; and,
3. Amendments to the *Service Agreement*



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- a. Either an Agency Representative or the Client may initiate a meeting to determine the scope of the amendment and determine the sections of the Agreement that need to be modified, added or deleted.
- b. When both parties consent to the amendments, the changes shall be recorded in writing.
- c. If the Agreement requires extensive changes, an entirely new agreement shall be drawn up. Otherwise, small changes can be handled via a letter or a notation.
- d. All parties who signed the original agreement shall sign the Amendment.
- e. The Amendment shall be dated with a copy being given to the Client and a copy being filed in the Client's records at the Agency's office.
- f. Relevant staff and other persons shall be advised about any change in the Agreement terms immediately


CROSS-POLICY REFERENCES

1. Rights & Responsibilities
2. Unstable Health Conditions
3. Failure of Client to Answer Door
4. Complaints & Compliments
5. Termination of Service
6. Pre-Employment Background Checks
7. Recruiting, Selection and Hiring
8. Termination of Employment
9. Disciplinary Action
10. Performance Appraisals
11. Complaints/Grievances.

FORMS

1. Service Agreement



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Care Plan/Service Plan

PURPOSE

To develop a *Care Plan/Service Plan* based on the client's identified needs and to outline each task/activity to be performed by the home care worker.

DEFINITIONS

1. Care Plan/Service Plan

A Care Plan/Service Plan is a written proposal developed by the individual conducting a general needs assessment in conjunction with the client/client's representative. It details the needs/ problems identified and determines what services are required to meet these needs.


POLICY

Infinity of Page Home Health Services, LLC develops a written *Care Plan/Service Plan* for each client based on an assessment of their needs. The Care Plan/Service Plan is developed before providing service in cooperation and agreement with the client/client's representative.

PROCEDURES

1. Supervisor shall use the Agency's *Care Plan/Service Plan* to develop a Care Plan/Service Plan in conjunction with the client/client's representative, which best meets the needs, wishes, and preferences of the client/client's representative.
2. The Care Plan/Service Plan shall:
 - a. identify the client's functional limitations;
 - b. determine the any needs the client may have with his/her "Instrumental Activities of Daily Living" and/or the "Activities of Daily Living"; and,
 - c. provide, verbally and/or in writing, information including, but not limited to, the following:
 - x. Agency contact information;
 - xi. roles and responsibilities of client and Agency;
 - xii. code of ethics;
 - xiii. confidentiality of client information;
 - xiv. need for client consent for service delivery;
 - xv. costs and billings;
 - xvi. days and times of service;
 - xvii. requested/recommended hours of service; and,




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- xviii. service start date and service end date (if known)
3. Supervisor shall obtain the client/client representative's verbal consent to receive services as requested and recorded in the Care Plan/Service Plan.
 4. A copy of the *Care Plan/Service Plan* shall be given to the client/client's representative to be kept in the client's home.
 5. The *Care Plan/Service Plan* shall be reviewed with the designated Home Care Worker(s) prior to service being delivered so that he/she is aware of:
 - d. any special needs;
 - e. the activities/tasks he/she is required to perform; and,
 - f. the outcomes, which are to be achieved.
 6. Written notations of *Care Plan/Service Plan* reviews with Home Care Worker(s) shall be made and shall include:
 - e. the date of the review,
 - f. the signature of the Supervisor giving the review;
 - g. the names of the home care worker(s) who received the review and who are being assigned to the case; and,
 - h. the signature of the Supervisor giving the review.
 7. The *Care Plan/Service Plan* shall be reviewed and updated on an ongoing basis to reflect changing needs/wants.
 8. All changes to the *Care Plan/Service Plan* shall be made in writing and signed and dated by the individual making the change.
 9. The Agency shall maintain the original *Care Plan/Service Plan* and all updated *Care Plan/Service Plans* in each client's record.
 10. Complete and legible copies of the original *Care Plan/Service Plan* and subsequent revised *Care Plan/Service Plans* shall be given to the client/client's representative.

GUIDELINES

5. The *Care Plan/Service Plan* should maximize the functional capabilities of the client and the support system and facilitate the effective delivery of a range of services.
6. The goals of the *Care Plan/Service Plan* should reflect the client/client's representative's desires and preferences.
7. The *Care Plan/Service Plan* expectations should be clearly spelled out to the client/client's representative and the home care workers.
8. Wherever possible, clients should be encouraged/permitted to obtain, coordinate and monitor their own services.



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CROSS-POLICY REFERENCES

- 3. Service Delivery Process

FORMS

- 2. Care Plan/Service Plan



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Confirmation of Service Delivery

PURPOSE

To establish a process for confirming client care services have been provided.


POLICY

Infinity of Page Home Health Services, LLC requires that all services provided to clients be recorded and confirmed in writing by the Home Care Worker and the client/client's representative at the completion of each visit. Documentation procedures shall be in accordance with the Agency's Policy #3.210 *Documentation and Client Records*.

PROCEDURES

1. All designated services in the Client's *Care Plan-Service Plan* shall be completed, as outlined. If a service is not completed as scheduled, an explanation shall be documented on the Agency's *Client Service Certification Record* form.
2. The Agency's form shall be used to verify service delivery and to record the following:
 - a. service provided;
 - b. date of service; and,
 - c. time spent delivering the service.
3. Home Care Worker(s) & Client/Client's Representative shall provide samples of their signatures and initials at the bottom of the form:
 - a. at the time of the Home Care Worker's first visit; and,
 - b. when a new form is started.
4. All Home Care Workers, who provide service to the client, must sign and initial the form.
5. If more than one Home Care Worker delivers services to a client on the same day, either during the same visit or in separate visit(s), each Home Care Worker must document the service provided and sign & initial the form. The Client /Client's Representative shall also initial for each visit.
6. At the end of each visit, Home Care Worker & Client/Client's Representative shall sign their initials under the relevant date to confirm services were delivered and the amount of time required to deliver them.
7. The completed form shall be returned to the Agency and given to Field Supervisor
8. The Home Care Worker last delivering service to the client is responsible for:
 - a. ensuring the completed form is returned to the Agency office and given to the designated Agency person;



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- b. leaving a new blank form at the client’s home, if he/she has a blank form with him/her; or,
 - c. advising the Supervisor that a new blank form is needed for the next service delivery visit.
9. The Agency may use the *Client Service Certification Record* form for billing and/or payroll purposes.
 10. All forms used to confirm service delivery shall be placed in the Client’s file at the Agency Office immediately:
 - a. after they have been reviewed by the Supervisor; or,
 - b. after they are reviewed by the Supervisor and their data is recorded for billing and/or payroll purposes.
 11. Service Delivery confirmation records shall adhere to the Agencies policies:
 - a. Safeguarding Client Records
 - b. Retention & Destruction of Client Records


CROSS-POLICY REFERENCES

1. Care Plan-Service Plan
2. Documentation and Client Records
3. Safeguarding Client Records
4. Retention and Destruction of Client Records

FORMS

1. Client Service Certification Record
2. Care Plan-Service Plan
3. Client Care Flow Sheet
4. Client Care Notations
5. Medication Administration Record
6. Client Cash Transactions



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Policy Title: Service Agreement	Policy Number: 3.10.50
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Service Agreement

PURPOSE

To clearly define the service(s) to be provided and the terms and conditions for receiving service(s) in a written agreement/contract.


POLICY

Infinity of Page Home Health Services, LLC enters into a service agreement with the client/client's representative before the initiation of any home care services to the client.

PROCEDURES


1. When an individual is accepted for service, a written *Service Agreement* shall be signed and dated by the client/client's representative and the Agency. A copy of the signed agreement shall be given to the client and the original shall be maintained in the client's file at the Agency office.
2. The written *Service Agreement* may include, but not be limited to, the following items, which may be located in the agreement body, in supporting statements, in documents or in attachments:
 - a. name, telephone number, street address and mailing address of the Agency;
 - b. client/client's representative's consent to receive services, authorized by signing the *Service Agreement*;
 - c. date of the request/referral for service;
 - d. a description of, the frequency and the duration (if known) of the services to be provided;
 - e. date services shall commence;
 - f. rights and responsibilities of the client;
 - g. procedure and contact numbers for contacting the Agency Manager, Supervisor or designee during all hours wherein services are provided;
 - h. a clear statement indicating that it is not within the scope of the Agency's license to manage the medical and health conditions of clients, should they become unstable or unpredictable;
 - i. name(s) of person(s) to contact in case of an emergency or significant adverse change in the client's condition/circumstances;
 - j. acknowledgement of receipt of a copy of the policy on *Rights and Responsibilities*;
 - k. Agency's license status and currency of license, if required;



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- l. telephone numbers of the State licensing authority (if applicable) and Elder Abuse hotline;
- m. Agency's responsibility to:
 - i. manage all payroll and other benefits;
 - ii. adhere to state and federal guidelines in its employment practices, such as:
 - withholding appropriate taxes;
 - payment of employment taxes; and,
 - payment of Workers' Compensation and Unemployment Insurance.
 - iii. manage staffing responsibilities, including but not limited to, the following:
 - conducting pre-employment background checks;
 - recruiting, disciplining and firing;
 - training;
 - giving instructions;
 - providing supervision;
 - conducting performance appraisals;
 - creating schedules;
 - setting standards;
 - providing equipment/materials for in-home workers to use; and,
 - following-up on complaints;
- n. cost of services provided;
- o. billing and payment procedures, including payment due dates;
- p. Agency's refund guidelines;
- q. notification of increases in service costs;
- r. client's right to cancel *Service Agreement* at any time;
- s. client's right to only be charged for services actually performed prior to the cancellation date;
- t. Agency's right to levy charges if client gives insufficient cancellation notice, which results in a home care worker arriving at the client's home to deliver services requested;
- u. criteria, circumstances, or conditions, which may result in termination of services by the Agency and procedures for notifying client of termination;
- v. process for filing complaints;
- w. contingency plan to be taken if scheduled services cannot be provided by regular workers; and,



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3. Amendments to the *Service Agreement*
 - a. Either an Agency Representative or the Client may initiate a meeting to determine the scope of the amendment and determine the sections of the Agreement that need to be modified, added or deleted.
 - b. When both parties consent to the amendments, the changes shall be recorded in writing.
 - c. If the Agreement requires extensive changes, an entirely new agreement shall be drawn up. Otherwise, small changes can be handled via a letter or a notation.
 - d. All parties who signed the original agreement shall sign the Amendment.
 - e. The Amendment shall be dated with a copy being given to the Client and a copy being filed in the Client's records at the Agency's office.
 - f. Relevant staff and other persons shall be advised about any change in the Agreement terms immediately


CROSS-POLICY REFERENCES

1. Rights & Responsibilities
2. Unstable Health Conditions
3. Failure of Client to Answer Door
4. Complaints & Compliments
5. Termination of Service
6. Pre-Employment Background Checks
7. Recruiting, Selection and Hiring
8. Termination of Employment
9. Disciplinary Action
10. Performance Appraisals
11. Complaints/Grievances.

FORMS

1. Service Agreement



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Informed Consent to Plan of Care

PURPOSE

1. To facilitate a fair, respectful and informed consent process that is in compliance with applicable legislation.
2. To encourage that the Client/Client's Representative/family participate in the assessment and care planning processes.
3. To ensure that the Client/Client's Representative provides written informed consent to the Agency's recommended Plan of Care.

DEFINITIONS

1. Informed Consent

For purposes of this policy, Informed Consent is the right of home care clients to make their own decisions regarding whether to accept or reject recommended services/care from this agency. Informed Consent refers to:
the right to be fully informed about the services/care they are to receive; and,
the right to give their permission to receive the recommended services/care.

2. Minor


A minor is an infant or person who is under the age of legal competence. The age of majority depends on the jurisdiction and application. In most states, a person is no longer a minor after reaching the age of 18 with some exceptions.

POLICY

Infinity of Page Home Health Services, LLC acknowledges that clients have a right to be informed about the benefits and risks of services offered to them and to make voluntary decisions whether to accept or refuse recommended services/care. To facilitate this policy, Clients Client Representatives/families shall be provided with:

1. accurate and understandable information to assist them to make informed decisions about their care;
2. encouragement to participate in the care planning process, including:
 - a. determination of needs;
 - b. development of their Care Plan/Service Plan;
 - c. decisions on:
 - i. what services to provide;
 - ii. referrals to be made; and,
 - iii. withdrawal/termination of services.
3. an opportunity to give informed consent to recommended care;




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4. an opportunity to refuse part or all of the recommended care, as permitted by law;
5. an explanation of potential consequences should services be refused; and,
6. an option to be referred to an outside resource.

PROCEDURES

1. Client/Client Representative's consent shall be obtained at the time of the initial assessment.
2. Verbal consent may be obtained via telephone or other technological device but must also be obtained in writing at the time of the initial assessment.
3. Adult Clients, who are competent to make care decisions on their own behalf, or their legal Representatives may consent to changes to the recommended plan of care.
4. Minors shall have consent determined by a parent or legal guardian.
5. Consent shall not be obtained from Client/Client's Representative until the risks and benefits of the recommended services/care have been discussed with them.
6. Client/Client's Representative shall confirm their agreement or refusal to consent to recommended services/care by signing the appropriate section on the Agency's *Care Plan/Service Plan*.
7. Once the Client/Client's Representative has provided consent to receive recommended services, the Agency's *Service Agreement* shall be completed, signed and dated in accordance with *Policy 3.10.50 – Service Agreement*.
8. If services/care are refused, the referral source shall be notified, if applicable. The reason(s) for the refusal shall be provided.
9. If services/care are declined and a request is made for a referral to another resource:
 - a. obtain the Client/Client's Representative signature on the Agency's form: *Client's Consent for Referral & Release of Information*; and, follow *Policy #3.10.31 - Referring Individuals Not Admitted to Agency*.
10. If the client is currently in receipt of services from the Agency and wants or needs to be terminated/discharged or transferred to another Agency:
 - a. obtain the Client/Client's Representative signature on the Agency's form: *Client Consent for Referral & Release of Information*; and,
 - b. follow *Policies #330 – Discharge/Termination or Reduction of Client Service; # 3.31 Transfer/Referral of Agency Clients* and *Policy #3.31.10 - Coordination of Client Transfers/Referrals*
11. The *Client Consent for Referral & Release of Information* form shall be forwarded to appropriate resource.



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12. Copies of the signed *Client Consent for Referral & Release of Information* form shall be:
- a. given to the Client/Client’s Representative;
 - b. filed in Client’s records; and,
 - c. stored in a secure location.


CROSS-POLICY REFERENCES

1. Service Agreement
2. Care Plan/Service Plan
3. Referring Individuals Not Admitted to Agency
4. Discharge/Termination or Reduction of Client Services
5. Transfer/Referral of Agency Clients
6. Coordination of Client Transfer

FORMS

1. Service Agreement
2. Care Plan/Service Plan
3. Client's Consent for Referral & Release of Information
4. Discharge/Transfer: Client Notification
5. Coordination of Client Transfer Checklist



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Policy Title: On-Call Services	Policy Number: 3.10.61
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On-Call Services

PURPOSE

To establish an on-call system, which provides access to Agency Representative(s) when the Agency office is closed to ensure:

1. client services and care can be adequately supported;
2. effective responses and resolutions can be provided to urgent matters; and,
3. a consistent approach is established for managing on-call and call-out services,

DEFINITIONS

1. On-Call

A person is on-call when he/she is authorized, capable and available to respond to clients/potential clients' service and care needs outside of core working hours.

2. Capable

For purposes of the policy, capable means being in adequate cognitive, physical emotional and mental condition to competently perform on-call duties.

3. 24-7

For purposes of this policy 24-7 means services will be available 24 hours a day, 7 days a week, 365 days a year.

4. Rota


A rota is a list of names showing the order in which individuals will take their turn to perform certain duties. For this policy, the rota refers to Agency personnel who will be assume responsibility for handling on-call services.

POLICY

Infinity of Page Home Health Services, LLC has established the following terms for it "on-call" policy:

1. The Agency shall have qualified and competent on-call Agency Representatives available to accept and respond to incoming calls for assistance with the service/care needs of its clients/potential clients.
2. On-call support shall be available 24-7 during all periods the Agency office is closed including weekdays, weekends and statutory holidays. Personnel will be assigned to on-call duty on a rotational basis: On-call support shall be provided for:
 - a. Administrative support from a member of the Management Team;
 - b. Clinical Support by a Registered Nurse;
 - c. Personal Care Support by a Direct Care Worker.




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3. To meet clients' service and care needs during office closures, on-call staffing schedules shall be developed

PROCEDURES

1. The Supervisor shall be responsible for preparing the monthly on-call schedule and ensuring it is distributed to on-call staff and/or answering service, if relevant.
2. After hours, incoming calls shall automatically be forwarded to the person on-call. It is the person on-call's responsibility to ensure the forwarding programming has taken place.
3. On-call personnel shall be issued a cell phone, laptop, list of phone numbers for caregivers, clients & community resources and Medicaid/Medicare information.
4. On-call personnel shall ensure they are directly contactable by telephone and email and remain in an area of mobile phone and internet connectivity at all times;
5. The responsibilities of the person on-call include:
 - a. ensuring he/she is capable of handling the necessary on-call duties;
 - b. answering all calls unless he/she is on the phone or is in a client's home when the incoming call is received, in which case, the call may be directed to voice mail.
 - c. responding to other agreed upon means of communication; e.g. text, email, etc.;
 - d. responding to recorded messages within 15 minutes or sooner, if the situation is urgent;
 - e. ensuring that service needs are directed to the appropriate individual and are addressed by that individual within one hour, unless travel distance is a factor;
 - f. operating within Agency policies and procedures;
 - g. referring key issue decisions to Supervisor/Administrator;
 - h. recognizing and responding to emergency inquiries;
 - i. providing substitute workers, when required;
 - j. keeping notes on directions provided to workers;
 - k. taking referrals and contacting referred individuals;
 - l. documenting transactions and interactions with all contacts.
6. If the on-call person is not able to adequately provide advice and support over the phone and/or resolve the problem, then arrangements shall be made for a home visit.
7. Members of the Management Team shall be available for urgent situations on a rota system.
8. When a member of the Management Team is needed to attend to a situation, and the designated person is not able to do so, it is his/her responsibility to arrange for another Management Team member to take over.




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9. On-call staff shall have access to the Agency office to obtain supplies, review records and handle issues that cannot be dealt with remotely.
10. In the event of an emergency, the person on-call shall call 9-1-1 on behalf of the client and get back to him/her immediately.
11. If requests for routine service are made during non-working hours, on-call staff shall advise the caller that the request has been received, noted, and an Agency Representative will get back to them:
 - a. the next day, if the call is received on a weekday,
 - b. on Monday, if the call is received during the weekend; or,
 - c. on the first following a statutory holiday(s).
12. A log of inquiries received during on-call periods, shall be maintained, which include:
 - a. identity of response person;
 - b. contents of the inquiry;
 - c. action(s) taken to address the inquiry;
 - d. time and date of each inquiry.
13. Inquiry follow-up actions and/or activities shall be documented on the client's record.
14. Arrangements with a professional answering service may be established as a contingency plan.
15. Upon admission, clients shall be advised about the Agency's availability 24-7 and be issued written procedures and telephone number(s) for on-call service.

FORMS

1. On-Call Inquiry Log



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Client's Consent for Referral and Release of Information

PURPOSE

To obtain a client's written consent to make a referral to another resource and to share and exchange his/her personal information with that resource on a need-to-know basis and in accordance with relative legislation.

POLICY

Infinity of Page Home Health Services, LLC obtains the clients/client representatives' written, informed consent to acquire, keep, use, disclose and release information that is relevant to their care. Clients have the right to give full, partial or no consent, with the understanding that partial or no consent may result in the Agency's inability to provide effective service.

PROCEDURES


1. When conducting an assessment, the Supervisor shall review with the client/client's representative the types of information required and explain how this information may be used.
2. The client/client's representative shall be asked to sign a *Consent for Referral & Release of Information* form, which gives the Agency authorization to obtain, keep, use, disclose and release information to health care providers involved in the client's care, third party payers, and other organizations, companies or community resources, which shall/may assist the client to meet home care needs.
3. The *Consent for Referral & Release of Information* shall:
 - a. be understandable;
 - b. be written in clear and concise language; and,
 - c. delineate the specific persons, organizations, companies and/or community resources with which information may be released.
4. The signed a *Consent for Referral & Release of Information* shall be placed in the client's file.

CROSS-POLICY REFERENCE

1. Termination or Transfer of Client Services
2. Coordination of Client Care with Outside Resources
3. Service Delivery Process
4. Service Plan


FORMS



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1. Client's Consent for Referral & Release of Information



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Monitoring & Follow-up

PURPOSE

To outline the requirements and timeframes for monitoring and following-up on the service plan once home care services have been implemented.


POLICY

Infinity of Page Home Health Services, LLC requires that all clients, who receive home care services from the Agency, receive ongoing monitoring and regular follow-up on the Service Plan to ensure that implemented services are effective and efficient and to determine if revisions are required.

PROCEDURES

1. Supervisor shall conduct regular monitoring and follow-up on the *Service Plan* to:
 - a. ensure that the interventions in place are working as desired or expected; and,
 - b. anticipate or respond to any new problems, which may develop.
2. Supervisor shall monitor continually and follow-up:
 - a. with a phone call or home visit 5 days and call 2 weeks after the implementation of services;
 - b. 30 day home visit
 - c. 60 day home visit
 - d. 90 day home visit
 - e. And with a home visit every 90 days thereafter; or,
 - f. with a phone call or home visit more frequently, if required.
3. Supervisor shall ensure that revisions to the *Service Plan* are made if monitoring and follow-up evaluations indicate that the:
 - a. interventions in place are not getting the job done;
 - b. client has developed additional problems; and/or,
 - c. client no longer needs the intervention(s).
4. Major changes to the *Service Plan* shall only be made after a careful evaluation of the need for change is undertaken and the Supervisor has obtained input from health care professionals and/or other organizations, companies or community resources involved in the case.
5. When changes are made to the *Service Plan*, as a result of monitoring and follow-up, Supervisor shall amend the *Service Agreement* accordingly and have the client/ client's representative initial and/or sign the changes.
6. Supervisor shall document all monitoring and follow-up activities in the client's file.




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7. Supervisor shall be aware of the Agency’s limits of expertise and shall not attempt to do anything, which the Agency is not qualified to do.
8. Once the *Service Plan* has been revised to reflect changes, Supervisor shall continue with the monitoring and follow-up, as an on-going process.

CROSS-POLICY REFERENCES

1. Service Delivery Process
2. Service Plan
3. Service Agreement



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Advance Directives

PURPOSE

1. To inform clients of their right to make decisions about their medical care and plan Advance Directives.
2. To ensure Agency staff are informed about the existence and terms of clients' Advance Directives.

DEFINITIONS

1. Advance Directives

An Advance Directive is written instruction which is recognized under state law, relating to the provision of health care when an individual is incapacitated. Examples of Advance Directive(s) include, but are not limited to, the following:

- a. Living will
- b. Durable Power of Attorney for Health Care
- c. Surrogate Decision Maker
- d. Do Not Resuscitate Order

2. Living Will

A Living Will states how a person feels about medical care intended to sustain life. He/she can accept or refuse care. There are many issues to address, including resuscitation, dialysis, tube feeding, organ donation, respirators, etc.

3. Durable Power of Attorney for Health Care

A Durable Power of Attorney for Health Care enables a person to name a "client advocate" to act on behalf of the him/her should he/she become incompetent, by carrying out the client's wishes. This can be a family member, friend or any other person the client trusts as long as they meet the minimum age requirements of their state/province/territory and are competent.


4. Surrogate Decision Maker

A Surrogate Decision Maker, also known as a health care proxy or an advocate for an incompetent person, speaks for that person in regard to the desires for their life. The role of the surrogate decision-maker is to try to ensure that any decisions which are made about that person's care are consistent with what is known of the clients' own values and wishes; and, they should adhere to any documented advance directives.

5. Do-Not-Resuscitate Order (DNR)

A Do-Not-Resuscitate" (DNR) order is a request a person gives to not provide him/her with cardiopulmonary resuscitation (CPR) if their heart stops or he/she quits breathing. DNR orders are accepted by doctors and hospitals in all states.



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6. Patient Self-Determination Act

The "Patient Self-Determination Act" recognizes the rights of patients to make choices concerning their medical care, including the right to accept, refuse or withdraw medical and surgical treatment to the extent permitted by state law, and to write advance directives for medical care in the event that they are unable to express their wishes.


POLICY

Infinity of Page Home Health Services, LLC follows federal guidelines, as outlined in *the Patient Self Determination Act* (PSDA) to inform clients of their rights to formulate Advance Directives and complies with state laws regarding Advance Directives.

1. The Agency shall provide its clients, who are in receipt of benefits from either Medicare or Medicaid, information about advance directives, in accordance with federal law.
2. As prohibited by federal and state law, the Agency shall not require clients to complete any Advance Directive forms, as a prerequisite for service. This does not mean that the Agency is required to provide care that conflicts with an existing Advance Directive.
3. The Agency recognizes that when the client is not legally responsible, the surrogate decision maker has the right to refuse care, treatment and services on the client's behalf.
4. The Agency recognizes the importance of clients participating in planning their care and their right to accept or refuse services, care or treatment.
5. The Agency shall provide care according to the Plan of Care established by the physician and in consultation with client/client's representative when an Advance Directive does not exist.
6. The Agency recognizes that the client has the right to revoke or change an Advance Directive at any time and shall advise/remind clients of this need.
7. The Agency shall document any changes in Advance Directives in the client's record and communicate such changes to relevant home care staff.
8. Agency staff shall not act as a witness for any Advance Directive(s).
9. The Agency shall advise its staff to initiate CPR should a Cardio Pulmonary Arrest occur PROVIDING the client's Advance Directive does not state the client wishes to withhold resuscitation AND PROVIVING there is no Physician's order to withhold it.
10. The Agency shall notify the client/client's representative, if it cannot carry out the client's advance directive for any reason and shall offer assistance in finding an alternate service provider.

PROCEDURES




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1. The Supervisor/Alternate will inquire about the client’s decisions regarding “advance directives at the initial service assessment and document the given response in the client’s record.
2. If an Advance Directive(s) exists, the Supervisor/Alternate shall request a copy from the client/client’s representative and ensure it is placed in the client’s records. The original Advance Directive(s) shall be kept with the client.
3. The Supervisor/Alternate shall ask the client/client’s representative for a copy of any revisions or revocations made to the Advance Directive(s) during the course of home care/service.
4. The Supervisor/Alternate shall issue a copy of the Agency’s/Company’s “*Advance Directives Policy*” and, if required by state/provincial/territorial regulations, a copy of the *Advance Directives Information Sheet* to the client/client’s representative during the initial assessment; and, document the action(s) in the client’s records.
5. The Supervisor/Alternate shall familiarize all staff providing service to the client about the Advance Directives(s).
6. The Supervisor/Alternate shall be responsible for ensuring revisions & revocations to Advance Directive(s) are documented in the client’s records and are communicated to relevant staff.
7. The Supervisor/Alternate shall advise its staff where to find instructions for the client’s Advance Directive(s).

GUIDELINES

1. When individuals are incapacitated and unable to receive information due to a mental disorder or an incapacitating condition, or if they are unable to articulate whether or not they have an Advance Directive, information may be given to the family or surrogate instead. However, the information must be given to the individual directly once he/she is no longer incapacitated
2. Whenever family wishes vary from those expressed by the client in a valid Advance Directive, the wishes of the client will be followed.
3. Staff may advise client/client’s representatives where to seek information on Advance Directives.
4. During the orientation period, staff shall receive education regarding:
 - a. Advance Directives for home care, related policies and procedures; and,
 - b. their responsibilities for documentation and communication of a client’s “advanced directive”.
5. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,



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d. names and positions of people attending the training sessions.

CROSS-POLICY REFERENCES

1. Client Rights

FORMS


1. U. S. - Advance Directives Information Sheet

United States:
<http://www.noah-health.org/en/rights/endoflife/adforms.html>

REFERENCES

1. The Federal Patient Self-Determination Act (PSDA)
2. Department of Health & Human Services



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Death at Home

PURPOSE

To establish policies and procedures for staff to follow when clients die at home either expectedly or unexpectedly.

DEFINITIONS

1. Advance Directives

An Advance Directive is written instruction which is recognized under state law, relating to the provision of health care when an individual is incapacitated. (e.g. Do Not Resuscitate Orders, Living Wills, etc.)

2. Do-Not-Resuscitate (DNR) Order

A “Do Not Resuscitate” order is an individual’s request not to have cardiopulmonary resuscitation (CPR) or other measures conducted in the event that his/her heart stops beating and/or he/she ceases to breath. DNR orders are accepted by doctors and hospitals in all states.

3. Living Will

A “Living Will” tells how a person feels about medical care intended to sustain life. He/she can accept or refuse care. “Living Wills” address many issues such as resuscitation, dialysis, tube feeding, organ donation, respirators, etc.


POLICY

Infinity of Page Home Health Services, LLC shall adhere to applicable federal, state and municipal regulations for in-home deaths.

PROCEDURES

1. The Agency shall become knowledgeable about, and comply with, state and community regulations related to deaths occurring in the home.
2. Agency staff shall apply the procedures specified in this Policy for deaths occurring in the home unless state/community regulations differ, in which case the latter shall take precedence over those in this Policy.
3. Supervisor shall ensure that Home Care Aides know the wishes of all their clients regarding advance directives as well as the existence and location of any Do Not Resuscitate Orders and/or Living Wills.
4. Supervisor shall ensure that Home Care Aides are instructed on what procedures to follow, dependent on the presenting scenario, as outlined in this Policy.
5. **Scenario #1: There Is No DNR Order and Agency Staff Are in the Home**
 - a. Call 911 and start CPR.



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- b. Unlock the door to the house.
- c. Assist the Emergency Medical Service (EMS) responders, as directed.
- d. Contact the client's Physician.
- e. Contact the Agency's Supervisor to advise him/her and to notify other Home Care Aides.
- f. Assist family, as required or requested, with follow-up measures such as notifying other family members/friends, contacting the funeral home, contacting priest/rabbi/ pastor/ other religious personnel and/or other activities.
- g. Document the following in the client's record:
 - i. the events surrounding the death;
 - ii. the date and time of death;
 - iii. the identity of those present; and,
 - iv. actions taken by others and Agency staff.


6. Scenario #2: There is a DNR Order and Agency Staff Are in the Home

- a. Call 911.
- b. Unlock the door to the house.
- c. Obtain or direct another individual to obtain the DNR Order so it is "in-hand" when the EMS arrive.
- d. Assist the EMS as directed.
- e. Contact the Agency's Supervisor to advise him/her and to notify other Home Care Aides
- f. If the Supervisor/other member of the Agency Management Team is not available, then leave a message and try to alert the Home Care Aide who is scheduled to take the next shift, providing contact information for him/her is available.
- g. Assist family, as required, or requested with follow-up measures such as notifying other family members/friends, contacting the funeral home, contacting priest/rabbi/ pastor, or other religious personnel.
- h. Document the following in the client's record:
 - i. the events surrounding the death;
 - ii. the date and time of death;
 - iii. the identity of those present; and,
 - iv. actions taken by others and Agency staff.

7. Scenario #3: Death is Unexpected, and Agency Staff are in the Home


- a. Call 911.
- b. Unlock the door.
- c. If the deceased's wishes re DNR are not known, begin CPR immediately and continue until instructed to stop by EMS.
- d. If the deceased has a DNR Order and the documents are on the premises:



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- i. direct a family member/other person to retrieve the documents to have “in-hand” for EMS; or,
 - ii. if no other person is present, and the location of the DNR documents is known, retrieve them to have ready for EMS.
- e. Be prepared for possible questioning by the police.
- f. If the unexpected death has been sudden, uncertain or as a result of injury, avoid disrupting the environment around the deceased as the Police may call in the Coroner.
- g. Document the following in the client’s record:
 - i.the events surrounding the death;
 - ii.the date and time of death;
 - iii.the identity of those present; and,
 - iv.actions taken by others and Agency staff.
- 8. Scenario #4: Hospice is Involved, and Agency Staff are in the Home**
 - a. If a Hospice Worker is not in the home at the time of death, contact Hospice.
 - b. A Hospice Nurse will come to the home and:
 - i. pronounce death;
 - ii. may arrange for pickup of the body by a funeral home; and,
 - iii. may assist the family with other post death activities.
 - c. EMS is not usually contacted when Hospice is involved.
 - d. Home Care Aide shall:
 - i. assist Hospice Nurse/family, as requested, with follow-up measures such as notifying other family members/friends, contacting priest/rabbi/ pastor, or other religious personnel, and/or other tasks, which do not fall outside a Home Care Aide’s allowable duties.
 - ii. contact the Agency’s Supervisor to advise him/her and to notify other Home Care Aides scheduled to work in the home; and,
 - iii. document the following in the client’s record:
 - the events surrounding the death;
 - the date and time of death;
 - the identity of those present; and,
 - actions taken by others and Agency staff.
- 9. After-Death Body Care**
 - a. Supervisor shall be responsible for:
 - i. being familiar with the existence and content of any regulations about after-death body care, applicable in the area;
 - ii. determining the family’s wishes about after-death body care;




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- iii. determining if any legal, religious or other considerations exist, which could impact the Home Care Aide's participation with after-death body care;
 - iv. ensuring that Home Care Aides, who provide after-death body care, are properly trained and competent to perform after-death body care;
 - v. are emotionally capable to perform after-death body care; and,
 - vi. when indicated, either assist the Home Care Aide to perform this care, assign another competent staff member to assist the Home Care Aide or provide the after-death body care.
- b. If the death is expected, Supervisor and Home Care Aides shall discuss, in advance, the Home Care Aide's role in providing after-death body care in the event the Home Care Aide is working in the home at the time of death.
 - c. If the death is unexpected and/or if the Supervisor and Home Care Aide have not previously discussed the Home Care Aide's role in providing after-death body care, the Home Care Aide shall contact the Supervisor prior to providing any after-death body care.

GUIDELINES

1. Home Care Aides may be of help to the bereaved by:
 - a. ensuring that all activities leading up to, at the time of and following death are conducted with sensitivity, dignity and respect;
 - b. ensuring they observe any expressed needs, wishes or desires;
 - c. being supportive to their colleagues and to families/others, as they individually attempt to deal with the event;
 - d. attempting to understand what they are going through;
 - e. helping to identify their needs;
 - f. assisting them to obtain information and direction for dealing with post death issues;
 - g. acknowledging their loss;
 - h. affirming the importance of the deceased;
 - i. expressing condolences with gentleness and sincerity;
 - j. communicating simply, clearly and truthfully,
 - k. respecting their right to privacy;
 - l. permitting them to be involved, to the extent that they choose to be involved and/or are capable of being involved; in goings-on before, during and after death;
 - m. enabling them to participate in rituals surrounding death, to the extent they choose to be involved;
 - n. helping any confused individual(s) to understand what is going on by trying alternative methods of communication (e.g. story books, artwork, photographs, etc.);



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- o. encouraging them to express their feeling and emotions through whatever means appeals to them e.g. drawing, painting, talking, etc.; and,
- p. being available when they need and/or want company.


TRAINING

1. Supervisor shall review this Policy will all new employees during orientation.
2. Supervisor shall ensure that all staff receive training on caring for terminally ill clients, as part of their first year’s training curriculum.
3. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.

CROSS POLICY REFERENCES

1. Advance Directives



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In-Home Orders

PURPOSE


To outline details and conditions for the issuance, receipt, documentation and implementation of In-Home Orders.

DEFINITIONS

For purposes of this policy, these terms shall be defined as follows:

1. **Discipline:** is the person who is carrying out an order. i.e.
 - SN - Skilled Nurse
 - PT - Physical Therapist
 - OT - Occupational Therapist
 - SLP - Speech Language Pathologist
 - MSW - Medical Social Worker
 - HHA - Home Health Aide
2. **Treatment/Service:** is the action or what is to be done for the client:
 - Assessments or observations;
 - Teaching and training activities;
 - Interventions or procedures;
 - Client-specific actions (i.e. medication additions/changes, dietary changes, etc.); and,
 - Management and evaluation or maintenance therapy,
3. **Frequency:** is the rate at which treatment/service is to be provided:
 - DA or D - Day or daily
 - WK or W - week or weekly
 - MO or M - month or monthly
 - Q - every
 - QO - every other
 - Examples:
 - One time a month for 3 months - 1MO3
 - Three times a week for 3 weeks - 3WK3
 - Daily for 6 days - 1DA6
4. **PRN Order:** is an “as needed” order. It is used to identify a medication, treatment or service that can be taken/received when the client needs it rather than on a fixed schedule.



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5. Personal Care Activities as Defined by Medicare

- bathing, dressing, grooming, oral hygiene, and caring for hair and nails;
- changing bed linens;
- shaving, deodorant application, skin care with lotions and powder, foot care, and ear care;
- feeding; and,
- assisting with elimination, ambulation, changing position in bed, and transfers.

6. **Verbal Orders** are directions given via oral face-to-face communication and/or via telephone communication.

7. **Standing Orders** are *written instructions, orders, rules, regulations, or procedures prepared by a Physician and designed for a patient with specific diseases, disorders, health problems, or sets of symptoms. Such written instructions, orders, rules, regulations or procedures shall delineate under what set of conditions and circumstances action should be instituted.*

8. **Plan of Care (POC)**


A plan of care is a written plan for services developed by the Case Management Team (CMT) and clients to assess and determine the client’s status and needs. The plan of care also outlines the services that will be provided to the client to meet their identified needs

POLICY

Infinity of Page Home Health Services, LLC has adopted the following criteria for In-Home medication and treatment orders. Should State regulations vary, the Agency shall follow State requirements.

1. The Agency shall adhere to all legislative regulations and guidelines for In-Home Orders.
2. The Agency shall follow regulatory requirements that dictate the format and authentication of Physician's orders in the home care environment.
3. The Agency shall treat all clients according to the same standards, in accordance with the Social Security Act by requiring Physician orders be provided for both Medicare and non-Medicare clients.
4. The Agency shall accept In-Home Orders prescribed by Physicians in the form of:
 - a. a written document signed by the treating Physician, which is hand-delivered, mailed, or faxed;
 - b. a telephone call from the treating Physician or his/her office; and/or,
 - c. electronic mail from the treating Physician or his/her office.




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5. In-home treatment and service orders shall include:
 - a. client's name;
 - b. date the order was written;
 - c. who is responsible for implementing the order (i.e. discipline responsible);
 - d. what is being requested to be done for the client;
 - e. how often the order is to be completed;
 - f. how long the order is effective;
 - g. effective date for the order; and,
 - h. prescriber's signature and date.
6. In-home medication orders shall include the:
 - a. client's name;
 - b. date order was written;
 - c. name of the drug, dosage, and directions for its use; and,
 - d. signature of prescriber.
7. Physician In-Home Orders shall be documented on:
 - a. an appropriate order form or on the plan of care (POC) and,
 - b. the communication/visit notes.
8. In-Home Orders that do not include all the mandatory components must be validated with the prescriber before implementation.
9. Medication and treatment orders shall be implemented by a qualified Nurse or Therapist or by a Home Health Aide under the direction and supervision of the Nurse or Therapist, as permitted by State law.
10. The Agency shall ensure its approaches to securing Physician signatures on POCs and verbal orders are acceptable under their state licensure laws.
11. If an initial POC has not been prepared, the Agency shall prepare one, in accordance with the Physician's orders/instructions and send it to the Physician/alternate for signature.
12. The Agency shall not accept the use of signature stamps for authentication of Physician's orders.

PROCEDURES

1. The Agency shall follow the standards established for In-Home Orders, as portrayed in the section on "Definitions".
2. Verbal (Telephone and Oral) Orders
 - a. The Agency shall discourage the use of Verbal Orders, in accordance with CMS and JCAHO guidelines.
 - b. Verbal Orders may only be accepted by:
 - i. Registered Nurses;




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- ii. Qualified Therapists, which include:
 - Physical Therapists;
 - Occupational Therapists; and,
 - Speech Language Pathologists.

unless the State allows other disciplines to also accept orders, in which case the Agency shall permit all disciplines, which are approved by the State, to receive orders.
 - c. Should a Verbal Order be received by a discipline that has approval in another State to receive orders but does not have approval by the Agency's home State, the Agency shall ensure that the order is reviewed by a Registered Nurse or Qualified Therapist before it is implemented.
 - d. After taking a Verbal Order, the Nurse or Therapist shall read it back to the Physician for confirmation.
 - e. Wherever possible, a second discipline should listen to verbal orders, which are of a critical nature (e.g. medications).
 - f. When a Verbal Order is taken, the Nurse or Therapists shall:
 - i. record and sign the order;
 - ii. document the order on the POC; and,
 - iii. forward the written order to the Physician for signature within 7 days after receipt of the order.
 - g. After a Verbal Order is received and sent to the Physician for signature, the Agency shall implement a tracking mechanism to assure all Verbal Orders, including the POC, have been returned to the Agency signed and dated by the Physician.
3. Clients Covered by Medicare/Medicaid
The Agency shall adhere to the Center for Medicare and Medicaid Services (CMS) stipulations for In-Home Orders by:
- a. recognizing that the only Physicians authorized to place orders for Medicare clients are:
 - i. Medical doctors;
 - ii. Osteopathic doctors; and,
 - iii. Podiatrists.
 - b. ensuring that POCs, which specify all services the client is to receive, are signed by the Physician;
 - c. sending orders taken verbally from a Physicians are sent to the ordering Physician/alternate for signature;
 - d. ensuring that a Physician's order for diagnostic tests is clearly documented in the client's record;




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- e. ensuring that POCs are updated by the Physician every 60 days or, more frequently, if indicated;
 - f. ensuring that the POC and all Verbal Orders applicable are signed by the Physician, who originated the order, prior to submitting a final payment claim to Medicare;
 - g. ensuring that Home Health Aides provide services, in accordance with Medicare policy, as long as such services are permitted by State law; and,
 - h. keeping abreast of CMS requirements and regulations and revising relevant policies and procedures for conformity.
4. Orders for Home Health Aide’s Services
- a. All orders for Home Health Aide services shall specify the:
 - i. type of services/treatment to be provided to the client;
 - ii. professional who will provide the services; and,
 - iii. frequency and duration of the service/treatments to be performed.
 - b. Home Health Aide Orders may denote “personal care”, as the service to be performed.
 - c. When an order for “personal care” is given, the POC shall specify:
 - i. what service/treatment the Home Health Aide shall complete; and,
 - ii. how often the service shall be carried out.
 - d. The Agency shall adhere to Medicare’s definition of “Personal Care Activities: for those clients covered by Medicare.
 - e. Orders for Home Health Aide activities, which fall outside the realm of “personal care” such as range-of-motion exercises, shall be given by a Physician. The specifics of these activities shall be documented in the Home Health Aide’s Care Plan.

GUIDELINES

1. The Agency Manager shall formalize the distribution of legislative and regulation changes to In-Home Orders by ensuring Supervisors read the most current policies and apprise relevant staff accordingly.
2. The Agency shall provide the ordering Physician with progress notes in accordance with the Physician’s wishes or, as a minimum, every 30 days.
3. The Agency shall request a validity review of In-Home Orders by the ordering Physician every 60 days unless the ordering Physician initiates a validity review sooner.
4. The Agency shall request a validity review of Standing Orders for continuing therapy treatment by the ordering Physician every 90 days, unless the ordering Physician initiates a validity review sooner.
5. Once a client no longer requires the ordered services, the Agency shall notify the Ordering Physician and shall document the notification.



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6. Unless regulated otherwise by the State, the Agency shall not request a discharge order from the Physician.


CROSS POLICY REFERENCES

1. Service Plan
2. Monitoring and Follow-up

REFERENCES

1. Center for Medicare and Medicaid Services (CMS)
2. Bureau of Quality Assurance (BQA)
3. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
4. Department of Health & Human Services (DHHS)



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Medication Management

PURPOSE

1. To provide guidance and procedures to managers and employees for medication management in the home setting;
2. to ensure practices are applied consistently in medication management;
3. to ensure the safety and protection of clients and employees; and,
4. to ensure safe working practices are in place for support, administration, monitoring, storage and disposal of medications.

DEFINITIONS

1. Medication

Medication includes medicines prescribed for the client by a doctor or health professional and medicines purchased over the counter. These medicines include capsules, eardrops, eye drops, inhalants, liquid, lotion and cream, nose-drops, patches, powder, tablets, wafers, suppositories, oxygen, pessaries, nebulizers, vaginal cream by applicator, sprays (e.g. nitrolingual spray) and insulin (by pen or pre-filled syringes).

2. Medication Support

Medication Support means that:

- a. clients assume all responsibility for their own medications; and,
- b. employees may assist clients by:
 - i. reminding and/or prompting them to take the medication;
 - ii. assisting them, as needed, with opening Blister-packs or other packaging; and,
 - iii. providing them with other types of assistance, which does not involve administering or doling out medications.

3. Blister-pack


A Blister-pack is a retail package in which a clear or opaque plastic or metal-foil seal holds the product (usually capsules, tablets, or other types of small items) against a sheet of card.

4. Medication Administration

Medication Administration means that employees:

- a. give (administer) medication to clients; and,
- b. are responsible for ensuring that clients take their medication; and,
- c. may also be involved with:
 - i. storing the medication;
 - ii. opening the medication container;
 - iii. removing the prescribed dosage; and,



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iv. giving the medication to the client as per instructions.

5. Medication Error/Incident

A medication error/incident is a mistake that occurs in the management of medication and shall include, but not be limited to, the following:


- a. medication given was wrong;
- b. medication dosage was wrong;
- c. medicine was given at the wrong time;
- d. medication was given without an order;
- e. medication was administered by the wrong method;
- f. medication expiry date had lapsed;
- g. medication could not be found;
- h. medication was not stored properly;
- i. medication was refused by the client; and,
- j. medication given was meant for another person.

POLICY

Infinity of Page Home Health Services, LLC is committed to achieving, maintaining and improving effective and safe medication management for its clients.

1. Only employees who are Registered Nurses shall be involved in the administration of medications unless:
 - a. State/other authorities have authorized additional job classifications to perform medication administration duties; and,
 - b. these authorized job classifications also meet mandated training requirements for medication administration duties.
2. The Home Care Aide's role in medication management shall be supportive only and is limited to those activities listed under "*Role of Home Care Aides in Medication Support*" in the procedures section of this policy.
3. The Agency shall ensure that any employees assigned to provide medication administration services:
 - a. meet this policy's criteria for administering medication;
 - b. have received or will receive training on the theory of medication support and administration;
 - c. have demonstrated competency to administer medication both in a learning setting and in the client's home; and,
 - d. undergo an annual competency re-assessment in the client's home.
4. A Registered Nurse may delegate the administration of medication to another staff member providing:



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- a. the individual, receiving the delegation, meets the conditions outlined in #1a. and #1b. of this policy;
 - b. the delegation instructions are documented on the client’s records;
 - c. the Supervisor gives written permission for the delegation on the client’s Care Plan;
 - d. delegations are considered on a “case-by-case” basis;
 - e. the individual receiving the delegation, agrees to take on the task; and,
 - f. the client’s health status is stable.
5. The Agency’s form “*Incident Report: Medication*” shall be completed for all errors/incidents, which involve medication management.


PROCEDURES for MEDICATION ADMINISTRATION

Role of the Registered Nurse in Medication Administration

Registered Nurses and/or Other Job Classifications, which have received authorization to administer medications shall:

1. adhere to the ‘6 Rights’ of medication administration:
 - a. **Right individual;**
 - b. **Right drug;**
 - c. **Right dose;**
 - d. **Right time;**
 - e. **Right route; and,**
 - f. **Right documentation.**
2. be aware of the correct storage requirements for medications;
3. follow medication administration procedures, which are accordance with the Client’s Care Plan;
4. have adequate knowledge of the medication, its therapeutic purpose, usual dose, frequency and route of administration, specific precautions, contra-indications, side effects and adverse reactions;
5. determine whether an individual has any known allergies to the medication being administered;
6. check with the Physician if there is any doubt about the accuracy of any aspect of the prescription before administering the medication;
7. ensure the individual/family, wherever possible, knows why the medication has been prescribed;
8. document the administration of the medication on the “*Medication Administration Record*”.



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9. report to the Physician any side effects or adverse reactions experienced by the person and document the episode in the client's record;
10. report and manage any medication incidents and variations;
11. adhere to the following when dispensing medications:
 - a. check the Care Plan to determine if there are any changes in clients' medications.
 - b. check with the Supervisor, should any questions/concerns arise;
 - c. check the "*Medication Administration Record*" to ensure that the medication has not been administered already by someone else;
 - d. select the medication(s) to be administered at this time;
 - e. check the label for the name of the client, name of medication, dosage and frequency of administration;
 - f. administer the medication by the route ordered;
 - g. measure liquid medication using a graduated medicine measure that shows specific measurements;
 - h. record the administration of medication by initialing the dates and time slots on the "*Medication Administration Record*";
 - i. document, in the Client's Records, any occasion wherein the medication was refused by the client/client's representative and the reason(s) why; and, not make any changes to medication labels;

Role of the Home Care Aide in Self-Administered Medications

When clients administer their own medications, Home Care Aides shall:


1. check with the clients to ensure they have taken their medication and then initialize the correct slot on the "*Medication Administration Record*";
2. make notations on the "*Medication Administration Record*" when:
 - i. clients refuse to take their medication;
 - ii. clients take the wrong medication;
 - iii. clients take insufficient or too many tablets;
 - iv. clients are out of their medication; and/or,
 - v. there are other reasons why medication was not taken.
3. advise the Supervisor whenever clients have not taken their medication as prescribed.

PROCEDURES FOR MEDICATION SUPPORT

Role of the Supervisor in Medication Support

The Supervisor shall:



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1. when required, communicate with the client’s Physician, Pharmacist, and/or other health professionals to clarify and/or discuss the client’s medication support and/or medication administration needs;
2. ensure that an up-to-date record of the client’s medications is kept on the client’s record; and,
3. ensure that Home Care Aides are educated and competent to assist the consumer with medication management.

Role of Home Care Aides in Medication Support

1. The Home Care Aides shall:
 - a. check the Care Plan and become familiar with how medications are currently being managed in the home including:
 - i. clients’ procedures for administering and storing medications safely and in conformance with the instructions;
 - ii. clients’ ability to administer their own medications; and,
 - iii. identification of any potential problems.
 - b. encourage clients to obtain information about their prescription and non-prescription medications from their Physicians and/or Pharmacists to determine:
 - i. how to use them safely and effectively;
 - ii. what their potential adverse consequences are;
 - iii. what their possible side effect are; and,
 - iv. what their potential interactions are.
 - c. remind or prompt clients to take their medications;
 - d. read the label to the client;
 - e. bring the medication and any required supplies/equipment to the client;
 - f. open medication containers;
 - g. position the client for administration of medications;
 - h. provide appropriate liquids to enable clients to swallow medication;
 - i. store, clean and dispose of used supplies/equipment properly;
 - j. confirm that the medication has been taken and initial the “*Medication Administration Record*”;
 - k. document in the Client Records whenever clients fail to take their medications and the reason(s) why; and,
 - l. advise clients to consult with their Physician, Pharmacist or Registered Nurse about questions or advice about their medications.

PROCEDURES FOR MEDICATION MONITORING




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Role of the Home Care Aide in Medication Monitoring

Home Care Aides shall:

1. ensure that all Blister-packs and medication containers are labeled, as a minimum, with the following details:
 - a. name and telephone number of pharmacy that prepared medication;
 - b. date of preparation;
 - c. name of consumer;
 - d. name & dosage of medication;
 - e. instructions for taking medication;
 - f. important side effects;
 - g. identification number; and,
 - h. appropriate warnings.
2. Check label on Blister-pack or other medication administration aids to ensure it is for the correct client.
3. remind clients that it is important to store medication properly. i.e.:
 - a. in accordance with any instructions on the label;
 - b. in their original containers;
 - c. in a cool, dry and secure place;
 - d. at the correct temperature and,
 - e. refrigerated, when required.
4. review important safety points with clients/families/caregivers based on their knowledge and skills, as well as on clients' identified needs;
5. give general information, when indicated, to clients/families/caregivers about:
 - a. Poison Control Center telephone number;
 - b. Pharmacy telephone number;
 - c. Allergies;
 - d. emergency actions, etc.;
6. if they feel clients are having difficulty administering their medication, alert the Supervisor to determine if a formal assessment by a health care worker is indicated;
7. encourage clients to keep an up-to-date list of their prescription and non-prescription medications, which includes:
 - a. client's name, address and date of birth;
 - b. Physician's and Pharmacy's contact information;
 - c. details of medications i.e.:
 - i. name;
 - ii. dosage;
 - iii. frequency




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- iv. duration; and,
- v. method of administration.
- d. any allergies and previous adverse drug reactions;
- e. details of any vaccinations received; and,
- f. informed consent to share information on this list with others involved in the client's care.

PROCEDURES FOR MEDICATION STORAGE

1. The Supervisor and/or the Home Care Worker shall remind clients/families/caregivers, on a regular basis, to follow the Pharmacy's instructions about the safe storage of medications.
2. Medications shall be stored:
 - a. in their original containers unless they are distributed in Blister-packs, which have been prepared by the Pharmacist;
 - b. in a sanitary and orderly manner;
 - c. away from heat, light and sources of moisture (not in the kitchen or bathroom);
 - d. at temperature specified on the label;
 - e. in a safe and secure place,
 - f. in one designated location, which is dry and cool;
 - g. separately from other poisonous drugs and chemicals;
 - h. separately from staff or household medication;
 - i. in a manner that will protect them from contamination; and,
 - j. in a refrigerator but not adjacent to the freezer compartment, uncooked meats or other food.
3. Wherever possible, medications that are stored in a refrigerator shall be placed on a shelf on the door, preferably a shelf designated for medications only.
4. Medications that are stored in a refrigerator shall not:
 - a. be kept immediately adjacent to, or inside, the freezer section; and/or,
 - b. be kept adjacent to uncooked meats or other food.
5. Medication shall be removed from storage during instruction and administration times.
6. Different medications shall not be mixed in the same container.
7. Medications shall be kept out of the reach of children, pets and confused/disoriented clients/family members.
8. Urine testing and other diagnostic materials shall be stored away from all medications, heat, light, and moisture.



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9. Controlled medications shall be stored in a locked container and stored in a secure location in the clients' homes.

PROCEDURES FOR MEDICATION DISPOSAL

1. After usage, needles, syringes, or other sharp objects, which were used to administer the medication, shall be placed in sharp object disposal containers which are:
 - a. be made of a puncture resistant material and not of glass or thin plastic;
 - b. be leak proof;
 - c. have a lid that will seal the container when it is full;
 - d. be designed to easily allow sharps to be placed into the container;
 - e. make removal of sharp objects from the container difficult;
 - f. be labeled "Hazardous Materials";
 - g. be large enough to hold the number of sharp objects used; and,
 - h. not be overfilled.
2. Disposal containers for sharp objects should be disposed of according to local waste disposal laws and regulations.
3. To determine where to obtain sharp object disposal containers and/or how to dispose of filled containers, the Supervisor shall consult with:
 - a. local pharmacies;
 - b. local hospitals;
 - c. local health units; or,
 - d. the Coalition for Safe Community Needle Disposal (1-800-643-1643).
4. Medications, which are no longer being used or have passed their expiry date shall be disposed of by:
 - a. returning them to the local Pharmacy; and/or,
 - b. following other disposal methods applicable in the local area.
5. Whenever possible, medication disposal should be the responsibility of the client/family.
6. When Home Care Aides are left with the responsibility of disposing of expired and/or unwanted medication(s), they shall:
 - a. obtain client's consent, where appropriate;
 - b. obtain permission from the Supervisor to return them to the Pharmacy; and,
 - c. obtain a receipt from the Pharmacy.
7. Details of the returned medications shall be documented on the *Medication Administration Record*.

PROCEDURES FOR MEDICATION ERRORS/INCIDENTS



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Role of Home Care Aides in Medication Errors/Incidents

Should a medication error/incident occur, Home Care Aides shall:


1. remain calm and acknowledge that an incident has occurred;
2. identify the nature of the incident;
3. contact the Supervisor and obtain instruction;
4. call “911” if the client is in distress or appears unwell;
5. observe the client for changes in behavior or well-being, because of the incident, and report such signs/symptoms to the Supervisor.
6. document the incident in the client’s record;
7. complete an “*Incident Report: Medications*” form and give it to the Supervisor;
8. provide reassurance to the client; and,
9. remain with the client until the Emergency Response Personnel arrive, unless advised differently by the Supervisor.

Role of the Supervisor in Medication Errors/Incidents

Should a medication error/incident occur, the Supervisor shall:

1. discuss the error/incident with the Home Care Aide and review details of the “*Incident Report: Medications*” form;
2. clarify any ambiguities or acquire additional information, as indicated;
3. contact the Physician, Pharmacist and/or Poison Control Center for oral instructions and request they also submit these instructions in writing to the Agency;
4. pass on the instructions, which were received from the Physician/Pharmacist/Poison Control Center to the Home Care Aide;
5. direct the Home Care Aide to observe the client for any changes in behavior or well-being, because of the instructions given;
6. report any subsequent changes in the client’s behavior/well-being back to the Physician;
7. instruct the Home Care Aide to call “911” if the client is in distress or shows signs of being unwell;
8. advise the Home Care Aide when it is okay to leave the client;
9. assist the Home Care Aide to complete the “*Incident Report: Medications*” form to ensure all details and actions are recorded;
10. once received from the Physician/Pharmacist/Poison Control Center, attach the written instructions to the “*Incident Report: Medications*” form;
11. advise the client’s family about the medication error/incident;
12. phone the client later in the day or the next day, if appropriate, to inquire about his/her well-being;



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13. focus the investigation of the error/incident around its process instead of around the people involved;
14. determine how similar errors/incidents can be prevented and develop an action plan to counteract them; and,
15. educate employees, clients and families on preventative measures to reduce the likelihood of similar occurrences happening again.


Completing the Incident Report: Medications” Form

1. When medication errors/incidents occur, an “*Incident Report: Medications*” form shall be initiated, as soon as the error is recognized.
2. Documentation in the “*Incident Report: Medications*” form shall be factual and include:
 - a. a description of the error/incident, as it occurred;
 - b. an explanation and rationale as to of why the error/incident occurred;
 - c. the actions taken by the employee when the error/incident was noticed;
 - d. details surrounding the notification of any Physician, Pharmacist, Poison Control Center including:
 - i. their name;
 - ii. the time of notification; and,
 - iii. their response.

PROCEDURES FOR MEDICATION DOCUMENTATION

1. When an assessment or other evaluation reveals that a client needs help with Medication Administration, that fact shall be documented in the Care Plan.
2. When an assessment or other evaluation reveals that a client needs help with Medication Support, that fact shall be documented in the Care Plan.
3. Employees shall initial the relevant time slot on the “*Medication Administration Record*” form after:
 - a. they have administered (dispensed) medication to clients (i.e. Medication Administration); and/or,
 - b. they have confirmed the clients have taken their medication as ordered (i.e. Medication Support);
4. Employees shall sign their names and provide a sample of their initials at the bottom of each page of the “*Medication Administration Record*”, the first time they record anything on it.



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5. The current “*Medication Administration Record*” shall be kept in the clients’ records, which are maintained in the clients’ homes.
6. Completed “*Medication Administration Records*” shall be filed in Client’s files, which are kept at the Agency Office.
7. In addition to initializing the “*Medication Administration Record*” and completing an “*Incident Report: Medication*” form, notations about any facet of Medication Management shall be placed in the Client’s Records.


GUIDELINES

1. Clients should be encouraged to maintain their independence for as long as possible, including managing their own medicines in a safe and effective way.
2. All health care professionals and care workers should have access to current, accurate and balanced information about medications.
3. Information about clients’ medications and their management shall be kept confidential and shall be shared on a “need-to-know” basis.
4. Clients should be encouraged to maintain their independence if possible, including managing their own medicines in a safe and effective way.
5. Dispensed medicines should be retained in the original manufacturers' or other dispensed packaging unless an Administration Aid could help to overcome specific problems.
6. Clients should be assisted in preparing and maintaining an up-to-date list of all their medication.
7. Clients should be given the help they need to ensure their medicines are managed safely and effectively.
8. Home Care Agencies/staff and other Health Care Professionals should work together to manage risks and incidents associated with medication usage.

TRAINING

1. Training on medication management shall be given at orientation with refreshers being conducted on an “as needed” basis but as a minimum, once a year.
2. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
3. Records are to be maintained for 3 years from the date of training.



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CROSS-POLICY REFERENCES

1. Incident Reporting
2. Sharp Objects

FORMS

1. Medication Administration Report
2. Incident Report: Medications



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Change in Scheduled Care: Client Notification

PURPOSE

To outline Agency procedures for notifying clients of changes in their schedules and/or care.

POLICY

Infinity of Page Home Health Services, LLC requires that clients be given 24-hour notice of any significant changes in their existing *Care Plan/Service Plan*.

PROCEDURES

Changes to Service Plan

1. When changes are to be made to existing services/care, including scheduling, frequency and treatments, clients shall be notified about the changes at the time of the visit.
2. When changes are made, details shall be documented and shall include, but not be limited to, the following:
 - a. specific changes in the *Care Plan/Service Plan*;
 - b. client's response and/or acceptance to the changes; and,
 - c. date and time notification were given.


Changes to Service Schedule

1. Clients shall be contacted the night before service/care is to be delivered to verify the approximate time staff will arrive.
2. If an assigned worker is delayed and will be one hour or more later than initially scheduled to arrive at clients' homes, he/she shall notify the clients of the change and confirm their acceptance.
3. If there are to be any significant changes to the schedule, such as moving a morning visit to the afternoon, the assigned worker shall notify the Supervisor of the change.
4. If an assigned worker is not able to provide services as a result of unforeseen problems, he/she shall notify the Supervisor immediately.

CROSS-POLICY REFERENCES

1. Care Plan/Service Plan



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Discharge/Termination or Reduction of Client Services

PURPOSE

To outline the Agency's conditions and procedures for:

1. Discharging/terminating its provision of services to a Client; or;
2. reducing services being provided to a Client.

DEFINITIONS

For purposes of this policy:

1. Discharge/Termination

Discharge/terminate means to discontinue all services being provided to a Client by the Agency.

2. Reduction

Reduction means to discontinue one or more services being provided to a Client by the Agency due to modification of the plan of care.

3. Independent Practitioner


A licensed Independent Practitioner is "any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges".

POLICY

Infinity of Page Home Health Services, LLC shall discharge/terminate or reduce its services to clients without discrimination, under the following conditions:

1. Clients shall be discharged/terminated from the Agency, with prior notice, if:
 - a. their condition deteriorates to a level that requires care beyond what the Agency can safely and competently provide;
 - b. they pass away;
 - c. their family assumes responsibility for their care;
 - d. they lose supportive care at home;
 - e. there is a lack of cooperation in the home to achieve the mutually established goals;
 - f. their care goals have been met;
 - g. the Agency is reducing its scope and/or level of services;
 - h. they relocate to an area beyond the Agency's geographical service area;
 - i. their home conditions become unsafe for Client or support workers.




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- j. their Physician or Independent Practitioner:
 - i. ordered the cessation of services;
 - ii. does not provide orders;
 - iii. fails to renew orders; and/or,
 - iv. is replaced by another who does not support the plan of care.
- 2. Clients may be discharged/terminated from the Agency, without prior notice, under certain conditions including:
 - a. Client/Client's Representative/Family request discharge/termination or reduction of services.
 - b. the Client's medical needs require urgent assistance immediately;
 - c. a disaster occurs, and the Client's health and safety become at risk;
 - d. the attending Physician's or Independent Practitioner's orders;
 - e. the Client fails to pay for services, except as prohibited by federal law;
 - f. the Agency voluntarily surrenders its business operations or receives an order of denial, revocation or suspension by the licensing authority; and,
 - g. the protection of staff and/or Client when safety becomes a concern.

PROCEDURES

- 1. When prior notice of discharge/termination or reduction of services is required:
 - a. Verbal notification shall be provided via telephone or in-person at least five days before cessation or reduction of service.
 - b. Written notification shall be provided to:
 - i. Client/Client's Representative/Family and/or legal representative; and,
 - ii. attending Physician and/or Independent Practitioner(s) involved in the Client's care.
 - c. Individuals listed in "1b" shall be given the opportunity to participate in the Discharge Planning.
- 2. Written notification shall be delivered by hand or by mail.
- 3. Notice of the discharge/termination or reduction of service(s) shall be given using the relevant Agency's form:
 - a. *Discharge/Termination: Client Notification*, which includes the following:
 - i. date of discharge/termination;
 - ii. reason(s) for the discharge/termination of services;
 - iii. their right to request an informal meeting with the Agency Management Team to determine if a satisfactory resolution(s) can be reached; and,
 - iv. their right to seek legal counsel.




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- b. *Reduction of Services: Client Notification*, which includes the following:
 - i. effective date service reduction;
 - ii. the reason(s) for reduction of services;
 - iii. service(s) affected;
 - iv. their right to request an informal meeting with the Agency Management Team to determine if a satisfactory resolution(s) can be reached; and,
 - v. their right to seek legal counsel.
- 4. Hand-delivery of the written notification shall be made at least five days before the date of discharge/termination or reduction of services.
- 5. Mail delivery of written notifications must be posted at least eight working days before the date of discharge/termination or reduction of services.
- 6. When prior notice is not required:
 - a. the Client/Client's Representative shall be given:
 - i. a verbal and written explanation as to why the service(s) are being discharged/terminated or reduced; and,
 - ii. an opportunity to participate in the plan of care.
 - b. Physician and/or Independent Practitioner(s) involved in the Client's care shall be notified in writing and involved in the planning process.
- 7. The Client/Client's Representative shall be kept updated on the status of the discharge/termination or reduction of service(s) plan.
- 8. The Agency's form: *Discharge Summary* shall be completed. A copy shall be given to the Client.
- 9. The Agency Supervisor shall be responsible for ensuring that discharge/termination or reduction of service documentation is filed in the Client's record including:
 - a. all copies of any Agency's forms used in the discharge/termination or reduction of services including:
 - i. *Discharge/Termination: Client Notification*
 - ii. *Discharge Summary*
 - iii. *Reduction in Services: Client Notification*
 - b. all notations made during the process discharger/termination or reduction process; and,
 - c. documentation that the Client's attending Physician and/or Independent Practitioner were notified of the date of discharge/termination or reduction of services.

CROSS-POLICY REFERENCES

- 1. Discharge Planning




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2. Discharge Summary

FORMS

1. Discharge/Termination: Client Notification
2. Discharge Summary
3. Reduction in Services: Client Notification



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Discharge Planning

PURPOSE

To establish a pre-discharge process for Agency clients that will:

1. facilitate a continuum of their care; and,
2. promote their independence, safety and use of community resources.

DEFINITIONS

1. Discharge Planning

Discharge Planning is a collaborative process by an Interdisciplinary Team to devise and implement a plan that will address an individual's actual or potential needs to facilitate a positive outcome upon their discharge.

2. Continuum of Care

3. Continuum of Care involves a care system that guides and tracks individuals over time through an assortment of health and supportive services; e.g. preventive measures, acute medical treatments, rehabilitation, social services, and in-home care.

3. Licensed Independent Practitioner

4. A licensed Independent Practitioner is "any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

4. Interdisciplinary Team

5. An Interdisciplinary Team is a group of health care professionals from diverse fields who work in a coordinated fashion towards a common goal; e.g. Physicians, Registered Social Worker, Case Managers, Occupational Therapists, Etc.

5. Activities of Daily Living

Activities of Daily Living refer to personal care activities necessary for everyday living such as eating, bathing, grooming, dressing, toileting transferring and walking, which reflect a client's capacity for self-care.


6. Instrumental Activities of Daily Living

Instrumental Activities of Daily Living refer to daily tasks, which enable individuals to live independently in their homes and community such as doing light housework, preparing meals, taking medications, shopping for groceries/clothing, using the telephone and managing finances.

POLICY

Infinity of Page Home Health Services, LLC requires that:



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1. discharge planning starts upon a client’s admission to the Agency;
2. evaluations be conducted regularly and on an as-needed basis to assess client needs:
 - a. while they are active clients of the Agency; and;
 - b. when discharge plans are being formulated.
3. information be provided to Client/Client’s Representative/Family, which will enable them to provide input and make informed decisions about the client’s discharge, referral and/or transfer from the Agency; and,
4. Client/Client Representative/Family be adequately prepared and informed prior to discharge.

PROCEDURES

1. The Initial Assessment shall provide the basis for identifying needs and determining services/care required.
2. During the initial assessment the Agency Supervisor/Representative shall:
 - a. identify needs with activities of daily living and/or instrumental activities of daily living;
 - b. determine financial and human resources available for assistance;
 - c. assess possibility for changes in living circumstances;
 - d. predict and document length of time help may be required before discharge occurs; and,
 - e. advise Team Members of discharge potential.
3. As part of the discharge planning process, Agency Supervisor/Representative shall:
 - a. discuss the need for discharge with Client/Client’s Representative/Family;
 - b. be the referral source for obtaining required support services;
 - c. communicate with members of the Interdisciplinary Team, as required, to coordinate services to assist with identified needs;
 - d. discuss discharge plans with Client/Client’s Representative/Family;
 - e. provide discharge information to Client/Client’s Representative/Family; and,
 - f. give written notification of the discharge to any Physicians and/or Independent Practitioner(s) involved in the client’s care; and,
 - g. contact the relevant person/resource for assistance if problems develop in the discharge planning.
4. Communications, notations, consultations and other actions taken during discharge planning shall be documented in the client’s records.

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1. Discharge/Termination or Reduction of Agency Services
2. Discharge Summary
3. Coordination of Client Transfer

FORMS

1. Discharge/Termination: Client Notification
2. Discharge Summary
3. Coordination of Client Transfer Checklist



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Discharge Summary

PURPOSE

To specify documentation requirements for clients discharged/terminated from the Agency.

DEFINITIONS

1. Discharge Summary

For purposes of this policy, a Discharge Summary is a document prepared by the Home Care Agency when a client is being discharged/terminated from the Agency.


POLICY

A written, *Discharge Summary* shall be completed within 72 hours for every client who is discharged/terminated from Infinity of Page Home Health Services, LLC

PROCEDURES

1. A Physician's order for discharge shall be obtained when required by State law.
2. Supervisor/Agency Representative shall complete the Agency's form: *Discharge Summary* when clients are discharged/terminated from the Agency.
3. The following details shall be documented:
 - a. Identifying information including:
 - i. name and date of birth; and,
 - ii. address & telephone number.
 - b. Notification dates:
 - i. date Client/Client's Representative/Family were notified of plan to discharge;
 - ii. date of discharge; and,
 - iii. date Physician was notified of discharge, if Physician is involved in care;
 - iv. date Independent Practitioner(s) was notified of discharge, if involved in care;
 - c. Reason(s) for discharge.
 - d. If client is transferred to another care provider, specify its name and location.
 - e. Client status notations:
 - i. problems existing at time of admission;
 - ii. problems experienced while in receipt of care; and,
 - iii. medical, health and general condition at time of discharge.
 - f. Summary of care/services provided.
4. The *Discharge Summary* and related clinical documents shall be completed within 72 hours of discharge.



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5. Within 72 hours of the transfer date, the *Discharge Summary* shall be:
 - a. provided to the receiving Service Provider;
 - b. copied and sent to the client's Physician, if he/she is involved in the care; and,
 - c. copied and placed in the client's record.


CROSS-POLICY REFERENCES

4. Discharge/Termination or Reduction of Agency Services
5. Discharge Planning
6. Transfer/Referral of Agency Clients

FORMS

1. Discharge/Transfer: Client Notification
2. Discharge Summary



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Transfer & Referral of Agency Clients

PURPOSE

To provide directions for transferring/referring Agency clients to other Service Providers.

DEFINITIONS

1. Transfer/Referral

For purposes of this Policy, transfer/referral means to handover the care of a client, who is currently receiving services/care from this Agency, to another Service Provider.

2. Licensed Independent Practitioner

A Licensed Independent Practitioner is "any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges".

POLICY


Infinity of Page Home Health Services, LLC requires that:

1. Clients be transferred/referred to another Service Provider if:
 - a. there is a change in their medical or treatment plan;
 - b. the Agency can no longer provide the required care; and/or,
 - c. continuation of services with this Agency is no longer appropriate.
2. Should a Physician and/or Independent Practitioner(s) be involved in the Client's care, they shall be notified immediately.

PROCEDURES

1. When an Agency Client needs to be transferred/referred to another Service Provider, and a Physician is involved in their care, he/she shall be contacted immediately to:
 - a. verbally confirm the intended transfer;
 - b. obtain an order for the transfer/referral, if required by the state;
 - c. participate in the transfer/referral planning and,
 - d. relay the appropriate information to the receiving Care Provider.
2. Independent Practitioner(s) involved in the care shall be advised of the pending transfer/referral so they can be involved in the planning process.
3. Client/Client's Representative/Family shall be immediately contacted to:
 - a. advise them of need for transfer/referral to another Service Provider;
 - b. offer assistance to locate a suitable Service Provider; and,
 - c. give them an opportunity to participate in planning the transfer/referral.




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4. Client/Client's Representative shall sign the Agency's form: *Client's Consent for Referral & Release of Information* before the transfer/referral is made.
5. The Supervisor shall coordinate interactions amongst the Agency, relevant Physician(s) Independent Practitioner(s), receiving Service Provider and other outside resources involved with the Client's care to ensure a successful transition. Refer to *Policy 3.31.10 Coordination of Client Transfer*.
6. The Agency's form: *Coordination of Client Transfer Checklist* shall be followed throughout the transfer coordination process.
7. The Supervisor shall provide relevant information to the receiving Service Provider:
 - a. name and telephone number of the Agency;
 - b. identity and title of Agency Representative making the referral;
 - c. name, address and telephone number of individual being referred;
 - d. name and address of Client's Physician;
 - e. medical diagnosis;
 - f. type and/or level of service needed;
 - g. name and telephone number of primary caregiver and emergency contact, if the contact is not the primary caregiver.
8. The Agency's form: *Transfer Summary* shall be completed, and a copy given to the Client/Client's Representative.
10. The Agency Supervisor shall be responsible for ensuring that all transfer/referral documentation is filed in the Client's record including:
 - a. copies of Agency's forms used in the transfer/referral process including:
 - i. Consent for Referral & Release of Information;
 - ii. Discharge/Transfer: Client Notification
 - iii. Transfer Summary;
 - iv. Coordination of Client Transfer Checklist;
 - b. all notations made during the transfer/referral process; and,
 - c. documentation confirming the Client's attending Physician and/or Independent Practitioner(s) were notified of the date of service transfer..

CROSS-POLICY REFERENCES

1. Transfer/Referral of Agency Clients
2. Transfer Summary
3. Coordination of Client Transfer




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1. Consent for Referral & Release of Information
2. Discharge/Transfer: Client Notification
3. Transfer Summary
4. Coordination of Client Transfer Checklist



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Coordination of Client Transfers & Referrals

PURPOSE

To establish guidelines and procedures for coordinating the transfer/referral of Agency clients to another outside resource(s).

DEFINITIONS

1. The Health Insurance Portability and Accountability Act of 1996 (HIPPA)

The Health Insurance Portability and Accountability Act of 1996 was created (HIPA) to:

- a. transfer and continue health insurance coverage for American workers and their families when they change or lose their jobs;
- b. require the protection and confidential handling of protected health information
- c. reduce health care fraud and abuse; and,
- d. mandate industry-wide standards for health care information on electronic billing and other processes.

2. Outside Resource

For purposes of this policy, an Outside Resource is an organization or individual, such as a Health Care Provider, that provides services to individuals needing home care services and/or health-related and/or needs-related interventions.

POLICY

Infinity of Page Home Health Services, LLC may transfer clients and share information with Outside Resources, in accordance with federal and state regulations, when:


1. clients are no longer able to have their needs met by the Agency;
2. clients no longer require the Agency's services to meet their needs;
3. clients are no longer safe or healthy in their home environments;
4. client/ representatives request termination of services, in accordance with the Service Agreement;
5. employees are threatened or abused by clients or others in the households; and/or,
6. the Agency surrenders its license.

PROCEDURES

Coordination Procedures for Transferring Clients to Outside Resource


9. The Agency shall take an active role in the coordination of client care with Outside Resources.



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10. An assessment shall be conducted to determine if the needs of the client/family can continue to be met by the Agency.
11. The Case Manager shall discuss the client's significant health and safety factors with client/representative and document them in the client's record.
12. If the Needs Assessment reveals that the Agency can no longer adequately meet a client's needs, determine which Outside Resource may be able to meet them.
13. The Agency shall give clients/representatives 14 days advance notice of intended transfer, unless an emergency situation arises.
14. The notice of intended transfer shall be given orally and in writing, using the verbally Agency's form: *Discharge/Transfer: Client Notification*,
15. Client/Representative/Family shall be provided with:
 - a. the reason(s) for the transfer;
 - b. their right to request an informal meeting with the Agency Management Team to determine if a satisfactory resolution(s) can be reached; and,
 - c. their right to seek legal counsel.
16. The Agency's *Discharge/Transfer Summary* shall be completed for all transferred clients with a copy being issued to the client/representative.
17. The client/representative shall be consulted with to determine if he/she is interested in learning more about a program or service in the community, which may be of assistance.
18. If the client/client's representative is interested, offer to make the referral for him/her.
 - a. If the client/client's representative authorizes the referral:
 - i. have him/her sign the Agency's form: *Consent for Referral & Release of Information* ;
 - ii. initiate tracking of activities on Agency's form: *Coordination of Client Transfer Checklist*;
 - iii. initiate contact with the Outside Resource that will receive the transferred client; and,
 - iv. discuss client's significant health and safety factors with Outside Resource/ Other Health Care Provider and document discussion in the client's record
 - b. If the client/ representative wants to contact the Outside Resource personally, provide him/her with:
 - i. the name of a contact person;
 - ii. location;
 - iii. phone number; and,
 - iv. business hours.



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19. Case Manager responsibilities shall be assigned to the Agency Nurse and/or the Agency Field/Direct Care Supervisor.
20. Agency Case Managers shall coordinator a client's changeover of care, as follows:
 - a. The Agency Nurse shall oversee coordination activities for clients receiving personal care and/or medical services.
 - b. The Field Supervisor/Direct Care Supervisor shall oversee coordination services for clients receiving all other non-medical services.
 - c. The Agency Nurse and the Field Supervisor/Direct Care Supervisor will serve as Alternates for each other.
21. The Agency Case Manager shall play a fundamental role on the Client Care Team, particularly in regard to assisting with:
 - a. communications with the client/client's representative; and,
 - b. transferring information.
22. HIPAA Privacy Standards shall be followed with the information shared with Outside Resources/ kept to a minimum and given on a "need to know" basis.
23. If client is covered by Medicare/Medicaid Health Plan, ensure Plan is notified of the transfer of care and is contacted for assistance, if required, in selecting another Health Care Provider.
24. Ensure other Third Party Payers, which cover the client, are advised of the transfer of client's care to another Health Care Provider.
25. Ensure all transition services and care (medications, equipment hospice) are coordinated and documented.
26. Ensure client and caregiver understand all information and have a copy of the *Service Plan/Care Plan*.
27. When collaborating with the Outside Resource, which is receiving the referral:
 - a. determine the participants of the Coordination Team:
 - b. establish relationships with all Coordination Team members, with the client/representative at the center; and,
 - c. establish responsibilities for the Agency Case Manager and the Outside Resource individual who is in charge of accepting the referred client.
 - d. Complete the Agency's form: *Coordination of Client Transfer Checklist* to enhance communications during the care transition process.



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Procedures for Accepting Transferred Clients


When the Agency accepts a transferred client, it shall:

1. Ask the Client/Client's Representative to sign Agency's form: *Consent for Referral & Release of Information* to authorize the exchange of information to and/or from the referring Service Provider and the Agency.
2. document information in the Client's record, which includes but is not limited to the following:
 - a. Service Plan/Care Plan;
 - b. name and contact information for client's health care supports;
 - c. detailed plan on how care will be coordinated;
 - d. any refusal by the client to coordinate care;
3. discharge the client or transfer client back to the original Service Provider or to another Service Provider, when Agency services are no longer needed or adequate.

GUIDELINES

1. Maintain a complete and current listing of relevant Outside Resources.
2. Work closely with Outside Resources to address related issues to:
 - a. share knowledge of available services in the community; and,
 - b. assure knowledge is current for changes in programs, funding, eligibility or other of service limitations.
3. The Agency Case Managers shall aid clients in the transition process by:
 - a. coordinating community resources;
 - b. being supportive;
 - c. acting as the client's advocate,
 - d. reinforcing the client's needs assessment;
 - e. promoting the transition;
 - f. encouraging clients to self-manage as much of their care as possible;
 - g. providing educational information to support client/client's representative's participation in care planning;
 - h. protecting client's confidentiality when releasing information;
 - i. maintaining and promoting client's dignity;
 - j. respecting cultural, religious, cultural, sexual and socioeconomic diversity(ies);
 - k. being empathetic and respectful in client/client's representative interactions;
 - l. recognizing and use client's strengths to effect the change;
 - m. assisting client to use coping skills and insights to manage the change;



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- n. relaying information in client’s language even if translation and/or interpretation services have to be used;
- o. assessing Caregiver’s ability to understand and relay information;. and,
- p. providing support to family members and other informal caregivers, as required.

CROSS-POLICY REFERENCES

- 1. Transfer/Referral of Agency Clients
- 2. Transfer Summary


FORMS

- 1. Client Consent for Referral & Release of Information
- 2. Discharge/Transfer: Client Notification
- 3. Transfer Summary
- 4. Coordination of Client Transfer Checklist

REFERENCES

- 1. HIPAA Privacy Standards



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Transfer Summary

PURPOSE

To specify documentation and procedural requirements for transferring and referring clients from Agency to another Service Provider.


POLICY

A Transfer Summary shall be completed within 72-hours of transfer for every client who is transferred from Infinity of Page Home Health Services, LLC to another Service Provider.

PROCEDURES

1. Supervisor or Agency Representative shall complete the Agency's *Transfer Summary* within 48 hours of transfer from the Agency.
2. The following details shall be documented, if relevant:
 - a. Identifying information including:
 - i. name and date of birth; and,
 - ii. address & telephone number.
 - b. Notification dates:
 - i. date Client/Representative/Family were notified of plan to transfer/refer;
 - ii. date of transfer;
 - iii. date Physician was notified of transfer (if Physician is involved in care); and/or,
 - iv. date Independent Practitioner(s) was notified of transfer (if involved in care).
 - c. Reason(s) for transfer.
 - d. If client is transferred to another Care Provider, specify its name and location.
 - e. Client status notations:
 - i. Medical problems/conditions;
 - ii. Psychosocial issues;
 - iii. Other problems requiring intervention or monitoring; and,
 - iv. Ongoing requirements for symptom management.
 - f. Current Medications including:
 - i. name;
 - ii. dosage;
 - iii. frequency of intake; and,
 - iv. medication allergies.
 - g. Summary of services/care provided by Agency
 - h. Progress made towards meeting established goals.



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- i. Instructions and/or referrals given.
 - j. Existence and whereabouts (if known) of any Advance Directives and/or Do Not Resuscitate orders.
3. The *Transfer Summary* and related clinical documents shall be completed within 72 hours of discharge.
 4. A Physician's order does not need to be obtained to discharge a client unless required by State law.
 5. Completed copies of the *Transfer Summary* shall be distributed to:
 - a. receiving Service Provider;
 - b. Physician, if involved in client's care; and,
 - c. Client's records.


CROSS-POLICY REFERENCES

1. Transfer/Referral of Agency Clients
2. Coordination of Client Transfers

FORMS

1. Discharge/Transfer: Client Notification
2. Transfer Summary
3. Coordination of Client Transfer Checklist



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Client/Consumer Protection

PURPOSE

1. To ensure clients/consumers are aware of protective measure are in place to protect their rights;
2. to ensure that employees, third party contractors and volunteers and other Agency affiliates are educated about and are respectful of client's rights and protective entitlements when receiving Agency services; and,
3. to ensure that employees, third party contractors, volunteers and other Agency affiliates comply with applicable regulations.

DEFINITIONS

1. Consumer Protection


Consumer Protection refers to measures in place to protect clients/consumers against fraud, abuse, neglect, exploitation and abandonment, as well as the prevention and treatment of abuse, neglect and exploitation.

POLICY

Infinity of Page Home Health Services, LLC shall ensure that clients/consumers be provided with the protections they are entitled to, in accordance with state regulations:

1. Clients/consumers, who receive services from the Agency shall have the right to:
 - a. have input in the service planning process;
 - b. have their needs and choices considered unless the health and safety of the direct care worker is threatened;
 - c. receive at least 14 calendar days advance written notice of the intent of the home care agency or home care registry to terminate services.
Exception: Should clients/consumers neglect to pay for services delivered even after notice has been given, then less than 14 days advance written notice may be given if:
 - i. clients/consumers' accounts are more than 14 days overdue; and/or,
 - ii. the health and/or safety of the direct care worker is threatened.
2. Employees, Third Party Contractors, Volunteers or other affiliates of the Agency shall not be permitted to assume Power of Attorney or guardianship over Agency clients/consumers.
3. Clients/Consumers shall not be permitted to endorse checks over to the Agency.




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4. Before services are delivered, the Agency shall distribute its *Service Information Handout for Clients/Consumers* to consumers/clients, their legal representatives or responsible family members. The information shall include:
 - a. a list of the home care services that the Direct Care Worker will be providing;
 - b. the name of the Direct Care Worker(s) who will deliver the services;
 - c. the days and times that services will be delivered;
 - d. the hourly or weekly fees and total costs for services to be provided,
 - e. the name of a Departmental Representative(s) they can contact for information about:
 - i. licensing criteria for home care agencies or registries; and,
 - ii. the Agency's responsibilities and adherence to the rules and regulations established for home care agencies.
 - f. The telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA).
 - g. The hiring and competency requirements for Direct Care Workers to be acceptable for employment or referral by this Agency.
5. Before the commencement of services, the Agency shall also issue its *Notification of Direct Care Worker Status* form to the client/consumer, which specifies:
 - i. whether the individual, who provides the services to the client/consumer, is an Agency employee or an independent /third party contractors affiliated with the Agency; and,
 - ii. what taxes, insurances and other obligations the Agency and/or clients/consumers are responsible for handling.
6. The Agency shall keep documentation, which that shows the Agency is complying with these client/consumer protection requirements, in the Agency Office files.
7. Consumer protection documents shall be maintained and be accessible for inspection by the Department.

PROCEDURES

1. Supervisor/Alternate shall review protective measures with the client/client's representative during the initial visit, before the implementation of services.
2. Depending of the status of the worker assigned to the individual client, the Supervisor/Alternate shall distribute one of the following Agency forms:
 - a. *Notification of Direct Care Worker Status – Agency Employee*; or,
 - b. *Notification of Direct Care Worker Status – Non Agency Employee*



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This form shall be signed and dated by both the Agency Representative and the client/client's representative.

3. Supervisor/Alternate shall review the *Service Information Handout for Clients/Consumers* with the Client/Consumer or Representative. This form shall be signed and dated by both the Agency Representative and the client/client's representative.
4. Supervisor shall make a notation in the client's record that:
 - a. the *Service Information Handout for Clients/Consumers* form, and the *Notification of Direct Care Worker Status* form were reviewed with the client/client's representative;
 - b. the required signatures were obtained; and,
 - c. copies of the *Service Information Handout for Clients/Consumers* form, and the *Notification of Direct Care Worker Status* form were left in the client's home.
5. Copies of the signed *Service Information Handout for Clients/Consumers* and the *Notification of Direct Care Worker Status* forms shall also be placed in the individual client's file in the Agency Office.

CROSS-POLICY/FORMS

1. Client/Consumer Rights
2. Assuming Legal Responsibility for Clients
3. Billings & Receivables
4. Service Agreement

FORMS

1. Service Information Handout for Clients/Consumer
2. Notice of Direct Care Worker Status


Client/Consumer Rights

PURPOSE

1. To ensure clients are aware of their rights;
2. To ensure compliance with applicable laws; and,
3. To ensure that staff are educated about and respectful of client's rights when delivering services.

DEFINITIONS



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1. Client

For purposes of this policy a client is a consumer or other individual or entity who uses services delivered by Infinity of Page Home Health Services, LLC

POLICY

Infinity of Page Home Health Services, LLC requires that every client be advised of their client rights. Client shall be given a copy of the Agency’s *Client/Consumer Rights* form prior to the commencement of service. Clients, who live in states, which have a Client’s *Bill of Rights*, shall also be given a copy of it, in accordance with established law.

PROCEDURES


1. Supervisor/Alternate and client/client’s representative shall review the *Client/Consumer Rights* form with the client/client’s representative during the initial assessment and obtain the required signatures.
2. A copy of the signed *Client/Consumer Rights* form shall be given to the client prior to the commencement of services. The original shall be placed in the client’s file.
3. Clients, who live in states, which have a Client’s *Bill of Rights*, shall also be given a copy of it, in accordance with established law.
4. Supervisor shall make a notation in the client’s record that:
 - a. the *Client/Consumer Rights* form was reviewed with the client/client’s representative;
 - b. the required signatures were obtained;
 - c. a copy of the *Client/Consumer Rights* form was left in the client’s home; and,
 - d. if required by state regulations, a copy of the Client Bill of Rights was left in the client’s home.
5. Should the client not understand his/her “*Rights*” the Supervisor/alternate shall document the lack of understanding in the client’s record and give the reason why it was not understood. If the client’s representative or someone else is in the home is able to comprehend the details, the Supervisor/Alternate shall document this information.

Client/Consumer Rights

The Agency’s form (*Client/Consumer Rights*) shall include the following client rights to:


1. be fully informed of their rights and the Agency’s requirements governing client responsibilities;
2. be fully informed of services available from the Agency;



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3. be treated with courtesy, consideration, respect, and full recognition of their human dignity and individuality, including privacy during treatment and care for personal needs;
4. be dealt with in a manner that recognizes their individuality and is sensitive to and responds to their needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors;
5. receive service and be dealt with without regard to race, color, age, sex, sexual orientation, creed, religion, disability and familial/cultural factors
6. receive complete information about his/her health and recommended treatments, as developed jointly with this |Agency;
7. receive treatment, care and services that are adequate, appropriate and in compliance with state, federal and local regulations;
8. participate in the development of their own care plan and decisions on services to be implemented or treatment to be given;
9. provided with information on alternative services that may be available;
10. participate in a referral to another service provider or a health care institution;
11. refuse to participate in experimental research;
12. receive reasonable notice of any changes in their service, within an agreed upon amount of time, prior to the changes place
13. be informed of the cost of services and procedures and to be informed of all changes in services, procedures and fees, as they occur;
14. refuse services or treatment and be informed of the consequences of that refusal;
15. be free from mental, verbal, sexual and physical abuse, neglect, involuntary seclusion and exploitation;
16. receive privacy and confidentiality with regard to their health, social, and financial circumstances and what takes place in their homes, in accordance with laws and Agency policies;
17. receive confidential treatment of their personal and medical records;
18. approve or refuse the release of their personal or medical records to any individual/entity other than the Agency except when client records are transferred to another service provider or a health facility or as otherwise authorized by law;
19. make suggestions or complaints or present grievances to the Agency, government agencies or other entities or individuals without fear of the threat of retaliation.
20. receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions or grievances they may have;
21. access procedures for making complaints to the:



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- a. authority responsible for health quality;
 - b. Adult Protective Services Program of the local Department of Social Services, if the client is an adult;
 - c. The Child Protective Services Program of the local Department of Social Services, if the client is a child.
22. cared for by qualified, competent and trained personnel;
 23. be taught the procedures used to provide care required, to enhance the client's ability to provide as much self-care as possible;
 24. designate an individual of the client's choice, to receive instruction on care procedures, which are provided to the client, in order that the designated individual can assist the client as much as possible;
 25. have full access to the information regarding their health condition and their care records maintained by this Agency, to the extent required by law;
 26. be spoken to or communicated with in a manner or language they can understand;
 27. speak freely without fear;
 28. have their homes and property treated with respect;
 29. be free from involuntary confinement, and from physical or chemical restraints;
 30. be free from any actions that would be interpreted as being abusive. e.g. intimidation, physical/sexual/verbal/mental/emotional/material or financial abuse, etc.;
 31. report all instances of potential abuse, neglect, exploitation, involving any employee of the Agency, to the *Elder Abuse Hotline*;
 32. express complaints verbally or in writing about services or care that is or is not furnished, or about the lack of respect for your person or property by anyone who is furnishing services on behalf of the Agency;
 33. be informed of procedures for initiating complaints about the delivery of service or resolving conflict, without fear of reprisal or retaliation;
 34. be informed of the laws, regulations and policies of the Agency including:
 - a. *Code of Ethics*;
 - b. *Unstable Health Conditions*;
 - c. *Withdrawal/Termination of Services*; AND,
 - d. others, as required/requested.
 35. be provided with the name, certification and staff position of all persons supplying, staffing or supervising the care and services you receive;
 36. be informed of where ownership lies for any equipment/supplies provided in the provision of services;



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37. receive written information on the care plan, including the names of Care Aide(s), & Supervisor assigned and the Agency’s phone number;
38. provide input on which Care Aide they want and request a change of Care Aide, if desired;
39. be briefed on any procedure/treatment before it is carried out in order that they can give informed consent;
40. receive regular nursing supervision of the |Care Aide, if medically-related personal care is needed;
41. be given written documentation on the Agency’s Advance Directives Policy;
42. to die with dignity;
43. be informed, within a reasonable amount of time, of the Agency’s plans to terminate the care or service and/or their intention to transfer their care to another agency; and,
44. have their family or legal representative exercise the client’s rights when the legal representative is legally authorized to do so


CROSS-POLICY REFERENCES

1. Client/Consumer & Agency Responsibilities
2. Advance Directives
3. Standards of Conduct & Work Ethics
4. Complaints/Compliments
5. Unstable Health Conditions
6. Withdrawal/Termination of Services
7. Service Plan
8. Service Agreement
9. Privacy & Confidentiality

FORMS

1. Client/Consumer Rights



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Client/Consumer & Agency Responsibilities

PURPOSE

1. To ensure that clients are informed of their responsibilities and the Agency's responsibilities;
2. to ensure that staff are educated on the Agency's responsibilities and the clients' responsibilities; and,
3. to ensure compliance with applicable laws.


POLICY

Infinity of Page Home Health Services, LLC requires that all clients be given written documentation outlining their responsibilities and the Agency's responsibilities, prior to the commencement of service. Additionally, staff shall be educated on Agency and Client responsibilities; and, are required to be respectful of stated responsibilities at all times.

PROCEDURES

1. The Agency's form *Client/Consumer & Agency Responsibilities* shall be reviewed with the client/client's representative during the first visit, if services are to be implemented.
2. Supervisor and client/client's representative shall review, sign and date the *Client/Consumer & Agency Responsibilities* form.
3. A copy of the signed *Client/Consumer & Agency Responsibilities* form shall be given to the client to be kept where it is easily accessible, and the original shall be placed in the client's file.
4. Supervisor shall make a notation in the client's record that:
 - a. the *Client/Consumer & Agency Responsibilities* form was reviewed with the client/client's representative;
 - b. required signatures were obtained; and,
 - c. a copy of the *Client/Consumer & Agency Responsibilities* form was left in the client's home.
5. Should the client not understand the *Client/Consumer & Agency Responsibilities*, Supervisor shall document this in the client's record and give the reason it was not understood. If the client's representative or someone else is in the home is able to comprehend the details, Supervisor shall document this information.




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Client's Responsibilities:

The *Client/Consumer & Agency Responsibilities* form shall include, but not be limited to, the client's responsibility to:

1. provide complete information about matters relating to their health and abilities when it could influence the care they are being given;
2. know their medical history and have details on any medications being taken;
3. accept the consequences of their own decisions;
4. report unexpected changes in their condition, such as having suffered a mild stroke;
5. request information about anything that they do not understand;
6. contact the Agency with any concerns or problems regarding services;
7. follow service plans and/or express any concerns about the *service plan*;
8. accept the consequences, if the *service plan* is not followed;
9. follow the terms and conditions of the *service agreement*;
10. notify the Agency, in advance, of any changes to the work schedule;
11. inform the Agency of the existence of, and any changes to, advance directives;
12. report any potential risks that might exist to the Home Care Worker such as the possibility that a client/family member might have a contagious illness or condition;
13. be considerate of property belonging to the Agency and/or Home Care Worker;
14. ensure that Home Care Workers are free from any actions that could be interpreted as being abusive such as intimidation, physical/sexual/verbal/mental/emotional/material/financial abuse; and
15. respect the dignity and privacy of the Home Care Worker;
16. avoid asking the Agency staff to act outside the law, in the delivery of service;
17. notify the Agency of any changes being made to their contact information such as address or phone number;
18. advise the Agency of any changes being made to their health care professionals. e.g. physician, physiotherapist, occupational therapist, dietician, registered nurse, etc.
19. be responsible for payment for charges that are not covered by other parties such as Medicare & Medicaid;
20. notify the Agency of any changes in insurance coverage for home care services;
21. pay bills according to agreed-upon rates and timeframes;
22. assume financial responsibility for all materials, supplies and equipment required for their care, which are not covered by other parties;
23. provide a safe environment for care and services to be delivered;



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24. exercise a reasonable level of discretion and confidentiality in regard to service/treatment records that are kept in the home;
25. give reasonable notice, when possible, if service is going to be cancelled;
26. keep all weapons in the home away from the work area during visits made by the Home Care Workers;
27. secure aggressive or menacing pets before the Home Care Worker enters the home;
28. provide a smoke free environment when Home Care Worker is present;
29. review and sign the *employee time sheet*, upon completion of shift; and,
30. carry out the defined responsibilities.

Agency's Responsibilities

The *Client/Consumer & Agency Responsibilities* form shall include, but not be limited to, the Agency's responsibility to:

1. ensure that Home Care Workers meet the state's competency requirements;
2. review Home Care Workers' competency at least annually and more often, if indicated;
3. document face-to-face interviews with all home care workers and independent contractors;
4. provide ongoing, competent and appropriate supervision of Home Care Workers.
5. carry bonding for Agency staff;
6. carry general liability, professional liability (if appropriate) and other insurances as necessary;
7. meet the standards of *Worker's Compensation*;
8. conduct criminal background checks and child abuse clearances , if applicable, on all staff; and maintain documentation confirming these clearances have been done;
9. advise clients whether Home Care Worker is an employee of the Agency or is an independent contractor;
10. ensure home care service delivery standards are met;
11. ensure federal, state, county & municipal legalities are researched and applied;
12. adhere to labor regulations;
13. develop contingency plans;
14. make deductions for social security, Medicare and other taxes;
15. conduct needs assessments, with client's/family's input;
16. develop service plans with client's/family's input;
17. consult with relative professionals regarding the service plan (as required);




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18. be part of, or coordinate, a health care team to provide for the client's needs, as indicated;
19. establish goals with client/client's representative's input and strive to meet these goals;
20. provide clients with written documentation of :
 - a. the services that will be provided;
 - b. names of the Home Care Workers assigned to deliver service;
 - c. hours when services will be provided; and,
 - d. fees for services and total costs
21. maintain the client's/family's confidentiality, privacy and dignity;
22. maintain professionalism and a code of ethics;
23. avoid inflicting its personal values and standards onto clients;
24. be alert for and report signs of elder abuse;
25. obtain immunizations (such as flu shots) when required unless such an act is contrary to personal beliefs and/or medical conditions;
26. ensure staff and Independent Contractors, exposed to clients, undergo screening tests to ensure they do not have an infectious disease such as Tuberculosis and/or Hepatitis;
27. be aware of the cost portion that other parties (e.g. Medicare & Medicaid) will be responsible for, when clients receive third party financial assistance; and, know what charges they will not cover;
28. when requested, ensure clients have access to all service invoices pertaining to their service, regardless of whether the bills are paid out-of-pocket or by another party.
29. provide clients with the Department of Health's telephone number for registering complaints;
30. ensure that staff do not assume Power of Attorney or Guardianship over any client, who is receiving services from the Agency;
31. ensure that clients do not endorse checks over to the Agency; and,
32. carry out its responsibilities.

CROSS-POLICY REFERENCES

1. Client/Consumer Rights
2. Standards of Conduct & Work Ethics
3. Complaints/Compliments
4. Unstable Health Conditions
5. Withdrawal/Termination of Services
6. Service Plan
7. Service Agreement




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8. Privacy & Confidentiality

FORMS

1. Client/Consumer & Agency Responsibilities



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Matching Clients & Home Care Workers

PURPOSE

To ensure that Clients and Home Care Workers are as suitably matched as possible.


POLICY

Infinity of Page Home Health Services, LLC endeavors to match a client with the Home Care Worker who is most suitable, in accordance with the Agency's match selection criteria.


PROCEDURES

1. Supervisor shall review the:
 - a. Client's assessment, documentation, interview notes and other information; and,
 - b. Home Care Worker's qualifications and strengths/weaknesses.
2. A match selection shall be determined, using the following criteria:
 - a. client's needs, wishes and preferences;
 - b. Home Care Worker's qualifications and preferences;
 - c. similar gender/ethnicity/language;
 - d. similar personalities;
 - e. common interests; and,
 - f. geographical proximity.
3. Supervisor shall place the greatest emphasis for selection on the client/client's representative's preferences, needs and wishes.
4. Supervisor shall assign the Home Care Worker, who is most suitable to meet the needs of the client.
5. Supervisor shall accompany the Home Care Worker on the first day of his/her assignment and shall introduce him/her to the client.
6. Supervisor shall contact the client within two weeks of a Home Care Worker being assigned and/or of services being implemented to determine his/her satisfaction with the Home Care Worker and/or the services.
7. If a client is dissatisfied with the assigned Home Care Worker, the Supervisor:
 - a. may attempt to rectify the reason for the dissatisfaction; or,
 - b. may assign a different Home Care Worker, who is more suitable to the client.
8. Supervisor shall make every attempt to send the same, suitable Home Care Worker(s) to the client for consistency purposes.



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Supervision of Services

PURPOSE

1. To outline the directives for supervising employees based on the type and extent of care provided and on relevant federal, state and other relevant laws and regulations;
2. to monitor the safety and quality of the services provided; and,
3. to ensure Home Care Workers are performing at a competent level.

DEFINITIONS

1. Supervision

Supervision is the monitoring or overseeing of a task or individual to ensure that the task is performed correctly, or the individual performs correctly. For purposes of this policy, supervision also includes the provision of guidance, evaluation and follow-up activities.

2. Administrative Supervision

Administrative Supervision includes assessing worker and client needs, planning, tracking worker and client activity, ensuring compliance with business processes and information systems, managing work-flow and staffing.

3. Clinical Supervision

Clinical Supervision is a situation where in a practitioner meets regularly with another professional, who is skilled in Supervision, to discuss casework and other professional issues in a structured way for purposes of assisting the practitioner to learn from his/her experience, to progress in expertise and to provide good service to the client.

4. Paraprofessional


A paraprofessional is a trained worker who is not a member of a profession but who assists a professional.

5. Direct Care Workers

For purposes of this policy, direct care workers are home care workers who provide services to clients in their own home. Included in this group are:

- a. Home Care Aides
- b. Personal Care Attendants
- c. Direct Support Professionals
- d. Habilitation Technicians
- e. Respite Care Workers
- f. Companionship Workers



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Some require special training while others do not, depending on the type of work done, where the work is done, and who is receiving the care.

POLICY


Infinity of Page Home Health Services, LLC shall define and apply baseline factors to:

1. ensure that suitable administrative and clinical supervision is available to all staff in all service areas during all Agency service hours;
2. provide supervision to Home Care Workers to ensure they are competently carrying out their duties based upon the level of risk of the position and the specific needs of the client; and,
3. ensure the specific needs of the client are being effectively and efficiently met.

PROCEDURES

1. The Agency shall define the qualifications for supervisory positions in accordance with:
 - a. applicable federal and state laws and regulations;
 - b. the required supervisory and clinical knowledge/experience for the assigned responsibilities; and,
 - c. Agency policy.
2. Supervisory Qualifications:
 - a. Supervisors shall have related experience and be:
 - i. appropriately trained paraprofessionals,
 - ii. Registered Nurses,
 - iii. Social Workers; or,
 - iv. other suitable professionals.
 - b. Paraprofessionals, who perform supervisory duties, shall report to a Professional.
 - c. A Registered Nurse shall be responsible for supervising and teaching Care Aides and all nursing personnel.
 - d. A Social Worker may supervise workers who perform duties involving home management, financial management, resource management, family dynamics and other activities that do not involve personal care or nursing duties.
3. The Agency shall employ supervisory personnel to oversee office and field workers and activities. These duties may be performed by one or more individuals, depending on the number of staff and clients that the Agency has, at any given time.




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4. Should a procedure be required, or a circumstance arise re client care and a Supervisor does not have the relative training and/or experience needed to instruct and oversee staff who will be responsible for conducting that procedure or dealing with that circumstance, the Agency shall ensure that competent and qualified consultation is available for direction.
5. Field Supervision/Direct Care Supervision shall include client contact every three months. Clients shall be contacted via a home visit at least every 6 months but clients may be contacted via telephone 3 months after a home visit is made. If indicated, a home visit shall be made shortly after a telephone contact is made to address any issues that should not be postponed to the routine 6 month home visit.
6. Field Supervision/Direct Care Supervision evaluations shall:
 - a. determine client satisfaction;
 - b. assess compliance with, and effectiveness of the Care Plan; and,
 - c. evaluate competency of workers.
7. All employees, who provide personal care services, shall be subject to an on-going program of supervision, which shall consist of both administrative and nursing supervision.
 - a. Administrative Supervision shall ensure that personal care services are provided in accordance with the Agency’s Case Management and Service Delivery policies and shall comply with all terms of the Service Agreement.
 - b. Nursing Supervision shall assure that:
 - i. clients’ needs are appropriately identified and met through the Agency’s Case Management Process; and,
 - ii. employees, who provide “hand-on” services, are competent and can safely perform the functions and tasks specified in the Care Plan.
8. The Agency Administrator shall ensure that a similarly qualified alternate is designated, in writing, to act in the absence the Manager, the Field Supervisor or Direct Care Supervisor.
9. The Agency Administrator, if qualified, may assume the duties of a Supervisor or an Alternate Supervisor.
10. Field Supervision shall be continuously available whenever Care Aide services are being delivered by Agency staff during office hours and through on-call communication during non office hours.
11. Agency leaders and relevant Agency staff shall review supervisory needs annually or on an “as needed” basis. When indicated, input may be obtained from non Agency professionals.

Responsibilities of the Office Supervisor



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The responsibilities of the Office Supervisor shall include, but not be limited to, the following:


1. supervising, organizing, evaluating and monitoring business office operations and staff;
2. ensuring systems and controls are in place, as specified in the Agency’s Policy and Procedure Manual;
3. answering client and consumer inquiries; taking referrals and scheduling home care services;
4. documenting, coordinating and tracking client caseloads;
5. tracking and following up with physician’s orders;
6. overseeing processing of staff payroll;
7. obtaining insurance authorizations for service;
8. maintaining and updating referral information using agency software;
9. assisting in the recruitment and supervision of field employees;
10. directing the processing of accounts receivable, adjustments/refunds, private and third party agencies, census information, ancillaries, cash deposits and posting;
11. maintaining confidential files;
12. ensuring compliance with state, federal and other relevant regulations;
13. ensuring established daily, weekly, and monthly deadlines are met;
14. managing month end processes, which include completion of data entry, review and correction of edits, and census reconciliation;
15. managing accounts receivable collections for past due customer accounts and ensuring timely filing of Medicare, Medicaid, and applicable insurance claims;
16. coordinating documentation for internal and external auditors;
17. conducting or assisting, as required with new-employee training and orientation; and,
18. assuming other duties and responsibilities, as assigned by the Agency.

Responsibilities of the Field Supervisor/Direct Care Supervisor

The responsibilities of the Field Supervisor/Direct Care Supervisor shall include, but not be limited to, the following:

1. supervising all client care , which is provided by Agency personnel;
2. providing training and instruction to Care Aides as indicated;
3. offering support, direction and consultation to Home Care Workers;




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4. ensuring supervisory assistance is available at all times for Home Care Workers and clients to answer questions and/or address problems;
5. evaluating services provided by contractors;
6. requiring and ensuring that employees and contractors, who deliver care to clients:
 - a. review the Care Plan prior to providing any service;
 - b. review the Care Plan, whenever changes have been made to the Care Plan, before providing service; and,
 - c. be alert for and report any changes, which could impact the services being delivered.
7. Conducting an orientation visit with the client and the worker at the time of the initial case assignment to ensure that the worker, who is providing services:
 - a. understands his/her responsibilities in conjunction with the medical needs of the client; and,
 - b. has received the necessary instruction;
8. a home visit or phone call to Care Aides after the first week of their commencing new assignments;
9. applying varying means to monitor and supervise field workers including:
 - a. scheduled one-on-one meetings;
 - b. staff meetings;
 - c. talking to clients; and,
 - d. reviewing client records.
10. including field supervisory evaluations in the workers' formal Performance Appraisals;
11. notifying the Agency Administrator about new orientation, consultation and/or educational needs;
12. conducting or assisting, as required with new-employee training and orientation;
13. coordinating, developing and revising written client care policies;
14. participating in service coordination when more than one agency is providing care to the same client;
15. recruiting and selecting of field employees; and,
16. assuming other duties and responsibilities, as assigned by the Agency.

Procedures for Home Visit Supervisory Assessments

The Field Supervisor/Direct Care Supervisor's procedures for home visit assessments shall include:




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1. evaluating the client’s needs to determine if the level, amount, frequency and duration of services continue to be appropriate by:
 - a. reviewing the initial Needs Assessment and Service Plan;
 - b. reviewing the activities/duties assigned to the Home Care Worker;
 - c. obtaining input from the client/client’s representative and Home Care Worker;
 - d. taking corrective measures, as required, including modifications to the Service Plan and/or making a referral(s).
2. evaluating the ability and competency of the worker providing the services and, if necessary:
 - a. providing direction to worker for performance improvement;
 - b. conducting a Care Aide competency test, using the *Care Aide Competency Evaluation* form;
 - c. providing or making arrangements for additional training to improve competency; and/or
 - d. changing the worker’s activities/duties;
3. ensuring systems and controls are in place, as specified in the Agency’s Policy and Procedure Manual;
4. increasing, as required, the frequency of supervision needed to respond to the worker’s capabilities and the client’s needs;
5. arranging for, or providing, the necessary instructions to meet the medically related needs of the client in keeping with the goals established;
6. documenting each supervisory home visit by completing, signing and dating the Agency’s “*Field Supervision Review*”, which assesses whether or not:
 - a. appropriate and safe techniques have been used in the provision of care;
 - b. the Service Plan has been followed as written;
 - c. the Service Plan is meeting the client's needs;
 - d. the Home Care Worker has received sufficient training for the assignment; and,
 - e. appropriate follow-up is necessary, as a result of any service or Service Plan issues/problems encountered.

CROSS POLICY REFERENCES

1. Case Management Policies
2. Service Agreement
3. Performance Appraisals
4. Competency Validation and Evaluation



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1. Service Agreement
2. Field Supervision Review
3. Care Aide Competency Evaluation

REFERENCES

1. Medicaid/Medicare



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Policy Title: Entering Clients' Homes	Policy Number: 3.70
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Entering Clients' Homes

PURPOSE

To outline procedures for Agency personnel entering clients' homes.

POLICY


Infinity of Page Home Health Services, LLC has specific procedures in place for entering clients' homes, which all Agency personnel are required to follow.

PROCEDURES

1. The Agency shall not normally possess keys to clients' homes. Any exceptions to this rule shall be considered on a case-by-case basis and shall include, but not be limited to, the following:
 - a. no family member/friend is available to assume this responsibility;
 - b. exceptional circumstances exist that necessitate the need for the Agency to have a key;
 - c. the Agency will have possession of the key for the shortest amount of time possible; i.e. until alternate arrangements can be made;
 - d. written permission is obtained from the client/client's representative/family; and,
 - e. Owner/Manager/Administrator gives his/her authorization.
2. When entering clients' homes, personnel shall:
 - a. knock first and wait for a response;
 - b. identify themselves by calling out their names, position and the Agency's name before entering; and,
 - c. on initial visits, show identification cards, which provide:
 - i. personal photo;
 - ii. name;
 - iii. position; and,
 - iv. Agency name.


Supervisor shall introduce the Home Care Workers to clients prior to or upon the initial delivery of services.
3. Once inside clients' homes, employees shall close and lock the door behind them.
4. Employees shall take precautions to avoid startling those clients with sight and/or hearing disabilities.
5. Personnel shall not take any unauthorized person (including children and pets) into clients' homes without first obtaining permission from the client/client's representative/family and the Supervisor.



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6. House keys shall not be taken to employees' homes or be duplicated.
7. Any loss or theft of client house keys shall be reported to the Supervisor immediately.



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Failure of Clients to Answer Door

PURPOSE

To outline procedures for situations wherein clients do not answer their doors, resulting in the inability of personnel to gain entry.


POLICY

Infinity of Page Home Health Services, LLC requires that all its personnel follow specific procedures when clients do not answer their doors due to emergency, non-emergency and other situations.

PROCEDURES

1. If the client does not answer the door and the door is unlocked:
 - a. the Home Care Worker shall:
 - i. enter the client's home, calling out his/her name;
 - ii. if client does not respond, check the house to determine if he/she is there;
 - iii. if the client is not at home, leave and close the door;
 - iv. check with the neighbors to determine if they have any information regarding the client's whereabouts and then advise Supervisor that:
 - the client is not home and provide the reason for his/her absence; or,
 - the client is not at home for unknown reasons.
 - b. If the client is absent for known reasons, the Supervisor shall give direction to the Home Care Worker.
 - c. If the client is absent for unknown reasons, the Supervisor shall:
 - i. call the client's emergency contact person to advise him/her that the client isn't home for the scheduled service; and,
 - ii. inquire to see if the client has any scheduled appointments, is hospitalized or has another reason for not being home and leaving the door unlocked.
2. If the client does not answer the door and the Home Care Worker cannot gain access:
 - a. The Home Care Worker shall:
 - i. Look through the letter box, windows, side and back of house and basement, etc. to determine if client can be seen.
 - ii. If the client cannot be seen, check with the neighbors to determine:
 - if they have any information regarding his/her whereabouts; and/or,
 - if they have a key to the house.
 - iii. If the neighbors do not have any information regarding the client's whereabouts or do not have a key, telephone the Supervisor for further instructions.




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- b. Supervisor shall:
 - i. contact the client’s emergency contact person to advise him/her that the client isn’t home for the scheduled service; and,
 - ii. inquire to see if the client has any scheduled appointments, is hospitalized or has another reason for not being home and leaving the door unlocked.
- c. If the emergency contact person is available, encourage him/her to contact the local law enforcement for assistance with entering the client's home.
- d. If it is determined that the client is not home and is not lying sick or injured at home, notify all persons involved about the outcome.
3. If the Home Care Worker can see the client lying on the floor and/or can determine that he/she is not responding, the Home Care Worker shall:
 - a. Call “911” following procedures outlined in the Agency’s policy on *Client Emergencies*.
 - b. Call Supervisor to report the incident and await further instructions.
 - c. Stay at client’s home until help arrives. And,
 - d. Ensure house is secure when leaving.
4. If the Home Care Worker finds the client apparently dead, the Home Care Worker shall:
 - a. Call “911”.
 - b. Call Supervisor or Owner/Manager/Administrator and await further instructions.
 - c. Remain at the client’s home until assistance arrives.
 - d. Not touch anything at the client’s home.
 - e. Ensure house is secure when leaving. And,
 - f. Complete the Agency’s *Incident Report*.

GUIDELINES

1. Clients shall be informed about the importance of leaving a house key with an emergency contact person or neighbor in case of an emergency.
2. The emergency contact person shall be told that if Agency personnel are not able to get hold of them, “911” will be called.
3. This policy on *Failure of Clients to Answer Door* shall be reviewed with clients.
4. Clients shall be asked to notify the Agency office if they will not be at home when service is scheduled to be provided.
5. Clients shall be given the Agency’s telephone number/other contact methods and encouraged to keep them in an accessible location.
6. All clients, who live alone, shall be educated on the importance of:



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- a. having an *Emergency Response System* installed;
 - b. wearing an *Emergency Response System* bracelet/ necklace; and,
 - c. using the *Emergency Response System*, if needed.
7. All personnel shall be familiar with procedures for calling “911”, as outlined in the Agency’s policy on *Client Emergencies*.


CROSS-POLICY REFERENCES

- 1. Client Emergencies

FORMS

- 1. Incident Report



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Client Emergencies

PURPOSE

To outline procedures to follow when clients are in an emergency situation.


POLICY

Infinity of Page Home Health Services, LLC requires that all its personnel follow specific procedures when clients are in an emergency situation.

PROCEDURES

1. If clients fall, when care is being provided, and are injured:
 - a. Do not move them unless they are in serious and immediate danger.
 - b. Call “911” following procedures outlined in “Guidelines”.
 - c. Make them as comfortable as possible.
 - d. Call the Agency office to report the incident and await further instructions.
 - e. Stay with them until assistance arrives.
 - f. Ensure the home is secure when leaving.
 - g. Complete the Agency’s *Incident Report*, as soon as possible.
2. If clients collapse or are taken seriously ill:
 - a. Call “9-1-1”.
 - b. Make them as comfortable as possible.
 - c. Call the office to report the incident await further instructions.
 - d. Stay with them until assistance arrives.
 - e. Ensure the home is secure when leaving.
 - f. Complete the Agency’s *Incident Report* as soon as possible.
3. Signs and symptoms, which may indicate clients are in an emergency situation and require the Home Care Worker to contact “911” include, but are not limited to, the following:
 - a. difficulty breathing or no breathing;
 - b. no pulse;
 - c. bleeding severely;
 - d. chest/neck/jaw/arm pain;
 - e. losing consciousness or are unconscious;
 - f. suspected fracture;
 - g. badly burned;
 - h. inability to move one or more limbs;
 - i. seizure;




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- j. suffering from:
 - i. hypothermia (below normal body temperature); or,
 - ii. hyperthermia (well above normal body temperature).
 - k. poisoning;
 - l. diabetic emergency;
 - m. stroke; or,
 - n. doubt exists as to the seriousness of the situation.
4. Owner/Manager/Administrator or Supervisor shall contact local law enforcement authorities immediately in situations which include, but are not limited to, the following:
- a. physical abuse, involving physical injury inflicted on a client by an employee;
 - b. physical abuse of a client by a person, who is not an Agency employee;
 - c. sexual abuse of a client by an employee;
 - d. commitment of an alleged crime in the client's home by a person other than the client;
 - e. death of a client, which appears to be the result of something other than a disease process; or,
 - f. insurance of a client's safety in situations, which require local law enforcement notification.
5. All client emergencies shall be documented in the Agency's *Incident Report*.

GUIDELINES

- 8. Home Care Workers should be trained in CPR.
- 9. Agency personnel shall be educated and trained in handling emergency situations.
- 10. All personnel shall be familiar with the following procedures for calling "911":
 - a. Dial "911".
 - b. State: *"This is an emergency!"*
 - c. Give the phone number you are calling from.
 - d. Give the address of the emergency.
 - e. Describe the problem and how it happened, if known; otherwise, give the facts and describe what has been observed.
 - f. Provide your name.
 - g. Remain calm.
 - h. Follow the "911" dispatcher's directions.
 - i. **Advise dispatcher immediately if you are not trained in CPR.**
 - j. Don't hang up before the dispatcher hangs up.




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k. Reassure the client/family.

FORMS

1. Incident Report



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Weather-Related Emergencies

PURPOSE

To provide guidelines for the delivery of home care services when adverse weather conditions exist.

DEFINITIONS

1. Adverse Weather Conditions

The *Federal Motor Carrier Safety Administration (FMCSA)* defines adverse driving conditions as: “snow, sleet, fog, other adverse weather conditions, a highway covered with snow or ice, or unusual road and traffic conditions, none of which were apparent on the basis of information known to the person dispatching the run at the time it was begun.”


POLICY

Infinity of Page Home Health Services, LLC makes every effort to deliver client services during inclement weather conditions without putting the health and safety of staff and/or clients at risk.

PROCEDURES

1. If unsafe driving conditions develop during working hours, as a result of heavy rain, snow, ice or other adverse weather conditions, the Owner/Manager/Administrator or designee shall decide:
 - a. if and when the office will be closed; and/or,
 - b. if home visits cannot be made to all clients.
2. Home Care Workers shall be contacted by the Agency office to determine if they are able to reach the client’s home:
 - a. If they are, the client shall be notified regarding their expected time of arrival.
 - b. If they are not, the Supervisor or designee shall make an effort to find a suitable replacement.
 - c. If a substitute is found, that person shall be sent to the client’s home.
 - d. If no suitable substitute is found, or if driving conditions are too dangerous to reach the client’s home, the Agency office shall notify all impacted clients and reschedule the services for another time.
3. Every attempt shall be made to ensure the needs of high risk clients are met:
 - a. Clients shall be reminded of how to reach on-call staff in case an emergency arises.
 And/or,




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- b. The local law enforcement shall be contacted for assistance, if needed.
- 4. When bad weather conditions are predicted to occur the next day, as many clients as possible shall be seen the prior day to ensure all necessary food staples and medicines are available.
- 5. All changes and/or alternate arrangements made shall be documented in:
 - a. the client’s file; and,
 - b. a special occurrences log.

GUIDELINES

- 1. All clients should be issued verbal and written instructions regarding procedures to take to ensure their safety should services be disrupted as a result of:
 - a. the Agency needing to close,
 - b. natural disasters; or,
 - c. other emergencies.
- 2. This information should include, but not be limited to, the following:
 - a. a list of disaster and emergency numbers;
 - b. a list of the Agency numbers and email address(es);
 - c. contact details should assistance be needed including:
 - i. the name of Agency employees;
 - ii. their telephone numbers and email addresses;
 - iii. the timeframes they are available; and,
 - iv. procedures for contacting on-call staff after regular office hours.



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Unstable Health Conditions

PURPOSE

1. To ensure clients with medical and/or other health care conditions are identified and advised that Infinity of Page Home Health Services, LLC will provide personal care services but cannot provide care, manage or monitor their medical and/or health conditions.
2. To outline guidelines and processes for referring clients with unstable health conditions, when necessary, to an individual or entity that is capable of providing the appropriate care; and,
3. To provide guidelines for initiating action(s), in an appropriate timeframe, to protect the well-being of clients with existing and sudden on-set unstable health conditions.

DEFINITIONS

1. Unstable Health

For purposes of this policy, unstable health is a condition wherein, at any time, an individual may experience deteriorating biological or physical changes and/or lose emotional control.

POLICY


If Infinity of Page Home Health Services, LLC becomes aware that a client's medical and/or health conditions becomes unstable or unpredictable, it:

4. shall notify the client, the client's **personal representative**, a **family** member, other relative of the client, or other person identified by the client of the need for a referral for medical or health services. The notification may be given **in writing** or orally and must be documented in the client's record with Infinity of Page Home Health Services, LLC.
5. may continue to provide personal services for a client with an unstable or unpredictable medical and/or health conditions but may not manage or represent itself as able to manage the client's medical or health condition.

PROCEDURES


1. Direct Care Workers shall have knowledge of and/or receive training on signs and symptoms of clients' changing health status. Refer to *Guidelines* in the Policy.
2. If the onset of a client's unstable health condition is of an urgent or emergency nature, the Direct Care Worker shall call the Emergency Response Resources, in accordance with the Agency's *Client Emergencies* Policy.



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3. If Direct Care Workers notice or suspect that a client's mental or physical condition is changing, they shall:
 - a. note the signs, symptoms, date and time in the client's file; and,
 - b. advise the Agency Supervisor as soon as possible.
4. Supervisor shall contact the client/client's representative, either by a home visit or by phone, and advise them to consult with an appropriate Health Care Professional.
5. Supervisor shall follow-up with the client/client's representative within one week, or sooner, if indicated, to determine if the client, with an unstable health condition, has been seen by an appropriate Health Professional:
 - a. If there was been no action taken by the client/client's representative to consult with an appropriate Health Professional, the Supervisor shall encourage the client/client's representative, again, to see a Health Professional and shall advise them she will send a written reminder. The date, time, and details of this contact shall be noted in the client's file.
 - b. Supervisor shall follow-up this second suggestion with a written letter to the client/client's representative reminding them to consult with an appropriate Health Care Professional. A copy of this dated, written document shall be place in the client's file.
6. If a Health Professional determines that the client, with an unstable health condition, requires medical interventions, the Supervisor shall remind the client/client's representative that:
 - a. the Agency is not able to provide medical services or manage the client's health condition; however,
 - b. it is willing to provide non-medical support and personal care services, as required.
7. Should the client/client's representative want/need to be referred to another entity or individual and/or should the Supervisor feel that an appropriate referral to another entity or individual is indicated, then the Supervisor may assist in the referral/transfer process by:
 - a. following the procedures outlined in Agency's policies on *Coordination of Client Transfer and Discharge/Termination or Reduction of Client Services*; and,
 - b. completing the relative Agency's forms:
 - i. *Consent for Referral & Release of Information*
 - ii. *Discharge/Transfer – Client Notification*
 - iii. *Transfer Summary*
 - iv. *Discharge Summary*
 - v. *Coordination of Client Transfer Checklist*



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8. Copies of documentation for referrals, discharge and transfer shall be placed in the client's records.


GUIDELINES

1. Direct Care Workers shall have knowledge and/or receive instruction on signs and symptoms of deteriorating physical and mental health conditions including:
 - a. vital signs;
 - b. pallor;
 - c. bruising;
 - d. fatigue;
 - e. weakness;
 - f. falling;
 - g. memory loss,
 - h. confusion;
 - i. speech problems;
 - j. peculiar behavior or mood swings;
 - k. changes in temperament or rapid mood swings; and,
 - l. changes in sleep or appetite patterns;
2. Direct Care Workers shall receive training on the signs and symptoms of urgent health deterioration including:
 - a. suspected heart attack;
 - b. possible stroke;
 - c. sudden or extreme difficulty breathing;
 - d. bleeding that will not stop;
 - e. deep cuts;
 - f. major burns;
 - g. seizures;
 - h. sudden and severe headache;
 - i. sudden or severe abdominal pain; and,
 - j. poisoning or suspected poisoning;
3. Details of this training shall be documented in the employee's individual Training Record and in the Agency's *Staff Record of Training*.

CROSS POLICY REFERENCES

1. Client Emergencies
2. Coordination of Client Care with Outside Resources




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3. Termination/Discharge & Transfer of Client

FORMS

1. Consent for Referral & Release of Information
2. Discharge/Transfer – Client Notification
3. Discharge/Transfer – Summary



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Transporting Clients in Private Vehicles

PURPOSE

To outline procedures for transporting clients in a private/personal vehicles and client-owned vehicles.


POLICY

Infinity of Page Home Health Services, LLC permits its employees to transport clients in private/personal vehicles and client-owned vehicles providing transportation services are specified in the *Service Plan* and providing specific criteria are met.

PROCEDURES

1. Prior to transporting clients, employees shall undergo a driving record check and must demonstrate they have had a clean driving record for the last three years.
2. Employees, who will be assigned transportation duties, shall either have their own vehicle or have access to a reliable, insured vehicle.
3. Employees shall have a valid driver's license and carry adequate/appropriate vehicle insurance, including full Comprehensive, Liability and Personal Injury Protection coverage.
4. Employees, using private/personal vehicles for transporting clients, shall use them at their own risk and shall be liable for all insurance and other costs, including damage, associated with such usage.
5. The Agency does not provide vehicle insurance for privately/personal vehicles.
6. Clients shall be required to read, accept and sign the Agency's *Transportation Liability Waiver* form before any transportation services will be provided to them.
7. Employees shall make sure their insurance company knows they are using a private/personal vehicle for transporting clients.
8. A copy of an employee's current and appropriate/adequate vehicle insurance shall be kept in the employee's file and shall be updated annually.
9. The safety equipment in any private/personal vehicle used for client transportation shall be in good operating condition. e.g. blinkers, lights, brakes, back-up lights, seat belts and tires.
10. Clients, who receive transportation services from an employee, who uses a personal/private vehicle, shall be charged a mileage rate, as determined by the Agency
11. Employees, who are asked to drive a client/client's/representatives/other individual's vehicle, shall request to see proof of valid vehicle insurance before they drive the vehicle.



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12. Employees shall only drive clients' vehicles if the safety equipment is in good operating condition.
13. Employees, who transport clients, shall ensure a copy of the client's health insurance information is in the transporting vehicle, in case of an emergency.
14. Should employees be involved in a motor vehicle accident, in the course of their duties, they shall report the accident to the Agency office as soon as possible.
15. Employees shall follow the stipulations provided in the *Agency's Policy #4.190 Private and Agency Vehicles*.


CROSS-POLICY REFERENCES

1. Private and Agency Vehicles

FORMS

1. Transportation Liability Waiver



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Managing Client Finances & Property

PURPOSE

1. To ensure clients' finances and property are properly safeguarded, documented and accounted for;
2. to protect clients and employees; and,
3. in the case of misuse, to provide direction in the investigation and reporting of alleged misuse.


POLICY

Infinity of Page Home Health Services, LLC has established criteria and procedures for handling and recording clients' financial transactions and for managing clients' property.

PROCEDURES


1. Financial transactions, conducted on behalf of clients, may include:
 - a. assisting with household budgeting;
 - b. payment of bills;
 - c. collection of pensions or other cash benefits; and,
 - d. purchasing household goods.
2. Employees shall not have access to clients' bank accounts, credit cards or other financial information.
3. Wherever possible, clients shall be allowed/encouraged to handle their own finances/property.
4. When clients are not able to handle their own finances/property, a relative, friend or responsible person should be appointed to do so, preferably by the client.
5. Only when there are no other alternatives, and all other options have been reviewed, shall the Agency be involved in handling finances/property.
6. Employees shall handle clients' finances/property only when these activities have been specified in their *Service Plan*.
7. Employees shall never be permitted to know clients' account numbers or pin numbers.
8. If employees become aware that a client is keeping a large amount of cash at home, they shall report the details to the Supervisor.
9. Employees may pick up monies for a mentally capable client, including pension checks and personal checks etc. from external mail sources such as off-site postal boxes or post offices only when the activity is specified in the *Service Plan*. In these situations, Supervisor shall give authorization and document this approval in the client's file.
10. Employees shall never pick up a mentally incapable client's off-site mail.



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11. Employees shall pay clients' bills only when the activity is specified in the *Service Plan*.
12. Employees shall deliver monies and/or checks to the client as soon as possible after the transactions have been completed. Employee shall never take monies/checks to their own homes or keep them in their possession over-night.
13. When shopping for clients, employees shall:
 - a. obtain client's input regarding which store(s) to shop at;
 - b. consult with the client regarding items to purchase, sizes, brand names, amounts, etc.
 - c. consider the client's dietary needs, religious restrictions, cultural preferences and item cost (to ensure value for money);
 - d. request receipts for all transactions, which shall be given to the client;
 - e. confirm that monies and receipts are correct before leaving the cashier;
 - f. keep client's money separate from their own;
 - g. not shop simultaneously for other clients or for themselves, when shopping for one client. However, employees may complete the shopping for one client and then shop for another client before delivering purchases to clients. Each client's money shall be kept separate from the others. And,
 - h. not use their own bonus card to collect points on items the client has paid for, even if the client does not have or does not use a bonus card.
14. Employees shall utilize the Agency's *Financial Expenditures on Client's Behalf* for recording financial details and obtaining the client/client's representative's signature once the transaction has been documented and the unspent monies have been given to him/her.
15. Receipts or documentation of all transactions and purchases paid with the clients' funds must be recorded on the Agency's *Financial Expenditures on Client's Behalf* form, which shall include:
 - a. client's name;
 - b. employee's name;
 - c. date;
 - d. amount of money employee received from the client. The amount should be counted out and confirmed with the client. Where practical, the client should confirm his/her agreement with a signature.
 - e. list of items purchased or money collected;
 - f. total amount spent or total amount collected;



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- g. change given back to the client. Employee shall count out the amount being returned and confirm it with the client. Where practical, the client should confirm his/her agreement with a signature.
16. The *Financial Expenditures on Client's Behalf* form shall be kept in the client's home and taken to the Agency, when completed, where it shall be retained for the mandatory period-of-time.
 17. Employees may obtain cash amounts for clients up to and including \$500. Any requests for amounts in excess of \$500 shall be authorized by the Supervisor.
 18. Employees shall not simultaneously obtain cash for themselves when obtaining cash for clients.
 19. Employees shall not use a client's telephone for personal reasons except for emergency purposes or for calling the Supervisor.
 20. Employees shall not assume responsibility for looking after clients' valuable items.
 21. Employees shall not eat the client's food and/or drink their beverages.
 22. In respect to computers, employees shall not:
 - a. use the client's computer for personal reasons;
 - b. attempt to solve problems with the client's computer; and/or,
 - c. give directions to the client on how to solve computer problems.
 23. Employees shall never borrow anything or lend anything to a client.
 24. Employees shall never buy anything or sell anything to a client.
 25. Employees shall never incur a liability on behalf of a client (e.g. borrow money to give to a client or charge an item for the client to the employee's credit card/ debit card, etc.
 26. Employees shall never involve clients in gambling activities such as giving opinions on, or purchasing tickets for, lotteries, betting pools, etc.
 27. Employees shall never arrange for members of their own families to do paid work for clients.
 28. Employees shall be diligent when handling clients' finances/property. Failure to do so may result in disciplinary action and/or notification of law authorities.


CROSS-POLICY REFERENCES

1. Legal Matter Prohibitions
2. Consumer Protection
3. Allegations of Financial/Property Misuse
4. Service Plan

FORMS

1. Financial Expenditures on Client's Behalf



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Assuming Legal Responsibility for Client

PURPOSE

To define the legal activities employees must not become involved in when providing client care on behalf of the Agency.

DEFINITIONS

For purposes of this policy:

1. Power of Attorney

A power of attorney (POA) is a written authorization to represent or act on another individual's behalf in private affairs, business, or some other legal matter.

2. Appointee

An appointee is an individual to whom a power of appointment of property is granted.

3. Will

A will is a legal document that describes what an individual wants to have done with his/her property and funds after death.

4. Beneficiary

A beneficiary is an individual or a group of individuals that receive benefits, profits, or advantages either after or during the benefactor's life.

5. Executor

An executor is an individual who is appointed to administer the estate of a person who has died.

6. Guardian

A guardian is an individual who is entrusted by law with the care of a person or property, or both such as a minor or a person legally incapable of managing his/her own affairs.

7. Advance Directive


An advance directive is a document that expresses an individual's wishes about critical care when he or she is unable to decide on care for himself/herself.

POLICY

Infinity of Page Home Health Services, LLC prohibits its employees, managers, contractors and agents from:

1. assuming legal responsibility for managing the legal affairs of a client, client's representative or client's family, including personal, property, financial or family affairs: and/or,
2. accepting any property and/or financial bequeaths from a client, client's representative and/or the client's family.



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PROCEDURES

1. Agency employees, managers, contractors & agents shall not accept responsibility for any of a client's legal matters, including, but not limited to:
 - a. accepting Power of Attorney for the client, client's representative, family or other responsible person associated with the client;
 - b. becoming an appointee or having any legal involvement with the client, client's representative, family or other responsible person;
 - c. becoming a guardian of the client, client's family or their property;
 - d. assisting a client or client's family to make out his/her will and/or witnessing the signature of the will;
 - e. becoming beneficiaries of a client's or family member's will; and,
 - f. witnessing a client's or family member signing an Advance Directive.
2. If employees, contractors &/or agents suspect they are beneficiaries or executors of a client's will or are designated as being an appointee or guardian on any other document, they shall report their suspicions to the Supervisor or Agency Manager immediately.
3. Individuals who fail to comply with the terms of this policy may be subject to discipline, termination and/or referral to law enforcement.
4. New employees shall be advised that their involvement in a client/family's legal matters is prohibited. This prohibition shall be delivered at the time of hiring, as needed and as a reminder during Annual Training.
5. This policy shall be referenced in the *Employee Handbook*.

CROSS POLICY REFERENCES

1. Advance Directives
2. Client/Consumer Protection



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Exploitation of Client Finances & Property

PURPOSE

To outline the procedures to take if an employee is suspected of financial and/or property exploitation.

POLICY

Infinity of Page Home Health Services, LLC takes any and all allegations of financial/property misuse very seriously and has a zero-tolerance level for individuals proven to be guilty.


PROCEDURES

1. When the Agency has reason to believe that a client has been the victim of financial/property misuse by an employee, it shall:
 - a. immediately remove that employee from direct contact with all clients;
 - b. investigate the allegation within 14 days of being notified of the alleged misuse;
 - c. prepare a written report, which shall contain but not be limited to, information about the financial/property misuse:
 - i. name address and telephone number of the client, who is allegedly the victim;
 - ii. date(s) and time(s) of the misuse;
 - iii. description of the misuse;
 - iv. identify of any agencies and/or people questioned about the misuse;
 - v. actions taken by the Agency; and,
 - vi. plans developed by the Agency to offset future misuse.
2. If the allegations are proven to be unfounded, copies of the report shall be sent to:
 - a. the appropriate agency or to the *Department of Aging*; and,
 - b. the investigated employee's personnel file.
3. If the allegations are proven to be founded:
 - a. The employee involved shall be immediately terminated with the cause of termination being recorded on his/her personnel file.
 - b. The local law enforcement shall be notified immediately.
 - c. Copies of the report and subsequent referral to the local law enforcement shall be:
 - i. sent to the appropriate agency or the Department of Aging; and,
 - ii. kept at the Agency office.

CROSS-POLICY REFERENCES

1. Managing Clients Finances & Property




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2. Client Abuse

REFERENCES

1. Department of Aging



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Client Abuse

PURPOSE

1. To recognize the signs and symptoms of client abuse;
2. to take timely and appropriate actions in an effort to help reduce the occurrence of abuse; and,
3. to ensure that staff are aware of the seriousness and consequences that may result to anyone suspected of, or found responsible for, client abuse.

DEFINITIONS

1. Client Abuse

Abuse means a knowing, intentional, or a negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable client. Mistreatment in any of the following areas is considered to be client abuse:


- a. *Emotional Battering*, which causes pain, anguish or distress through harassment, threat, intimidation or other verbal or non-verbal actions.
- b. *Financial Exploitation*, which is the improper or illegal use of a client's funds, assets or property for personal advantage.
- c. *Neglect*, which can be either physical or emotional, consists of confinement, isolation or denial of essential services.
- d. *Abandonment*, which occurs when a caregiver, who is responsible for providing support, deserts the client.
- e. *Self-Neglect*, which occurs when an individual does not take care of his/her own health and safety needs and thus is at risk for illness or injury.
- f. *Physical Assault*, which includes any type of physical force or violence that results in injury, impairment or physical pain to the body.
- g. *Sexual Abuse*, which consists of non-consensual, sexual contact including situations wherein the individual is not capable of giving consent.
- h. *Healthcare Abuse*, which includes activities such as not providing health care but charging for it, getting kickbacks for referrals, double billing for services, etc.

POLICY

Infinity of Page Home Health Services, LLC takes all cases of suspected and proven abuse seriously and shall:

1. not tolerate any hint or form of client abuse by anyone including employees, outside Health Care Workers or other individuals;
2. document, investigate and/or report all cases of suspected abuse; and,




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3. terminate employees found to be guilty of abuse.

PROCEDURES

1. Employees shall report, to the Supervisor, any or all:
 - a. suspicions of client abuse; or,
 - b. alleged acts of client abuse.
2. When possible, the client’s written consent to report the alleged abuse should be obtained. However, if he/she is not willing to cooperate, the suspected abuse should still be reported.
3. In cases of immediate danger, employees shall call:
 - a. 911; or,
 - b. the local police emergency number; or,
 - c. the local hospital emergency room.
4. In situations wherein, the client is not in immediate danger:
 - a. employees shall notify the Supervisor; and,
 - b. Supervisor shall ensure that alleged abuse situations are reported to the:
 - i. local law enforcement, if the abuse is sexual, physical, and/or involve theft or fraud, as these types of abuse are criminal offences;
 - ii. appropriate client abuse authority(ies) in the local area; and/or,
 - iii. *Department of Aging*.
5. When the Agency has reason to believe that a client is/has been a victim of abuse by one of its employees or by an employee that it has placed, it shall:
 - a. immediately remove that employee from direct contact with al clients;
 - b. investigate the allegations, within 14 days of being notified of the alleged abuse;
 - c. contact the local law enforcement if the abuse is sexual, physical and/or involve theft and “fraud, as these types of abuse are criminal offences;
 - d. complete an “*Incident Report*” with copies to be:
 - i. given to the local law enforcement, when the alleged abuse is of a criminal nature;
 - ii. filed with the appropriate client abuse and neglect agency in the area wherein the client lives;
 - iii. sent to the *Department of Aging*; and,
 - iv. kept at the Agency office.
6. Written reports of alleged abuse shall include, but not be limited to, the following information:
 - a. Agency’s name, address and telephone number;
 - b. name, address and telephone umber of the client who was allegedly abused;




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- c. date(s) and time(s) of the alleged abused;
- d. description of any injury/effect on the client;
- e. identity of any agencies and/or people questioned about the alleged abuse;
- f. identity of any agencies and/or people notified of the alleged abuse;
- g. actions taken by the Agency; and,
- h. plans developed by the Agency to offset future abuse.

GUIDELINES

1. The Supervisor shall advise staff during orientation about:
 - a. signs and symptoms of abuse;
 - b. legal requirements to report abuse;
 - c. time frames for reporting abuse;
 - d. processes and procedures related to abuse;
 - e. Agency’s policy on client abuse; and,
 - f. consequences for employees suspected of, or found guilty of, client abuse.
2. The following principles shall be applied when completing a report about abuse:
 - a. use ink to document details;
 - b. use objective, descriptive, clearly written and concise language;
 - c. report what is seen or heard and not what others experienced;
 - d. provide facts only and not opinions or assumptions;
 - e. provide all essential information including:
 - i. name of individual(s) involved;
 - ii. location of abuse;
 - iii. time and date of abuse;
 - f. document observations of individual affected (color, consciousness level, vital signs etc.);
 - g. describe what actions, if any, were taken to provide care at the time;
 - h. if a physician was notified, record:
 - i. physician’s name;
 - ii. time and date physician was notified;
 - iii. physician’s response to the notification;
 - i. document what happened and what the end result(s) was for the individual(s) involved;
 - j. document any unusual occurrences witnessed; and,
 - k. document relevant details of any action(s) by the individual involved in the abuse.



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3. Hold review sessions on abuse for staff regularly.
4. Record details of all abuse training sessions on the Agency’s Master Training Record and on the individual employee’s training record.
5. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
6. Training Records are to be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Financial/Property Exploitation
2. Disciplinary Action
3. Incident Reporting


FORMS;

1. Incident Report
2. Incident Reporting Log

REFERENCES

1. Department of Health and Human Services (DHHS)
2. Elder Justice Act (EJA)



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Confidentiality & Privacy of Client Information

PURPOSE

1. To ensure that all client information is protected.
2. To prevent inappropriate and/or unauthorized disclosure of client information. And,
3. To comply with all federal, state and local laws pertaining to client confidentiality.

DEFINITIONS

1. HIPAA PROTECTION

The *Health Insurance Portability and Accountability Act* (HIPAA) protects all medical records and other individually identifiable health information used or disclosed in any form, whether electronically, on paper or orally.

2. GLBA PROTECTION


The *Gramm-Leach-Bliley Act* (GLBA) protects private, non-public, information of individuals. Private, non-public information consists of information such as name, Social Security Number, date and location of birth, gender, credit card numbers and driver's license numbers.

POLICY Infinity of Page Home Health Services, LLC maintains the confidentiality and security of records in compliance with the *Health Insurance Portability and Accountability Act* (HIPAA), the *Gramm-Leach-Bliley Act* (GLBA) and other federal and state laws. These laws pertain to the security and privacy of personal, medical and financial information and require that data such as birthdates and social security numbers is used only for their intended purpose(s).

PROCEDURES

1. Client files may only be accessed on a "need-to-know" basis, in the performance of an employee's assigned duties.
2. The Agency shall respect the privacy and keep confidential all information and records of its clients.
3. Client information shall be protected from loss or destruction.
4. Access to client records and Agency data shall be accessible only to:
 - a. the Owner/Manager/Administrator;
 - b. the Supervisor; and,
 - c. employees or contracted individuals directly involved in the case.
5. Caution must be taken to ensure printed information about a client is not abused or used without authorization




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6. Disclosure of information shall not be made to Third-Parties without the written consent of the client except when:
 - a. it is a requirement of law;
 - b. staff or contracted individuals require the information in order to provide services to the client;
 - c. the client has authorized certain individuals or organizations to be given information; and,
 - d. certain representatives have been authorized to investigate the Agency.
7. Written consent to release information to Third Parties shall be obtained by having the client sign the Agency's *Consent to Release Information* form.
8. Individually, identifiable, personal information shall be handled in the same confidential manner whether it is in written, electronic or verbal form.
9. All active and inactive client records shall be stored in a secure location in the Agency office.
10. Personal information shall not be left on a client's voice mail, unless the client has given permission to do so. If permission is not given, a message shall be left for the client to return the call.
11. Any client information that is being transmitted by fax, mail or other means, shall be done in a secure manner.
12. Confidential client information shall be destroyed through shredding.
13. Employees shall report any potential, suspected or actual breaches of client confidentiality to the Supervisor.
14. Should any suspected or actual breaches in client confidentiality occur:
 - a. the details shall be fully documented;
 - b. the incident shall be investigated by the Administrator/Manager or Supervisor;
 - c. the employee involved shall be questioned; and,
 - d. if there is just cause, the employee involved shall be subjected to disciplinary action.

GUIDELINES

1. Clients shall receive training on privacy and confidentiality during orientation and during ongoing reviews.
2. Professional standards or practice shall be applied at all times.
3. Clients shall be provided with information on the legal requirements of confidentiality, as mandated by state and federal law.



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4. Clients shall be informed about and understand this *Confidentiality and Privacy of Client Information Policy*


CROSS-POLICY REFERENCES

1. Confidentiality & Non-Disclosure of Information
2. Compliance
3. Disciplinary Action
4. Safeguarding Client Records

FORMS

1. Confidentiality/Non Disclosure Agreement
2. Consent for Referral and Release of Information



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Client Satisfaction Review

PURPOSE

To establish guidelines for contacting clients individually at regular intervals to:

1. assess the efficiency of services in place;
2. determine the existence of any unmet needs;
3. determine if any changes in the Care Plan are required;
4. determine if the Agency is fulfilling all its obligations to the clients; and,
5. determine clients' satisfaction levels with the Agency's customer service practices.

DEFINITIONS

1. Client

For purposes of this policy, a client is an individual who has been accepted to receive non-medical home care services from this Agency.

POLICY

Infinity of Page Home Health Services, LLC shall conduct ongoing client satisfaction reviews on a regular basis, utilizing two different client satisfaction review tools, specifically:


1. the *Client Satisfaction with Implemented Services* form shall be completed every 90 days for purposes of discussing the services being provided and the clients satisfaction with these services; in accordance with state regulations; and,
2. the *Client Satisfaction with Customer Services* questionnaire shall initially be conducted within 90 days from the implementation of services and annually, thereafter, to determine the client's overall satisfaction with the Agency's Customer Services, in accordance with its quality control goals.

PROCEDURES

Client Satisfaction with Implemented Services

1. The Agency Manager/designee shall conduct an assessment of an individual client's satisfaction with the services the Agency has implemented specifically for that client. The Agency's *Client Satisfaction with Implemented Services* form may be used to evaluate:
 - a. the effectiveness of the services being provided;
 - b. the need to modify, add or delete certain services;
 - c. the client's satisfaction level with the services;




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- d. the need for any improvements in the services;
 - e. how and when the required improvements or changes in services should be made;
 - f. the need to revise or not revise the Care Plan, and,
 - g. the date of the next follow-up to evaluate the effectiveness of any modifications and/or referrals made..
2. The first *Client Satisfaction with Implemented Services* review shall be made in person. Subsequent ones made be made by telephone, by mail or by other acceptable means. However, at least one home visit shall be made annually unless indications require a home visit be made sooner.
 3. The *Client Satisfaction with Implemented Services* form shall:
 - a. be signed and dated by the individual conducting the review;
 - b. state the reviewer's position with the Agency;
 - c. be submitted to the Agency Manger when completed, to review and initial, if the Agency Manager did not conduct the review; and,
 - d. be maintained in the individual client's file.
 4. When changes are made to the Care Plan, as a result of the review, the *Service Agreement* shall be amended accordingly. The client/client's representative and the Agency Representative shall date and sign the revised *Service Agreement*.

Client Satisfaction with Customer Service

1. The Agency Manager/designee shall ensure that surveys are conducted on a regular basis to assess clients' satisfaction with the level of customer service the Agency, as a whole, provides.
2. The initial customer satisfaction survey shall be conducted by the Agency Manager/designee within 90 days of the commencement of services.
3. After the initial survey, subsequent ones shall be conducted on an annual basis. The Agency may survey some clients earlier to fit in with annual survey projects, but no client should go over 1 year without being given the opportunity to give formal input on customer services.
4. A copy of the *Client Satisfaction with Customer Services* questionnaire shall be distributed to every client/client's representative for its optional completion.
5. Clients/client representatives shall be permitted to submit their questionnaire responses anonymously, if desired.
6. If the client/client's representative requests the Agency's help with the completion of this questionnaire, the needed assistance shall be provided, as requested.
7. The *Client Satisfaction with Customer Services* questionnaire shall focus on:



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- a. the quality of service that the Agency provides to its clients;
 - b. the effectiveness of the service delivery process;
 - c. the accessibility of the Agency Managers;
 - d. the effectiveness and competency of Agency staff ; and,
 - e. the value of Agency services in relation to their costs.
8. The *Client Satisfaction with Customer Services* form may be used to assist the Agency to:
- a. determine if it is meeting its mission statement and obligations;
 - b. determine clients' satisfaction with the Agency's customer service practices;
 - c. determine the clients' satisfaction with Agency staff and management;
 - d. determine the need for improvements in customer service;
 - e. determine how and when improvements can be made; and,
 - f. plan corrective actions for all identified short-falls.
9. Client satisfaction reviews shall also be used, in part, for establishing and attaining the Agency's quality improvement goals, in accordance with its *Continuous Quality Improvement* Policy.
10. The Agency Manager shall ensure that any identified issue(s) in either client satisfaction review:
- a. is addressed in a timely manner; and,
 - b. is followed-up on, at the recommended time, to assess the effectiveness of remedial action(s).
11. *Client Satisfaction with Customer Services* Questionnaires shall be filed with the Agency's quality control files.


FORMS:

1. Client Satisfaction with Implemented Services
2. Client Satisfaction with Customer Services
3. Service Agreement

CROSS-POLICY REFERENCES

1. Monitoring and Follow-up
2. Continuous Quality Improvement



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Policy Title: Client Complaints	Policy Number: 3.200
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Client Complaints

PURPOSE

To outline the complaint process to ensure:

1. a Client/Client's Representative/Family are able to make a complaint;
2. the complaint is investigated promptly; and,
3. corrective actions are taken.

DEFINITIONS

1. Complaint

A complaint a statement that something is unsatisfactory or unacceptable. It may be about anything that expresses displeasure e.g.: unhappy with service, workers, costs, health.

2. Complainant

For purposes of this policy, a Complainant is an individual who raises a complaint, issue or dispute to this Agency.

POLICY


Infinity of Page Home Health Services, LLC recognizes that a client's right to receive services from the Agency will not be affected by raising complaints, issues or disputes and he/she may do so without fear of reprisal. To facilitate this position, the Agency shall ensure that:

1. an accessible, visible and direct process for filing and resolving complaints is established;
2. all complaints are documented, investigated, resolved and corrected.
3. follow-up(s) are conducted to assess the effectiveness of corrective actions taken; and,
4. all complaints are handled in the strictest of confidence.

PROCEDURES


1. Clients, who are dissatisfied or who have a complaint, have the right to bring the matter to the attention of the Agency and have it resolved to his/her satisfaction, wherever possible.
2. Complaints may be submitted verbally, in writing, electronically, by telephone, in person, or other means.
3. The client submitting a complaint shall receive a response prior to his/her next scheduled service visit or within two working days, whichever comes first.



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4. Employees, who suspect a client is dissatisfied about something, shall inform the Supervisor at the earliest opportunity.
5. All client complaints shall be investigated immediately by the Supervisor.
6. Supervisor shall initiate an investigation using the Agency's *Client Complaint* form, starting with the first point-of-contact to:
 - a. determine the details of the complaint; and,
 - b. find a resolution that satisfies the Complainant.
7. This investigative report shall include:
 - a. name of person involved;
 - b. date and time of incident;
 - c. location of incident;
 - d. details of the complaint;
 - e. results of investigation;
 - f. actions taken to resolve the complaint; and,
 - g. follow-up activities and steps taken to prevent its reoccurrence.
8. Remedial action shall be taken to resolve the issue, including:
 - a. giving a verbal or written apology; and/or,
 - b. changing a behavior, policy or practice.
9. If the complaint remains unresolved upon completion of the Supervisor's investigation, the Complainant shall be referred to the Agency Administrator.
10. Should the complaint still be unresolved after consultation with the Agency Manager and it has legal implications, the Agency Administrator shall remind the Complainant of his/her right to:
 - a. contact local law enforcement; and/or,
 - b. seek legal advice.
11. Follow-ups shall be conducted by the Supervisor to assess the effectiveness of the resolutions. If indicated,
 - a. corrective actions shall be made to the resolutions to attain the desired outcome; and,
 - b. if the desired outcome is still not achieved, then additional resolutions and follow-ups may be necessary.
12. The following individuals/agencies shall be notified about the final settlement of the complaint:
 - a. Client/Client's Representative;
 - b. Client's Physician, if appropriate; and,
 - c. Licensing or law enforcement agencies, when required by law.




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13. When a complaint concerns services provided or not provided by the Agency, the Complainant shall be advised about the state hotline for complaint registrations.
14. The Agency shall maintain detailed records to support its internal complaint investigations. These records shall:
 - be made available to the Agency’s licensing authority; and,
 - a. upon request, be summarized for public inspection, in accordance with the law.
15. If a complaint investigation is not conducted, the reason for not conducting it shall be documented in the Agency’s complaint record.

FORMS:

1. Client Complaint



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Documentation and Client Records

PURPOSE

To establish a process for documenting, recording and maintaining client care activity records.


POLICY

Infinity of Page Home Health Services, LLC adheres to state, federal and industry standards and regulations for documenting, maintaining and storing client records in a consistent, accurate and safe manner.

PROCEDURES

1. Forms, used for client records, shall be designed in such a way to reduce/eliminate unnecessary searches and to save documentation time.
2. Client records shall be:
 - a. maintained for each client receiving home care services;
 - b. kept secure and confidential;
 - c. accessed only by authorized personnel;
 - d. protected from theft, fire and/or water;
 - e. kept in good order;
 - f. constructed, maintained and used in accordance with statutory requirements;
 - g. legible, factual, signed and dated; and,
 - h. kept for the obligatory length of time and then shredded.
3. Client records shall include, but not be limited to, the following information:
 - a. identifying data (i.e. name, gender, birth date, address, telephone number, next of kin, emergency contact number);
 - b. request for service/referral information;
 - c. admission/intake data record
 - d. client assessment data
 - e. service/care plan and updates;
 - f. service agreement;
 - g. delegation of activities to Home Care Workers (if applicable);
 - h. financial transactions for handling client's money;
 - i. flow sheet;
 - j. Care Aide Notations;
 - k. documentation of all services rendered (hours and dates);
 - l. billing documentation;
 - m. service data record;




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- n. Supervisory visit record;
 - o. client's rights form;
 - p. Physician's orders;
 - q. Advance directives;
 - r. termination of services documentation; and,
 - s. documentation on health care directives (if applicable).
4. All client data listed above shall be kept in a single, individual client file.
 5. Separate files, with notes to the individual client's file, shall be maintained for:
 - a. Complaints/Grievances;
 - b. Compliments;
 - c. Incident Reports; and,
 - d. Client Satisfaction Questionnaires.
 6. Client/client's representative shall be advised about what is documented in their records and shall have access to them.
 7. All entries and documents in client files shall be recorded in ink, be typed, or be computer-generated.
 8. Should the Agency change ownership, all clients' records shall remain with the existing Agency, with the new owner assuming responsibility for protecting, documenting and maintaining the files.
 9. Staff shall be informed about the types of records to be maintained, the documentation process and record management standards.

GUIDELINES

1. All employees shall follow the Agency's system for recording information for consistency purposes.
2. Personnel shall apply the following standards, when documenting/managing client records:
 - a. To identify the client, each page shall contain:
 - i. client's name;
 - ii. current date; and,
 - iii. page number.
 - b. To keep the record permanent, all entries shall be made using ink or other durable means.
 - c. When making corrections, the original notation shall not be erased. Instead:
 - i. use a single line to rule out incorrect information;
 - ii. write "error" and initial beside "error; and,
 - iii. insert the correct information right after the error notation.
 - d. should a complete page need to be done over:



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- i. draw a diagonal line through the page and initial it;
 - ii. write “original” across the deleted information;
 - iii. label the new page as “correct copy”
 - e. Notations shall be made before the completion of each shift, after an event or more frequently, if required.
 - f. Employees shall only document the specific care they personally provided to clients.
 - g. Only accurate data about what was observed or heard shall be documented. Assumptions shall be avoided.
 - h. Information shall be recorded in the order in which it occurred. If an entry is made out of sequence, place an arrow extending from the notation to the spot where it should be inserted.
 - i. Abbreviations shall be kept to a minimum, using only those abbreviations recognized by all members of the care team.
 - j. Misinterpretations shall be guarded against using short and concise words.
 - k. Routine events shall always be recorded.
 - l. All entries shall be legible.
 - m. All entries shall include the date, time, legible signature and professional designation of the individual making the notation. e.g. CA (Care Aid), RN (Registered Nurse) or LPN (Licensed Practical Nurse)
3. When *Flow Sheets* are used, notations do not need to be made on the *Care Aide Notations*, unless there has been a change in the client’s health or something unusual has occurred.
 4. A Master Signature List shall be prepared and kept in the client’s records. The list shall contain the:
 - a. printed full name and initials of everyone providing care;
 - b. professional designation of everyone providing care; and,
 - c. signature of everyone providing care.


CROSS-POLICY REFERENCES

1. Service Plan
2. Service Agreement
3. Client Access to Information
4. Client Complaints/Grievances

FORMS


1. Service Plan
2. Service Agreement
3. Care Aide Notations



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4. Flow Sheet
5. Incident Report
6. Financial Transactions Record
7. Complaint/Grievance
8. Client Satisfaction Questionnaire
9. Advance Directives
10. Client Service Certification Record



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Documentation to Keep in Client's Home

PURPOSE

To ensure there is a consistent and reliable method of communicating information about clients from one Home Care Service Provider to another/others.

POLICY

Infinity of Page Home Health Services, LLC requires that, with the clients' permission, records, documentation and forms, related to their care and well-being, be kept in their homes: during the provision of home care services.


PROCEDURES

1. The Agency shall provide a binder and/or a folder, which shall be used to record and contain client documentation.
2. Supervisor shall advise clients:
 - a. about the contents of the binder and/or folder;
 - b. that the records are legal documents; and,
 - c. about the guidelines for their storage and use in the home.
3. The binder and/or folder shall be placed in an accessible but out-of-the-way location in clients' homes. All Home Care Workers shall be advised of their whereabouts.
4. Records and/or forms to be kept in the home shall include, but are not limited to:
 - a. Service Plan;
 - b. Care Aide Notations;
 - c. flow charts;
 - d. financial transactions records; and,
 - e. documentation on health care directives, if applicable.
5. Training shall be provided to the Home Care Workers regarding the types of records to be maintained in the home and their functions.
6. Records shall be returned to the Agency office for safe keeping when they no longer required in the home.

CROSS-POLICY REFERENCES

1. Documentation and Client Records




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FORMS

1. Service Plan
2. Care Aide Notations
3. Flow Sheet
4. Financial Transactions Record



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Safeguarding Client Records

PURPOSE

To establish guidelines for the protection of client information from loss or unauthorized use.

POLICY

Infinity of Page Home Health Services, LLC has established protocol for safeguarding client records against loss and/or unauthorized use.


PROCEDURES

1. Client files shall be kept in locked cabinets and/or in a locked room in the Agency office.
2. All files shall be returned to the locked cabinet and/or locked file room in the Agency office before the office closes.
3. No client documentation shall be left on desks overnight.
4. Original client records shall be kept in the Agency office at all times.
5. Parts of client records, which may be copied, include:
 - a. Service Plan;
 - b. Treatment Plan;
 - c. Medication List;
 - d. Notations made within the previous 10 days; and,
 - e. Client Assessments.
6. Copies of records, which are taken out of the Agency office shall be protected by:
 - a. covering them to protect confidentiality;
 - b. placing them on a vehicle's back seat floor or in its trunk;
 - c. keeping the vehicle locked at all times; and,
 - d. returning them to the Agency office by the end of the day.
7. Removal of client records from the Agency office, or any variation to the "removal of client records from the Agency office" regulations, requires authorization from the Supervisor.
8. All copies of client records shall be shredded when they are no longer needed.
9. Procedures for Client records kept in clients' home shall be in accordance with the Agency's policy on *Records Kept in Clients' Homes*.

CROSS-POLICY REFERENCES

1. Records to Keep in Clients' Homes



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Retention & Destruction of Client Records

PURPOSE

To comply with applicable laws and regulations regarding the retention and destruction of client files/records.


POLICY

Infinity of Page Home Health Services, LLC maintains/keeps client files/records for the mandatory period required and then destroys them.

PROCEDURES

1. All records shall be maintained and protected, as detailed in the Agency's policy on *Documentation and Client Records*.
2. Active and inactive file/records shall be kept separately.
3. When a file/record is closed, all related documentation shall be placed in the file/record, which shall then be moved from the "Active" file/record location to the "Inactive" file/record location.
4. Client files/records shall remain the property of the Agency.
5. The Agency shall keep all files/records of cases involved in litigation until the case is concluded, even if the case goes beyond the period that, by law, records are required to be kept.
6. Closed client files/records shall be held for the prescribed time and then shall be destroyed.
7. Physical file/records shall be destroyed by:
 - a. shredding within the Agency office;
 - b. an outside company, which specializes in shredding;
 - c. a secure, electronic or physical process for electronic files/records; or,
 - d. an outside company, which specializes in erasing electronic files/records.
8. A log of all files/records destroyed shall be kept. This log shall contain:
 - a. the name of the client whose file/record is being destroyed;
 - b. the name of the individual who authorized the destruction of the file/record;
 - c. the date authorization was given to destroy the file/record;
 - d. the date on which the file/record was destroyed; and,
 - e. the name of the individual who destroyed the file/record.
9. The Owner/Manager/Administrator shall do the shredding or shall assign shredding responsibilities to another individual.




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CROSS-POLICY REFERENCES

1. Documentation and Client Records



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Client Access to Information

PURPOSE

To respect the client's right to have access to information (records, forms, documentation, etc.) kept on them.

POLICY


Infinity of Page Home Health Services, LLC respects the right of clients/clients' representatives to have access to the documentation that the Agency keeps on them and the service they receive, including all correspondence with third parties and shall:

1. permit clients, who request it, to receive a copy of their information;
2. restrict client access only when there is substantial and verifiable risk of significant damage to the client, should the information be revealed; and/or
3. reserve the right to refuse the release of information to a client if it will violate another individual's rights.

PROCEDURES


1. Clients, who want to see their records may advise employees or Supervisor of their wishes.
2. If the request is made to an employee, the employee shall advise the Supervisor who oversees the files, about the request.
3. Clients' requests to view their records/files shall be handled in a timely manner.
4. Supervisor shall note the client's request to view the record/file in the client's file.
5. Supervisor will make an appointment with the client to review the file.
6. Supervisor shall be present when clients review their files in order to:
 - a. ensure record integrity;
 - b. provide information; and,
 - c. clarify contents.
7. Supervisor shall correct any information found to be in error as the result of the client's review, as soon as possible.
8. A copy of documentation shall be given to clients, upon request. However:
 - a. the Agency may charge for any copies made; and,
 - b. if copying charges are to be levied, the Agency shall provide an estimate of the costs before copies are made.
9. Supervisor shall document in the client's file:
 - a. the name of the client/client's representative, who viewed the file,
 - b. the name of the Agency employee who was present;
 - c. the date and duration of the review; and,



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d. a list of documentation copies given to the client/client's representative.



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Communicating with People with Disabilities

PURPOSE

To provide guidelines for staff to communicate effectively and respectfully with clients, families, co-workers and individuals in the community-at-large, who have communication challenges.

DEFINITIONS

1. Communication Assistant

A Communication Assistant is someone who interprets a person's impaired speech or assists a person, who uses a communication display or device.

2. Language Interpreter

A Language Interpreter is a person who provides an oral translation between speakers who speak different languages.

3. Sign Language Interpreter

A Sign Language Interpreter is a person trained in translating between a spoken and a signed language. i.e. Someone interprets what is being said and signs it for another individual who can't hear, but does understand sign.

4. Deaf-blindness

An individual who is deaf-blind is one who has a combined loss of vision and hearing. Neither their vision or their hearing can be used as a primary source of accessing information.

5. Intervener

An Intervener is a person who acts as the eyes and ears of a person with deaf-blindness. The Intervener mediates between the person who is deaf-blind and his or her environment to enable him/her to communicate effectively with, and receive non-distorted information from, the surrounding world

6. Intervention

Intervention is the process which allows an individual, who is deaf-blind, to receive non-distorted information, which enables him/her to interact with their environment.


7. Captioner

A Captioner is a person who writes or types what is being said.

POLICY

Infinity of Page Home Health Services, LLC is committed to promoting effective, respectful and courteous interactions with clients/families/other persons by providing measures to enable its staff to communicate more effectively with people with various




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disabilities, in keeping with the principles of dignity, independence, integration, and equal opportunity.

PROCEDURES


1. Communication practices shall be developed and applied to accommodate in-person meetings, telephone conversations and written correspondence.
2. A staff inventory and/or community listing of the following resources shall be developed, applied and maintained. This list should include, but not be limited to, the following:
 - a. Communication Assistants;
 - b. Language Interpreter;
 - c. Sign Language Interpreters; and,
 - d. Interveners.
3. Whenever possible, a worker, who speaks the same language as a client/family shall be assigned to deliver services.
4. When communication disabilities exist, the following resources may be considered for assistance:
 - a. an Interpreter for an individual who has a different native language;
 - b. a Sign Language Interpreter for an individual with hearing loss;
 - c. a Captioner for an individual with aphasia; and/or,
 - d. a picture for a person with hearing loss and/or aphasia.
5. When communicating with a client/family with disabilities, incorporate the following measures:
 - a. When speaking to a person who is blind, identify self at the beginning of the conversation and advise when leaving.
 - b. When trying to get the attention of somebody who is deaf:
 - i. tap the person gently on the shoulder or arm;
 - ii. look directly at the person, and speak normally and clearly; and,
 - iii. keep hands away from face and use short, simple sentences.
 - c. If a Sign Language Interpreter is used, speak directly to the person, not to the interpreter.
 - d. When interacting with an individual, who has a service animal, do not touch or distract the animal.
 - e. When talking to a person, who uses a wheelchair, position your body at that person's eye level and don't touch the wheelchair or any other assistive device.
 - f. When speaking with a client/family with a cognitive disability, if necessary:
 - i. repeat or rephrase comments; or,



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- ii. give instructions in writing.
6. When clients undergo their initial assessment, the Supervisor/Registered Nurse shall inquire about the client's/family's preferred communication method. The Supervisor/Registered Nurse shall determine:
 - a. how the client/family want to communicate with the Agency on the telephone:
 - i.e. if he/she:
 - i. wants to use a device or a communication assistant; and/or,
 - ii. want questions to be asked, which can be answered by a “yes” or, “no”;
 - b. if the client/family wants to use e-mail or fax to communicate with the Agency';
 - c. how the client/family want written information to be presented. e.g.:
 - i. written or electronic format;
 - ii. large font;
 - iii. simple language, and/or,
 - iv. Braille;
 - d. whether or not assistance in understanding the written word is needed;
 - e. whether or not someone is required to take notes;
 - f. whether or not printed handouts needed;
 - g. whether or not the client has a formal decision-making agreement in place (e.g. Power of Attorney) that specifies the individual(s) who can assist the client to make decisions and/or make decisions on the client's behalf;
 - h. whether or not a client, who cannot write but can understand a document’s contents, wants to sign using a substitute method such as:
 - i. signing an "x"
 - ii. using a stamp,
 - iii. using a thumbprint; or,
 - iv. delegate the signing to a person with a Power-of Attorney; and,
 - i. whether or not a client/family requests the assistance of a Sign Language Interpreter or a Captioner.
 7. Be alert for a client/family's preference for privacy when sharing information, even when a Communication Assistant is being used, even though it is the client/family's responsibility to establish privacy boundaries with their Communication Assistant.
 8. Ensure that the individual, who assists a client/family with communication, has been authorized to do so before accepting the client/family's messages, as expressed by the assistant.



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9. In situations, wherein a client/family has communication disabilities and difficulties understanding, due to a different native language, an Interpreter in addition to communication supports may be needed.
10. When using terminology, be selective and use words such as “disability” or “disabled” as opposed to “using handicap” or “handicapped”.
11. Put people first by:
 - a. using words that reflect individuality, equality or dignity; and,
 - b. say a “person with a disability” instead of saying a “disabled person”.
12. Clients/families/others shall be consulted to obtain feedback on how well their communication needs are being accommodated by the Agency. This feedback shall be solicited:
 - a. during supervisory follow-up contacts; or,
 - b. by the front-line home care workers when indicated.
13. Training and resources shall be provided to all staff who interact with clients, which include, but are not limited to, the following:
 - a. General guidelines for communicating and working with people who have a range of communication disabilities.
 - b. Information on how to access community resources for Interpreters, Sign Language Interpreters, Captioners, Note-Takers, Interveners, Communication Assistants and the like.
14. Employee shall put to practice the tips provided in Agency's tool: *Communicating with People with Disabilities*.

GUIDELINES

To assist people with disabilities access and utilize Agency services, the following general guidelines should be applied:

1. Treat people with disabilities with the same respect and consideration that is shown to everyone else.
2. When uncertain re what to do, ask the client/family if they need assistance before stepping in and doing something.
3. Wait until a client/family describes his/her situation instead of making assumptions.
4. Take the time to get to know the client/family’s needs, as some disabilities are not obvious.
5. Extend common courtesies to people with disabilities.
6. Be patient and give the client/family an opportunity to explain him/herself.



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7. Face the person to observe visual clues like body language, facial expressions and gestures.
8. Make sure the individual can see the speaker's mouth before talking.

9. Ask one question at a time and wait for a reply before going on to the next question.
10. Wait for the person to finish his/her message instead of trying to guess what he/she wants to say, unless the person has agreed to the guessing.
11. If what is said is not understood, say it in another way, rather than repeat it or try demonstrating it by:
 - a. using gestures;
 - b. showing objects or pointing at people;
 - c. writing the key words that are being said; and/or,
 - d. drawing a picture or diagram.
12. Avoid speaking to, or referring to, the individual in the third person when in his/her presence.

FORMS

1. Communicating with People with Disabilities



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Communicating with Clients with Limited English Proficiency

PURPOSE

To ensure that clients with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in the Agency’s services, activities, programs and other benefits.

DEFINITIONS

1. Limited English Proficiency (LEP)


Limited English Proficiency is a term used in the United States that refers to a client who is not fluent in the English language because it is not his/her native language.

POLICY

Infinity of Page Home Health Services, LLC adheres to the DHHS–Office for Civil Rights’ Policy “*Communication with Persons with Limited English Proficiency*”:

1. Measures shall be applied to provide meaningful communication between the Agency and Client/Client’s Representative/Family to ensure they understand:
 - a. their medical conditions and plan of care;
 - b. the information contained in important documents including their:
 - i. waiver of rights;
 - ii. informed consent to services/care;
 - iii. financial responsibilities;
 - iv. financial and/or insurance benefits, if applicable;
 - v. terms of the service/care;
 - vi. rights and protections;
 - vii. responsibilities and the Agency’s responsibilities; and,
 - viii. service agreement with Agency;
2. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost and the Client Client’s Representative/Family shall be informed that this assistance is available.
3. Language assistance shall be provided by:
 - a. competent, bilingual staff;
 - b. staff interpreters;
 - c. contracts or formal arrangements with local organizations providing interpretation or translation services; and,
 - d. technological and telephonic interpretation services.



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4. All staff shall be informed about this this policy. Staff that may have direct contact with LEP clients will be trained in effective communication techniques, including the effective use of an interpreter.
5. The Agency shall:
 - a. conduct regular reviews of the language access needs of its clients; and,
 - b. update and monitor the implementation of this policy, as indicated.

PROCEDURES

1. Identifying LEP Clients and Their Language

The language and communication needs of clients with LEP shall be identified promptly. Their spoken language can be determined by various means including:


- a. records of past interactions with client or family;
- b. language identification flashcards; and/or,
- c. posters.

2. Obtaining a Qualified Interpreter

- a. The Supervisor shall be responsible for ensuring:
 - i. an accurate and current list of qualified interpreters is maintained showing the name, language, phone number and hours of availability of bilingual staff.
 - ii. an outside interpreter is obtained if a bilingual staff member or a staff interpreter is not available or does not speak the needed language.
- b. Family members or friends of a client with LEP shall not be used as interpreters unless:
 - i. specifically requested by the client; and,
 - ii. the client understands that an interpreter is offered at no charge.
- c. When an offer to provide an interpreter at no charge is made, the offer and the response shall be documented in the client's file.
- d. If the client chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest shall be considered.
- e. A competent interpreter shall be provided if the family member or friend is not competent or appropriate because one or more of the issues listed in 4(a) is evident.
- f. Children and other clients will not be used for interpretation purposes to ensure confidentiality of information and accuracy of communication.

3. Providing Written Translations



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When translation of vital documents is needed, the Supervisor shall submit the documents needing translation:

- a. Original documents being submitted for translation shall be in final, approved form with updated and accurate legal and medical information.
- b. The Agency will provide additional support:
 - i. translation of other written materials, if needed; and,
 - ii. written notice that translation is available free of charge, for LEP clients.
- c. Over time, benchmarks shall be established for translation of vital documents into additional languages.

4. Providing Notice to LEP Clients

The Agency shall inform LEP clients of the availability of language assistance, free of charge by:

- a. providing written notice in languages clients will understand;
- b. posting notices or signs in the office reception area; and,
- c. inserting details in its Information Package/Pamphlet .


5. Monitoring Language Needs and Implementation

- a. The Agency shall assess changes in demographics, types of services or other needs that may require re-evaluation of this policy.
- b. The Agency shall regularly assess the efficiency of these procedures including, but not limited to:
 - iii. mechanisms for securing interpreter services;
 - iv. equipment used for the delivery of language assistance;
 - v. complaints filed by LEP clients; and,
 - vi. feedback from clients and community organizations,

REFERENCES

1. Title VI Human Rights Act of 1964
2. Health & Human Services (HHS) – Office for Civil Rights



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Restraint & Seclusion Measures

PURPOSE

1. To protect clients' rights;
2. to ensure the protection of each patient's physical and emotional health and safety; and,
3. to deliver high quality care.

DEFINITIONS

1. Physical Restraints

Physical restraints are items or actions that are used, specifically, to physically restrict or control movement or behavior. They may be attached to a person's body or create a barrier such as geri-chairs, hand ties, bed railings, bars, belts, vest restraints, wrist restraints, special chairs and bed side rails.

2. Chemical Restraints

Chemical restraints are any medication used to control behavior beyond the point of therapeutic benefit.


3. Environmental Restraints

Environmental restraints can include modification of an individual's surroundings to restrict or control movement such as seclusion rooms and locked doors.

POLICY

1. Infinity of Page Home Health Services, LLC shall follow state regulations for restraining or secluding clients who are receiving in-home services from a home support agency.
2. In the absence of any State regulations regarding the use of restraint or seclusion measures for recipients of in-home services, the Agency shall follow the guidelines established by the Joint Commission (2009), the Omnibus Budget Reconciliation Act of 1987 (OBRA-87) and the Center for Medicaid/Medicare Services.
3. The Agency does not endorse the use of restraints or seclusion unless there are no other options, as determined by a health professional, and providing:




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- a. the restraint or seclusion measure is ordered, in writing, by a Physician and evidence of this order is documented in the client’s file; and,
 - b. the individual assigned to care for the client is a Registered Nurse who has been appropriately trained to care for individuals who are restrained or secluded.
4. In an emergency situation, in-home workers may temporarily restrain or seclude a client, in accordance with the procedures outlined in this policy, when:
- a. less restrictive measures have proven to be ineffective; and,
 - b. the lives or safety of the client, worker and/or others are threatened.

PROCEDURES


1. The Agency shall provide clients or clients’ representatives with formal notice of their restraint and seclusion rights before the Agency commences the delivery of home care services.
2. Client rights shall include freedom from restraints and seclusion in any form if used as a means of coercion, discipline, staff convenience or retaliation.
3. If in-home workers note or become aware of non-urgent behavioral issues or other issues with clients, they shall report them to the Supervisor, as soon as possible.
4. The Supervisor shall follow-up with the in home worker’s non urgent concerns and, as indicated, refer the client to a health care professional for assessment and development of an individualized care plan.
5. Urgent behavioral issues or other urgent issues should be handled by:
 - a. ensuring the safety of client, worker and/or others;
 - b. contacting emergency resources immediately; and,
 - c. notifying the Agency Supervisor as soon as possible.
6. In-home workers shall be encouraged to make the client’s environment as safe as possible and to maintain the client’s customary routine to off-set negative behavioral escalations.
7. In-home workers may apply measures that have been recommended to inhibit the need for restraints and seclusion, providing:



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- a. such measures are prescribed, in writing, by a health care professional(s);
 - b. the workers have been authorized to do so by the Agency Supervisor; and,
 - c. the prescribed measures fall within the scope of worker’s job description and/or training.
8. Before delivering services, in-home workers shall receive direction on any remedial measures, prescribed by a Health Care Professional, such as::
- a. less intrusive methods of providing nourishment;
 - b. meaningful activities;
 - c. regular exercise;
 - d. psychosocial support; and,
 - e. responsive health care.
9. The Agency reserves the right to not accept any referral for service, if restraint or seclusion measures are already in place for the individual being referred.
10. Should the Agency currently be providing services to a client whose Doctor orders, in writing, the application of restraint or seclusion measures, the Agency reserves the right to terminate the provision of services to that client. Furthermore,
- a. if the Agency decides to terminate services, it shall do so in accordance with the Agency’s *Termination & Transfer of Clients Policy*; and,
 - b. with the client/client’s representative’s consent, the Agency shall take an active role in coordinating the transfer of care to another entity, in accordance with the Agency’s *Coordination of Client Care with Outside Resources Policy*.
11. If the Agency opts to continue providing services to a client, whose Doctor has just ordered the use of restraint or seclusion measures, then:
- a. a Registered Nurse, who has the necessary knowledge and skills, shall be assigned to the client.
 - b. the assigned RN must have undergone/undergo rigorous training and have been or be tested for competency prior to providing care to the client.



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- c. the training shall be provided by a competent, recognized trainer to assure the appropriateness of the treatment and the protection of client rights.
- 12. When restraint or seclusion is necessary, the measures taken shall be documented and, when applicable, the notations shall be made by more than one witness.
- 13. Individuals placed in restraints or seclusion shall be checked every 15 minutes.

GUIDELINES

- 1. Individuals, who are restrained or placed in seclusion, should be treated in a humane manner and have their dignity preserved.
- 2. Restraint and seclusion should be employed only when no other viable option is available.
- 3. When the safety of an individual, worker or others is jeopardized by aggression or assault, temporary restraint may be justified.
- 4. When restraint or seclusion is clinically appropriate and justified, Registered Nurses, who possess the necessary knowledge and skills to effectively manage these measures, must be actively involved in the assessment, implementation, and evaluation of the selected emergency measure.
- 5. As part of their training curriculum workers should receive training on:
 - a. de-escalation techniques;
 - b. mediation;
 - c. self-protection skills; and,
 - d. recognition of physical distress in restrained or secluded individuals.


CROSS POLICY REFERENCES

- 1. Termination & Transfer of Clients
- 2. Coordination of Client Care with Outside Resources

REFERENCES


- 1. Center for Medicaid/Medicare Services (CMS)
- 2. Federal Nursing Home Reform Act - Omnibus Budget Reconciliation Act of 1987 (OBRA-87)



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3. The Joint Commission (2009)



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Recruiting, Hiring & Rostering

PURPOSE

1. To define the method and criteria for the recruiting, selecting, and hiring/rostering of employees;
2. to ensure that only qualified and trained staff deliver services to clients.
2. to promote the safety, welfare and protection of clients/families; and,
3. to address the Agency's current and anticipated future staffing needs.

POLICY

Infinity of Page Home Health Services, LLC applies a meticulous and consistent process for the recruitment, selection and hiring/rostering of staff, in accordance state and federal regulations, equal opportunity requirements and non-discriminatory regulations.


PROCEDURES

When the Agency wishes to hire a new employee(s), when a new position is created or when an existing position becomes vacant, the following process shall be followed:

Position is Posted

1. The Agency Manager and Supervisor shall review and update the relative Job Description; and post the job opening on the *Job Posting Board* within the Agency Office. It will be kept there for 10 working days or for a period, which complies with State/Federal regulations. The closing date for applications is clearly stated. If internal recruitment is not successful or is not an option, the Agency Manager advertises the job position on the open market, providing details including, but not limited to, the following:
 - a. a description of the position available including qualifications, skills and experience required;
 - b. date or approximate date of when work will commence;
 - c. information that a job description is available upon request;
 - d. the service area of the Agency;
 - e. the requirement that applicants must be in good health;
 - f. whether the position requires a valid driver's license;
 - g. whether or not the applicant needs the use of a personal or private vehicle;
 - h. where resumes and references should be submitted; and,
 - i. closing date of the competition.



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Applications are Screened


Solicited Employment Applications

1. The Agency Manager and Supervisor shall form the Screening Committee, which screens the applications for suitability to the position and to the Agency.
2. Those applications, deemed to be most suitable, in terms of meeting the criteria required by the position and the requirements of the Agency, will be selected for further evaluation and possible personal interview.
3. The Agency does not return employment applications and resumes to submitters. Suitable ones will be kept for one year and, then will be destroyed. Unsuitable ones are destroyed shortly after being deemed “unsuitable” for employment with this Agency.
4. If you are hired by the Agency, your employment application and/or resume becomes a permanent part of your Personnel File. It is used to determine eligibility for employment and promotion.
5. All information provided in the application must be accurate and true. Should misrepresentation or false information be submitted, it could result in failure to hire or in termination.

Unsolicited Employment Applications

1. The Agency continually receives unsolicited applications from individuals who are seeking employment with the Agency, even when there are not job positions advertised. Due to the high volume of such applications, the Agency will not be contacting the submitter, unless it is interested in having the submitter complete the Agency’s *Application for Employment* form.
2. Candidates, who are asked to complete this form, should return it to the Agency where it will be screened by the Supervisor and/or Agency Manager to determine if the candidates have the experience, training and/or education required for the relative position(s).
3. Applications that do not appear to meet the criteria required for the position(s) will not be kept but will be destroyed. They are not returned to the sender.
4. Applications that appear to meet the required criteria may be selected and placed in the Agency’s *Potential Candidates*” file.
5. Selected applications/resumes will be kept in the “*Potential Candidate’s*” file for approximately one year. Should the Agency need to recruit new employees during this period, the resumes of potential candidates will be reviewed, and suitable ones may be contacted for Personal Interviews.



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Short-List is Created

Once all the applications have been screened for the minimum requirements, a short list of **finalists** to interview is created. Short-list decisions are based on the information included in the applications.

Interviews are Conducted


1. The Agency Manager or Supervisor will schedule interviews with prospective candidates. Candidates called in for interviews, should bring the documentation, listed below, with them. This documentation may not be reviewed during the actual interview but if the candidate proceeds beyond the interview stage, it will need to be verified at some point in the process.
 - a. photo identification such as a driver's license, passport or student's card;
 - b. copy of all licenses and/or certification relative to the position.
 - i. Nurses must bring a completed license verification form, which shows that their license is current and must show verification that their status with state agencies is in good standing.
 - ii. Since certification requirements for Care Aides vary from state, Care Aides must show proof that they are certified as a Personal Care Worker in the state wherein the Agency operates.
 - iii. First Aid and CPR Certification - Employees providing services to clients are required to have First Aid training and be CPR certified. Documentation showing currency of such certification is required.
 - iv. Food Safe Certification is a requisite for all workers. Employees who do not have it at the time of interview, must take obtain it or take the course within 30 days of being hired. There are various sites online sites that offer this training.
 - c. Candidates may be required to provide a copy of their birth certificate to validate their age, if they appear to be “minors”, as defined by the Federal Department of Labor DOL or State.
 - d. Three completed references, which are job related and, preferably, from previous Supervisors. If Care Aides have recently attained accreditation but do not have three references relative to the position they are applying for, they may submit three Supervisory references from previous work experiences.
2. The Agency Manager and/Supervisor shall form the Interviewing Committee, which interviews candidates. If a Registered Nurse is on staff, he/she may be asked to also sit on the Screening and Interviewing Committees for personal care positions.



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3. The Interviewing Committee rates candidates on their qualifications and responses to interview questions.



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New Employee(s) is Selected

After the interviews have been conducted, the interview panel decides which finalist will receive the job offer and they will rank the order of the other finalists, in case the chosen finalist declines the job offer.

Conditional Offer of Employment is Made

1. The Agency Manager may make a *Conditional Offer of Employment* to the successful finalist(s). This is usually done verbally so that wage and start date negotiations can happen quickly. The employment offer is contingent upon the successful results of the background checks and drug testing checks, in accordance with State and Federal regulations.
2. Candidates issued a *Conditional Offer of Employment*, will be asked to sign an *Employer-Employee Agreement*. Whenever changes occur to this agreement, an Addendum will be added.


Provisional Hiring

Applicants may be hired for employment or referral on a provisional basis, pending receipt of a criminal history report or child abuse clearance verification, in accordance with the Agency's *Provisional Hiring Policy*.

Background Checks are Conducted

1. The successful candidate(s) gives consent for background checks by completing and signing a "*Pre-Employment Background Check Authorization*", in compliance with the Agency's *Pre-employment Background Check Policy*.
2. If the candidate will be providing services to and/or will be in direct contact with individuals, who are under the age of 18 years, the Agency's *Child Abuse Clearance Policy* shall be followed.
3. Criminal Background Reports and Sexual and Sexual Offender Registration Investigations will be conducted in accordance with the Agency's *Criminal Background Checks & Sexual Offender Investigation Policy*.
4. Candidates, deemed to have records of conviction, have the right to obtain a copy of the *Criminal Records Report* and may challenge its accuracy.
5. The successful candidate(s)' shall submit three written references, which will be verified by the Agency Manager or Supervisor:
6. The successful candidate(s)' shall submit evidence of educational achievements and/or certifications e.g. transcripts, diploma, certificates, degrees.



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7. Copies of all documentation will be made and be placed in the Personnel File.

Use of Consumer Reporting Agency Reports

In the event that Consumer Reporting Agency Reports are going to be used, in part or in whole, in deciding whether or not to offer employment to an Associated Individual, the Agency's *Adverse Actions Policy* shall be followed. The Agency Administrator shall provide the Associated Individual with:

1. "Pre-"Adverse Action" notice;
 2. "Adverse Action notice,
- in accordance with the Fair Credit Reporting Act (FCRA), United States Equal Employment Opportunity Commission (EEOC) and the Agency's Policy #4.21 - Criminal Background and Sexual Offender Registry Investigations.

Competency Examinations May be Conducted

In some situations, one or more competency examination(s) may be conducted, depending on the job description, position requirements, the qualifications/experience of the candidate and the State's competency/certification standards and/or as deemed necessary by the Agency.

The Agency's *Competency Validation & Evaluation Policy* shall be followed to determine the need for competency examinations.

Other Information Required

Additional information is also needed from the successful candidate(s), which includes, but is not limited to:


1. social security number;
2. valid driver's license;
3. proof of vehicle insurance;
4. birth certificate;
5. Physician's statement of medical fitness for the position; and,
6. immunization record.,
7. Fingerprint Clearance Card

Immunizations and Testing Needed

Tuberculosis Skin Testing

The successful candidate(s) (and all employees) shall be examined for Tuberculosis by undergoing skin tests, unless they are known to be positive reactors, in which case they



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shall have a chest x-ray instead. The terms of the Agency’s policy on *Tuberculosis Control-Health Screening* shall be followed.

Tetanus & Diphtheria

The successful candidate(s) (and all employees) shall have/have had Tetanus and Diphtheria toxoid immunizations, follow-up by having had/shall have boosters every 10 years

Hepatitis Series.

The successful candidate(s) (and all employees) shall be offered the Hepatitis B series of vaccination within 10 days of commencing employment, at no cost to them, unless:

1. they have already received the vaccine; or,
2. They elect to undergo tests for antibodies. Employees are responsible for any costs associated with the antibody test.

Employees shall complete and sign the Agency’s “*Request or Decline a Hepatitis B Vaccine*” form.


Written Offer of Employment Made

1. The Agency Manager may offer the successful candidate(s) employment contingent upon the successful completion of the Probationary Period. This offer shall be made in writing and shall include at least the following:
 - a. the title of the position;
 - b. a summarized job description;
 - c. hourly wage or annual salary;
 - d. effective date of employment;
 - e. hours of work; and,
 - f. any specific agreements between Agency Manager and new employee. e.g.:
 - i. mileage and/or financial reimbursement for use of personal vehicle;
 - ii. need for higher level of vehicle insurance for use of personal vehicle; and/or,
 - iii. need for specific class of driver’s license (if transporting clients).
2. A copy of the offer-of-employment letter shall be given to the successful candidate(s) and the original shall be placed in the successful candidate(s)’ personnel file.

Offer or Employment is Accepted

A chosen finalist formally acknowledges the job offer verbally or in writing. The organization begins paperwork necessary to hire the chosen finalist on the agreed upon start date.



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1. Agency Manager shall give the new employees the following forms to complete:
 - a. *The "I-9"*, which is the United States Department of Justice Immigration and Naturalization Service Employment Eligibility Verification form.
 - b. *The W-4*, which is the Employee's Withholding Allowance Certificate. This form states the correct amount to withhold for Federal Income Tax.
 - c. *Selective Service*: In the United States, male citizens, between the ages of 18 and 25, must register with the Selective Service.
 - d. *Pre-employment Background Check*, which is issued by the Agency. And,
 - e. Any additional forms, as mandated by State/Federal Regulations.

Unsuccessful Candidates Notified

Once the Agency Manager and the chosen finalist have agreed upon the terms of employment, the Agency Manager advises the other interviewed applicants that the position has been filled. Only those candidates who were interviewed, will receive notification. In

the event that the job posting did not specify that, then all candidates, who submitted applications, shall be advised that the position has been filled.


"At Will" Employment in Place

All employment with the Agency is *"At will"* i.e. It is totally voluntary. Employees are free to resign at any time, with or without cause. Likewise, the Agency is free to terminate employees' positions, at any time, with or without cause.

Orientation

1. The Supervisor shall ensure that the successful candidate(s) and other new employees receive the Agency's General Orientation within 2 weeks of commencing employment.
2. The Supervisor shall ensure the successful candidate(s) is given Specific Orientation to the position classification(s), being assumed.
3. New employees shall not provide service to clients until they receive General and Specific Orientation.
4. The Supervisor shall give the successful candidate(s) and other new employees an *Orientation Checklist*, which specifies which subjects need to be reviewed. Employees shall tick each subject off the checklist as it is given. Once the form is completed and signed, one copy shall remain with the individual employee and the original shall be placed in the individual employee's personnel file.



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Probation

1. New employees shall be on probation for the first six months of employment.
2. The Agency Manager shall be responsible for hiring and firing employees.
3. The Agency Manager may offer the successful candidate(s) employment contingent upon successful completion of the Probationary Period. This offer shall be made using the Agency’s *Employer & Employee Agreement*.


GUIDELINES

1. When seeking new employees, strive to select those who are trained or are trainable to be able to:
 - a. perform their designated duties competently;
 - b. communicate effectively both verbally and in writing;
 - c. adhere to privacy and confidentiality requirements;
 - d. be tolerant with respect to races, ethnic groups, religions, cultures and living standards; and,
 - e. be receptive to and utilize supervision.
2. Ensure that advertisements for job openings clearly define the position(s) to be filled and include the amount of experience necessary and minimum educational requirements. This is to reduce the number of irrelevant applications and reduces the amount of time needed to screen all applications.
3. All documentation involved in the recruitment, selection and hiring of new candidates shall be considered confidential and shall be kept in a locked cabinet within the Agency office, including:
 - a. the advertisement;
 - b. names and credential of candidates;
 - c. the Board members and positions;
 - d. the screening and ranking specifics; and,
 - e. the interview and ranking specifics.
6. An individual personnel file shall be created for the successful candidate(s). It shall be treated as “Confidential” and shall be kept in a locked cabinet within the Agency office.

CROSS-POLICY REFERENCES

1. Pre-employment Background Checks
2. Fingerprint Clearance Card
3. Tuberculosis Control
4. Orientation



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5. Pre-employment Background Checks
6. Child Abuse Clearance
7. Criminal Background and Sexual Offender Registry Investigations
8. Adverse Actions
9. Provisional Hiring
10. Competency Validations & Evaluations


FORMS

1. Request or Decline a Hepatitis B Vaccine
2. Pre-Employment Background Check Authorization
3. Consent for Release of Information for Child Abuse History Clearance
4. Employment Candidate Interview
5. Reference Checks
6. Employer & Employee Agreement
7. Pre-Adverse Action Disclosure
8. Adverse Action Disclosure

REFERENCES

1. Office of Human Resources (HR)
1. United States Department of Labor (DOL)
2. United States Equal Employment Opportunity Commission (EEOC)
2. Fair Credit Reporting Act (FCRA)
3. Office for Diversity and Affirmative Action (ODAA).



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Pre-Employment Background Checks

PURPOSE

To describe the terms and conditions under which background checks are conducted in order to protect the funds, assets, property and personal safety of clients/families/co-workers and other individuals.

DEFINITIONS

1. Conditional Offer of Employment

Conditional offer of employment means a bona fide offer of employment from Infinity of Page Home Health Services, LLC contingent upon the successful completion of background checks, drug and alcohol testing and medical suitability, in accordance with their related policies.

2. Criminal Record Check

Criminal record check means verifying that the selected candidate does not have any undisclosed criminal history.

3. Sex and Violent Offenders Registry Check

Sex and violent Offenders Registry check means verifying that the selected candidate does not have undisclosed convictions of certain sex and violent crimes.

4. Child Abuse/Neglect Check

History checks are conducted, as needed, to determine if there is a history of child abuse or failure to provide for a child's basic needs.

5. Education Confirmation

Educational confirmation means ensuring that the selected candidate has all educational credentials listed on the application, resume or cover letter, etc. that qualifies him/her for the position wanted.

6. Employment Confirmation


Employment confirmation means ensuring that the selected candidate actually worked in the positions listed on the application, resume, cover letter, etc. that qualifies him/her for the position wanted.

7. License Confirmation

License confirmation means:

- a. ensuring that the licenses listed on the selected candidate's application, resume or cover letter, which qualify him/her for the position being sought, are valid and current; and,



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b. confirming that the selected candidate has a valid motor vehicle license and has the appropriate class of driver’s license for transporting clients, if required for the position being sought.

8. Personal and Professional References Check

Personal and professional references check means verifying that the written references the selected candidate has submitted are valid and accurately represent the reference provider’s assessment of the selected candidate.

9. Medical Suitability

Medical suitability means obtaining written confirmation from a licensed Health Care Provider stating that a candidate is medically able to perform the duties of the position being sought.

10. Drugs/Alcohol

Drugs/Alcohol means verifying that the selected candidate does not test positive for drugs and alcohol.

POLICY


Infinity of Page Home Health Services, LLC requires that all new employees undergo certain criminal and other background checks as a condition of employment.

PROCEDURES

Prior to implementing this policy, the Owner/Manager/Administrator shall speak with a lawyer or representative from the Department of Labor (DOL) or the Equal Employment Opportunity Commission (EEOC) to determine what the State law is regarding Pre-employment Background Checks. If Pre-employment Background Checks are legal, the Agency’s policy for pre-employment background check states that:

1. Pre-employment Background Checks are required for all new employees, whether they are full-time or part-time workers.
2. Pre-employment Background Checks are required for all former employees who are being rehired after being separated from the Agency for 90 days or more.
3. Pre-employment Background Checks must be completed, and the results verified before any candidate receives an offer of employment.
4. Candidates shall give consent to undergo Pre-employment Background Checks by completing and signing a “*Pre-Employment Background Check Authorization*”, in accordance with State regulations.
5. As a condition of employment, successful candidates shall undergo background checks, which include, but are not limited to the following:




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- a. Employment Verification;
 - b. Education Verification;
 - c. License Verification;

 - d. Motor Vehicle Records;
 - e. Personal/Professional Reference Verification;
 - f. Medical Suitability
 - g. Drugs/Alcohol
 - h. Criminal history check after acceptance of an offer of employment has been received. (See Policy #4.21 - Criminal Background and Sexual Offender Registry Investigations.) And,
 - i. Sex and violent offender registry check after acceptance of an offer of employment. (See Policy #4.21 - Criminal Background and Sexual Offender Registry Investigations.)
 - j. When indicated, Child Abuse Clearance must be undertaken. (See Policy #4.22 – Child Abuse Clearance.)
6. The Agency shall have the right to make employment decisions arising out of any and all of the Pre-employment Background Checks.
 7. In the event that Consumer Reporting Agency Reports are going to be used, in part or in whole, in deciding whether or not to offer employment to an Associated Individual, the Agency Manager shall provide the Associated Individual with:
 - a. "Pre-"Adverse Action" notice;
 - b. "Adverse Action notice,
 in accordance with the Fair Credit Reporting Act (FCRA), United States Equal Employment Opportunity Commission (EEOC) and the Agency's Policy #4.21 - Criminal Background and Sexual Offender Registry Investigations.
 8. All conditional offers of employment, oral and written, shall include the following statement: *"This offer is contingent on the Agency's verification of credentials and other information required by state law and Agency policies, including the completion of the Criminal Background and Sexual Offender Registry Investigations.*
 9. Employment and License verifications should be completed before any offer of employment is extended.
 10. Criminal Background and Sexual Offender Registry Investigations shall be conducted after a job applicant has accepted a conditional offer of employment. A subsequent offer of employment is dependent on favorable outcomes of the Criminal Background




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- and Sexual Offender Registry Investigations. (See Policy #4.21 - Criminal Background and Sexual Offender Registry Investigations.)
11. Records shall be kept for all employment, education, and license checks indicating the:
 - a. item checked/verified;
 - b. name of the department personnel completing the check/verification;
 - c. date of the check/verification; and,
 - d. the status of the check/verification.
 These records shall be retained in the associated individual/s personnel file.
 12. If pre-employment background check(s) are unfavorable, the Owner/Manager/Administrator shall rescind the conditional offers of employment in writing and advise the candidates about any relevant rights they have.
 13. Candidates shall be given the opportunity to review a copy of the background report(s), which informs them of any rights they have under the federal Fair Credit Reporting Act (FCRA) and under relevant State law to dispute incorrect information.
 14. The Agency will be responsible for any fees associated with any of the components of the background check process.

GUIDELINES

1. Owner/Manager/Administrator shall include the following statement in all oral and written conditional offers of employment: *"This offer is contingent on the Agency's verification of credentials and other information required by State/other law and Agency policies, including the completion of a criminal history check and Sex and Violent Offender Check."*
2. Owner/Manager/Administrator shall arrange for background checks .
3. All results of criminal, sex and violent offenders' convictions/issues shall be treated as confidential and shall be kept in a locked cabinet within the Agency office.
4. The Agency shall maintain records for all employment, education, and license verifications, which specify:
 - a. the item /verified;
 - b. the name of the individual who completed the verification;
 - c. the date of the verification; and,
 - d. the status of the verification.
 These records shall be kept in the individual's personnel file.



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5. The Agency shall keep all requests for background checks for employees on file for the period specified by the authority responsible for licensing, inspecting or certifying the Agency.
6. The Agency shall make any files available for inspection upon request by the authority responsible for licensing, inspecting or certifying the Agency.

CROSS-POLICY REFERENCES

1. Criminal Background and Sexual Offender Registry Investigations
2. Child Abuse Clearance
3. Recruitment, Selection & Hiring


FORMS

1. Pre-Employment Background Check Authorization
2. Pre-Adverse Action Disclosure
3. Adverse Action Disclosure
4. Summary rights Under Fair Credit Reporting Act (FCRA) is available at:
<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>

REFERENCES

3. United States Department of Labor (DOL)
4. United States Equal Employment Opportunity Commission (EEOC)
5. Public Record Finder: publicrecordfinder.com
6. National Court Appointed Special Advocates (CASA) Association: Resources by State: casanet.org
7. Fair Credit Reporting Act (FCRA)



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Criminal Background Checks & Sexual Offender Investigations

PURPOSE

1. To ensure a safer and more secure environment for Agency employees, clients and the public in general;
2. to support the verification of credentials, criminal history and other information; and,
3. to protect the Agency's funds, property and other assets.

DEFINITIONS

1. Criminal Background Investigation

A Criminal Background Investigation is the review of records containing information collected and stored in the criminal record repository of the Federal Bureau of Investigation, the state Department of Public Safety, or any other repository of criminal history records. These records may involve a pending arrest or conviction by a criminal justice agency, including, but not limited to:

- a. child abuse crime information;
- b. conviction record information;
- c. fingerprint cards;
- d. correctional induction and release information;
- e. identifiable descriptions; and,
- f. notations of convictions;

Providing that distribution of the information is not forbidden by law. Criminal background investigations are governed by federal and state laws, which vary by state.

2. Criminal History Report


A Criminal History Report is a State Police Criminal History Record or a Department of Aging letter of determination of eligibility for hire or roster based on a review of the Federal Criminal History Record.

3. Sexual Offender Registry

A Sexual Offender Registry is a system designed to allow government authorities to keep track of the residence and activities of sex offenders, including those who have completed their criminal sentences. Information in the registry is made available to the general public via a website or other means. In some jurisdictions, such as the United States, registration is accompanied by notification requirements. Offenders may be restricted from being in the presence of minors, living in proximity to a school or day care center, owning toys or other items of interest to minors, or using the Internet.

4. Conditional Offer of Employment



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A Conditional offer of Employment refers to an offer of employment that is dependent on the successful completion of certain conditions. The employment becomes final only on the successful completion of all the conditions. The conditions which are prescribed can be anything including the satisfactory completion of remaining phases of application process, medical examination, background investigation and drug tests.

POLICY

Infinity of Page Home Health Services, LLC complies with state and federal regulations for conducting criminal background checks and sexual offender investigations:


1. Records & Other Documentation Required

- a. A State Police Criminal History Record shall be obtained for individuals who are required to provide a criminal history report and who have been a resident of this state for 2 years preceding the date of the request for a State Police Criminal History Report.
- b. A Federal Criminal History Record and a Letter of Determination from the Department of Aging shall be obtained for individuals, who are required to undergo a criminal record check and who have NOT been a resident of the state for the 2 years preceding the date of the request for a criminal history report.

2. Individuals Requiring Criminal Background Checks


- a. Agency Owner(s)
Agency owner(s) shall undergo a criminal record history in accordance with the terms of this policy
- b. Job Applicants
Criminal record reports shall be obtained for each job applicant at the time of application or within 1 year immediately preceding the date of application for:
 - i. every applicant for employment or referral as a Direct Care Worker; and,
 - ii. every applicant for employment as an Agency Office Worker.
- c. Current and Rostered Employees
All currently employed Direct Care Workers and Agency Office Workers shall obtain a State Police Criminal History Record or a Department of Aging Letter of Determination, as indicated.
Exception: A Criminal History Report is NOT required for a Direct Care Worker or an Agency Office Worker if a Criminal History Record was obtained for that individual and the investigation was conducted in accordance with the stipulations outlined in this policy providing:
 - i. the Criminal History Report was obtained when the individual was hired; and,



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- ii. a copy of the Criminal History Report is contained within that individual's personnel file.
 - d. Full & Part-Time Employees
Pre-employment Criminal Background Checks and Sexual Offender Registry investigations are required for all employees, whether they are full-time or part-time workers.
 - e. Former Employees
Criminal Background and Sexual Offender Registry investigations are required for all former employees or who are being rehired after being separated from the Agency for 90 days or more.
- 3. Pre-Employment Background Check Authorization**
- a. Applicants shall give consent to undergo Pre-employment Criminal Background and Sexual Offender Registry Investigations by completing and signing the " Pre-Employment Background Check Authorization".
 - b. Applicants, who fail to complete the Pre-Employment Background Check Authorization, will NOT receive an offer of employment. If a conditional offer of employment has been extended, that offer will be withdrawn.
- 4. Sexual Offender Investigations**
- a. Sexual Offender Investigations shall be conducted, in accordance with state and federal requirements, at the time of application or within 1 year immediately preceding the date of application for:
 - i. individuals applying for employment or referral as Direct Care Workers; and,
 - ii. individuals applying for employment as Agency Office Workers.
 - b. Agency owner(s) shall undergo a sexual offender investigation in accordance with the terms of this policy.
- 5. Age Exemption**
Criminal Background and Sexual Offender Registry Investigations are NOT performed on individuals who are under the age of 18.
- 6. Proof of Residency**
Individuals may be required to submit or obtain a criminal history record to furnish proof of residency. If proof is required, any one of the following documents may be submitted:
- a. Motor vehicle records, such as a valid driver's license or a State-issued identification;
 - b. housing records, such as mortgage records or rent receipts;
 - c. public utility records and receipts, such as electric bills;



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- d. local tax records;
- e. a completed and signed, federal, state or local income tax return with the applicant's name and address preprinted on it; or,
- f. employment records, including records of unemployment compensation.

7. Pre-Requisites for Consumer Reports

Before receiving any consumer reports, the Agency must certify to the Consumer Reporting Agency in writing that it is obligated to:

- a. use the information for employment purposes only;
- b. use the information without violating state or federal equal opportunity law;
- c. inform the applicable individual, if the information is used for Adverse Actions, in accordance with the Agency policy on Adverse Action; and,
- d. supply additional information, legally required, if it engages in Investigative Consumer Reporting.


8. Convictions:

- a. If the Criminal Background Investigation indicates that there are no convictions, the State or Third Party will inform the Agency Manager, who, in turn, may offer the candidate employment.
- b. If the Criminal Background and Sexual Offender Registry Investigations reveal that there are convictions, which the individual DID DISCLOSE in the job application, the Agency Governing Board and/or the Agency Manager and/or the Supervisor shall review the report and assess each conviction, including any additional information that the individual provides, before:
 - i. an offer of employment is or is not extended; or,
 - ii. a conditional offer of employment is confirmed or withdrawn.
- c. Should the Criminal Background and Sexual Offender Registry Investigations reveal that there are convictions which the individuals DID NOT disclose in the job application, and:
 - i. a conditional offer of employment has been extended, the offer of employment may be withdrawn; or,
 - ii. if the individuals are already employed, they may be separated from employment, unless the individuals show that the reports are in error.

9. New Convictions and Felony Criminal Arrests

Agency employees, who receive felony criminal arrests and convictions, must report them to the Agency Manager within 5 days.



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10. Offer of Employment


- a. An offer of employment is dependent on favorable outcomes of the Criminal Background and Sexual Offender Registry Investigations.
- b. In the event that the Consumer Reporting Agency's Report is going to be used, in part or in whole, in deciding whether or not to offer employment to the applicable individual, the Agency Manager shall provide the applicable individual with a Pre-Adverse Action notice, in accordance with the Agency’s Adverse Action Policy.

11. Hiring, Rostering or Retention Prohibitions

Individuals shall NOT be hired, rostered or retained if:

- a. the criminal history report reveals a felony conviction for controlled substances, drugs and/or devices.
- b. if the criminal history report reveals a conviction for one or more of the following:
 - i. criminal homicide;
 - ii. aggravated assault;
 - iii. kidnapping;
 - iv. unlawful restraint;
 - v. rape;
 - vi. statutory sexual assault;
 - vii. involuntary deviate sexual intercourse;
 - viii. sexual assault;
 - ix. aggravated indecent assault;
 - x. indecent assault;
 - xi. indecent exposure;
 - xii. arson and related offenses;
 - xiii. burglary;
 - xiv. robbery;
 - xv. to theft and related offenses or two or more misdemeanors under chapter 39 – “Theft & Related Offenses”;
 - xvi. tampering with records or identification;
 - xvii. securing execution of documents by deception;
 - xviii. incest;
 - xix. concealing death of child;
 - xx. endangering welfare of children;
 - xxi. dealing in infant children;
 - xxii. intimidation of witnesses or victims;
 - xxiii. retaliation against witness, victim or party;



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- xxiv. relating to prostitution and related offenses;
- xxv. relating to obscene and other sexual materials and performances;
- xxvi. corruption of minors; or,
- xxvii. sexual abuse of children.

12. Appeal Rights

Individuals determined to be ineligible for hire, roster or retention, from information contained, in whole or in part, from the Federal Criminal History Records contained on the State Police Criminal History Records and/or the Department of Aging Letters of Determination, shall be given information on how to appeal to the sources of criminal history records, if the individuals believe the records are in error.


13. Renewals

Criminal Record Investigation Renewals shall be conducted in accordance with state regulations.

14. Record Maintenance

- a. Records, including copies of State Police criminal histories or Department of Aging Letters of Determination, regarding Federal criminal history, shall be maintained for:
 - i. Direct Care Workers; and,
 - ii. Agency Office Workers.
- b. Copies of reports for Direct Care Workers and Agency Office Workers shall be made available for Departmental inspection.
- c. Copies of criminal history reports for the Agency's owner shall be made available for Departmental Inspection.
- d. Records, gathered as a result of a Criminal Background and Sexual Offender Registry Investigations, shall include:
 - i. Agency's *Pre-Employment Background Check Authorization*;
 - ii. Information collected from the investigation including;
 - *State Police Criminal History Record*;
 - Federal Criminal History Record; and,
 - Department of Aging Letter of Determination,
 - iii. analysis and decision regarding any convictions; and,
 - iv. all correspondence related to Criminal Background Investigation.
- e. The records will be securely maintained for the duration of the individual's employment and in accordance with the state's retention policy.



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f. The Agency shall provide for proper disposal of records, in accordance with applicable federal law.

15. Confidentiality

- a. Information obtained from State Police Criminal History Records and Department of Aging letters of determination regarding Federal Criminal History Records shall be:
 - i. kept confidential; and,
 - ii. used solely to determine an applicant's eligibility to be hired, rostered or retained.
- b. All results of criminal, sex and violent offenders' convictions or issues will be maintained in confidential files within the Agency Office.

16. Transfers & Change of Ownership

Direct Care Workers, who have complied with this policy, are not required to obtain another criminal history report if:


- a. they transfer to another agency or registry, which is owned and operated by this Agency; or,
- b. there is a change of ownership of this Agency.

PROCEDURES

Procedures for obtaining Criminal History Records shall be in accordance with State and federal regulations:

1. Employees or job applicants, who require a Criminal History Report shall sign the Agency's "Pre-Employment Background Check Authorization".
2. Employees or job applicants requiring a State Police Criminal History Record may obtain the forms from a State Police facility.
3. Employees or job applicants shall complete all necessary forms and may request assistance from the Agency to do so.
4. Payment for the Criminal History Report is to be submitted with the request for this report. Payment may be in the form of:
 - a. an Agency check;
 - b. a certified check;
 - c. a cashier's check; or,
 - d. a money order,
 unless other arrangements are made with the State Police.




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5. The Agency shall have the option of having the completed Criminal Background Check forms submitted to a designated person within the Agency for submission by the Agency.
6. Employees and job applicants who are required to obtain a Federal Criminal History Report can obtain the information package from the Agency or from the Department.
7. Employees and job applicants shall return the following documentation to the Agency or the Department:
 - a. fingerprint card;
 - b. forms;
 - c. payment in the form of:
 - i. a money order;
 - ii. a cashier's check; or
 - iii. a certified check.
8. Checks or money orders shall be made out to the "Federal Bureau of Investigation" (FBI) and be in the amount levied by FBI.
9. The Agency shall establish whether the Agency, employee or job applicant assumes responsibility for payment of fees.
10. If the Agency assumes responsibility for payment of fees, it has the option of making payments through a quarterly payment system.
11. The Agency or the Department shall forward the request for a Federal Criminal History Report to the State Police for transferring to the FBI.
12. Once the Agency receives the Criminal History Report from the FBI, it will decide whether or not:
 - a. the employee will remain employed; or,
 - b. the job applicant is hired or rostered.
and subsequently, it will send a letter of determination to the employee or job applicant.
13. Employees and job applicants are responsible for checking their own criminal history reports for accuracy.

CROSS-POLICY REFERENCES

1. Adverse Actions
2. Pre-employment Background Checks
3. Provisional Hiring



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4. Recruitment, Selection & Hiring


FORMS

1. Pre-Employment Background Check Authorization
2. Pre-Adverse Action Disclosure
3. Adverse Action Disclosure
4. Summary rights Under Fair Credit Reporting Act (FCRA) is available at:
<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>

REFERENCES

1. United States Department of Labor (DOL)
2. Federal Bureau of Investigations (FBI)



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Child Abuse Clearance

PURPOSE

To provide a safe and secure environment for preschoolers, children, youth and mentally handicapped persons who either receive direct services from the Agency or are a party to other individuals who receive services from this Agency.

DEFINITIONS

1. Child

A child is anyone under the age of 18 years.

2. Perpetrator

A person who has committed child abuse and is a parent of a child, a person responsible for the welfare of a child, an individual residing in the same home as the child, a person with whom the child's parent is having a romantic/sexual relationship or another individual.

3. Child Abuse

At a minimum, child abuse and/or neglect is an act or failure to act:

- a. on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation" of a child; or,
- b. which presents an imminent risk of serious harm. to a child.

4. Child Neglect

Neglect is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs. The neglect may be physical, medical, educational or emotional.

5. Direct Contact

In the terms of this policy, direct contact with children is defined as the care, supervision, guidance or control of children or the interaction(s) with children.


POLICY

Infinity of Page Home Health Services, LLC requires that Agency owner(s), job applicants and employees, contractors and agents undergo a Child Abuse Clearance check prior to hiring/contracting and at designated renewal times, in accordance with state regulations:

Clearances Required

1. Employees who have contact with individuals under the age of 18 shall acquire a:
 - a. report of criminal history from the State Police;
 - b. Child Abuse History Clearance



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- c. fingerprint based federal criminal history obtained from State Police or its authorized Agent (FBI).

Individuals Requiring Child Abuse Clearances

Job Applicants and Agency Owner(s)

1. Child abuse/clearances shall be obtained, in accordance with the terms of this policy for:
 - a. job applicants for employment or referral as Direct Care Workers,
 - b. job applicants for employment as Agency Office Workers.
 - c. Agency owner(s)

Individuals Currently Employed or Rostered

1. All currently employed Direct Care Workers and Agency Office Workers shall undergo a Child Abuse Clearance, as indicated, unless:
 - a. the Child Abuse Clearance was conducted when they were hired; and,
 - b. the Child Abuse Clearance verification is contained within their personnel file.
2. A Child Abuse Clearance is NOT required for a Direct Care Worker or an Agency Office Worker if:
 - a. a Child Abuse Clearance was obtained when the individual was hired;
 - b. the procurement process was conducted in accordance with the terms of this policy; and,
 - c. a copy of the Child Abuse Clearance is contained within the individual's personnel file.

Full & Part-Time Employees

1. Pre-employment Child Abuse Clearances are required for both full-time and part-time workers.


Former Employees

1. Child Abuse Clearances are required for all former employees, who are being rehired after being separated from the Agency for 90 days or more.

Child Abuse Clearance Authorization

1. Individuals shall give consent to undergo Child Abuse Clearances by completing and signing the Agency's *Child Abuse Clearance Authorization*.
2. Job applicants, who fail to complete the *Child Abuse Clearance Authorization*, shall NOT receive an offer of employment. If a conditional offer of employment has been extended, that offer will be withdrawn.



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Prohibitions for Hiring, Rostering or Retention

1. Individuals shall not be employed, rostered or retained if their clearances verify they are named in the Statewide Central Registry as the perpetrators of founded or indicated reports of child abuse.

Employee Convictions & Arrests

1. Agency employees, who are arrested or convicted of an offense that would have denied them employment or is named as the perpetrator in a founded or indicated report shall, within 72 hours, provide written notice to the Agency Administrator/ designee of their arrest, conviction or notification that the State database lists them as a perpetrator.
2. An employee, who does not reveal this information, as required, shall be subject to discipline up to and including termination of employment.
3. The Agency may, at its discretion, decide not to hire or retain an individual convicted at any time of these or other crimes if it determines that such convictions relate to the individual’s suitability for employment in the particular position.
4. All employees are required to sign a disclosure stating they have not been named or convicted of child abuse or other crimes in this state or any other state.


Renewals

1. Child Abuse History Clearances shall be obtained every 36 months. Timelines are based upon the date of each person’s clearance.
2. The Agency may choose to renew all clearances at one time, using the date of the oldest clearance as the timeline.

Record Maintenance.

1. Records, for Child Abuse Verifications shall be maintained for individuals employed or rostered as:
 - a. Direct Care Workers; and,
 - b. Agency Office Workers.
2. Copies of Child Abuse Verifications for Direct Care Workers and Agency Office Workers shall be made available for Departmental inspection.
3. Records for Child Abuse Verifications shall be maintained for Agency Owner(s).
4. Copies of Child Abuse Verifications for the Agency’s owner(s) shall be made available for Departmental Inspection.



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5. Child Abuse Verifications shall be securely maintained during the duration of employment and in accordance with the state's retention policy
6. The Agency shall provide for proper disposal of records, in accordance with applicable federal law.

Adverse Action

1. Employees may, at their own expense, request a copy of any adverse findings provided to the Agency and investigate or correct such findings, in accordance with the Agency's Adverse Action Policy.

Appeal Rights

1. Individuals determined to be ineligible for hire, roster or retention, from information contained, in whole or in part, from the Child Abuse clearance shall be given information on how to appeal, should they believe the results are in error.

Confidentiality

1. Information obtained from Child Abuse verifications shall be kept confidential.
2. Copies of Child Abuse Verifications shall be maintained in the individual's file within the Agency Office.
3. Access to Child Abuse Verification records shall be limited to authorized individuals only, on a "need to know" basis.


Transfers

1. Individuals, who obtain Child Abuse clearances, may transfer or provide services to another subsidiary or branch established and supervised by this Agency during the length of time that their clearances are current.
2. Individuals, employed by this Agency and begin employment with a new agency, institution, organization or other entity that is responsible for the care, supervision guidance or control of children, shall obtain a new Child Abuse clearance.

PROCEDURES

1. Individuals, who require an initial or renewed Child Abuse History Clearance, shall complete the form, as per the form's instructions.
2. Child Abuse History Clearance applications may be submitted for processing by:
 - a. the applicants, in which case they shall provide the Agency Administrator with a copy of the completed Child Abuse History Clearance; or,
 - b. the Agency Administrator, in which case the applicants shall sign the Agency's *Consent for Release of Information for Child Abuse History Clearance*.



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3. Processing fees shall be paid by the Agency or by the individuals who submits the application,
4. Individuals, who receive their Child Abuse History Clearance Report at their own homes must submit them to the Agency Administrator within 5 days of receipt.
5. Individuals who want a copy of their Child Abuse History Clearance may make a request, in writing to the Agency Administrator.

CROSS-POLICY REFERENCES

1. Pre-employment Background Checks
2. Provisional Hiring
3. Recruitment, Selection & Hiring
4. Reporting Child Abuse


FORMS

1. Child Abuse Clearance Authorization
2. Consent for Release of Information for Child Abuse History Clearance

REFERENCES

1. US Department of Human Services
2. United States Federal the U. S. Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g), as amended by the CAPTA Reauthorization Act of 2010 legislation.
3. Child Welfare Information Gateway’s State Statutes Search page:
https://www.childwelfare.gov/systemwide/laws_policies/state



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Reporting Child Abuse

PURPOSE

To ensure that Agency employees, third party contractors and/or volunteers clearly know their responsibilities and the procedures to follow for reporting cases of suspected or actual child abuse/neglect and the consequences of not reporting these suspected/actual abuses immediately.

DEFINITIONS

1. Perpetrator

A person who has committed child abuse/neglect and is a parent of a child, a person responsible for the welfare of a child, an individual residing in the same home as the child or a person with whom the child's parent is having a romantic or sexual relationship or another individual.

2. Child


A child, for purposes of this policy, is any person under the age of 18 years:

3. Abused Child

Child abuse includes but is not limited to any one or more of the following:

- a. causing the death of a child;
- b. causing physical injury to a child through action or failing to act;
- c. creating a strong possibility of physical injury through a recent act or failure to act;
- d. causing serious physical neglect of a child;
- e. creating danger for a child by cutting, kicking, stabbing, throwing, burning or biting;
- f. restraining or confining a child, in a manner considered to be unreasonable, because of its method, location and/or duration;
- g. forcefully shaking, slapping or striking a child under one year of age;
- h. inhibiting the ability of a child to breathe;
- i. fabricating, or intentionally causing or inflating a medical symptom or disease, which could contribute to a harmful medical evaluation or treatment;
- j. causing or contributing substantially to serious mental injury to a child either by one action or failure to act or by a number of actions or failures to act;
- k. generating a possibility for sexual abuse or exploitation of a child through any recent act or failure to act;
- l. causing sexual abuse or exploitation of a child through any act or failure to act;
- m. leaving a child unsupervised with an individual, other than the child's parents, and the individual leaving the child knows or should have known that the "caregiver":



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- i. is required to register as a sexual offender and the victim of the sexual offense was under 18 years of age when the crime was committed;
- ii. has been determined to be a sexually violent predator
- iii. has been determined to be a sexually violent delinquent person under the age of 18 years.

4. Neglected Child

A neglected child is a child who:

- 1. is deprived of adequate food, shelter, clothing, or necessary medical care by a parent or caregiver,
- 2. is left alone when an adult fails to provide the child with adequate supervision;
- 3. is left alone with an individual(s) who is not able to supervise efficiently.
- 4. Exceptions: A child is not considered to be abused/neglected solely because:
 - a. it does not attend school; and/or,
 - b. its parents or persons responsible for providing care believe that spiritual means and prayers are all that are required to treat disease.

5. Mandated Reporter

Mandated Reporters are individuals, who while performing their employment responsibilities and/or occupation/practice as a professional, come into contact with children and have reasonable cause to suspect that a child may have become be a victim of abuse/neglect while under the care, supervision, guidance, or training of a person, agency, institution, organization or other entity with which that child is affiliated.


POLICY

Infinity of Page Home Health Services, LLC requires all Agency employees, third party contractors, agents and/or volunteers, who, while performing their duties, develop reasonable suspicions of child abuse/neglect shall report their detections, in accordance with this policy:

Reporting Actual or Suspected Child Abuse/Neglect

- 1. If a child is in immediate danger, the individual observing the actual or suspected child abuse/neglect shall immediately call “9-1-1.
- 2. If the child is not in immediate danger, the individual observing or becoming aware of actual or suspected child abuse/neglect, shall immediately make a direct report by
 - a. phoning the *Childhelp National Child Abuse Hotline @ 1-800-4-A-CHILD (1-800-422-4453)*. This hotline is available “24-7” to U.S. & Canadian Territories; or,




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- b. phoning the State toll-free number for reporting child abuse/neglect @ (Insert the number for your state here. You can find it at: https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.ds_pROL&rolType=custom&rs_id=5)
3. The individual observing the actual/suspected child abuse/neglect shall follow-up by submitting a written report to the state or national child abuse reporting center that received the initial report. This written report shall be:
 - a. delivered within the prescribed timeframe established by that particular reporting center; and,
 - b. be written on the prescribed form on in the prescribed format of that particular reporting center..
4. The individual who made the report to the child abuse reporting center, shall ensure that a copy of the completed report is immediately provided to the Agency Administrator.
5. All Agency employees, volunteers, agents and independent contractors shall assist the investigating agency and/or police, as requested, in gathering factual information related to the report.
6. If the suspected incident of child abuse/neglect involves a child, who is not connected to any of the services delivered by the Agency's or its affiliates, the incident shall still be reported to the child abuse reporting center and/or to law enforcement.

Consequences of Noncompliance

1. Disciplinary action, up to and including termination of employment with this Agency, shall be taken for any employee who does not:
 - a. report suspected child abuse and/neglect;
 - b. cooperate with the investigating agency and/or police; and/or,
 - c. adhere to any of the conditions of this policy.
2. Any third-party contractor, agent or volunteer who violates any provision of this policy may have their relationship with the Agency terminated.
3. Criminal sanctions may result if:
 - a. false reports are made; or,
 - b. Mandated Reporters do not report suspected/actual child/neglect if they choose not to report it when they became aware of it.
4. Any employee, who retaliates against an individual, who in good faith, has reported suspected or actual child abuse/neglect, shall be subject to disciplinary action.



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5. Any third party contractor or volunteer, who retaliates against an individual, who in good faith, has reported suspected or actual child abuser/neglect, shall have their relationship with the Agency terminated.

Confidentiality

1. The Agency shall protect the confidentiality of all child abuse and neglect reports and records and shall protect the privacy rights of the person making the report.


Record Maintenance

1. A copy of the report shall be placed in the file of the client with whom the child is associated and a notation regarding the reporting of the suspected or actual abuse/neglect shall be entered into the Agency’s records.
2. Any follow-up actions taken, based on the recommendations made by child abuse reporting center shall be documented in the file of the client with whom the child is associated
3. Only those individuals, who have the authority to access Suspected or Actual Child Abuse Reports, may review report details.

Suspected/Actual Child Abuse Involving Agency Employee/Third-Party Contractor/Volunteer

1. The same reporting procedures outlined in numbers 1 – 6, (outlined in “Reporting Actual or Suspected Child Abuse/Neglect”), shall be followed.
2. If the incident occurs in licensed facility, a report will also be made to the State Child Care Division.
3. Depending on the severity and nature of the suspected abuse incident, the employee, third party contractor, agent or volunteer concerned may be suspended or denied access to any setting involving children pending the outcome of the investigation of the child abuse reporting center or law enforcement.
4. The child abuse reporting center or law enforcement may be asked to provide information necessary to assist the Administer and Management Team to determine outcome actions.
5. Corrective actions shall be determined, in accordance with the outcome of the investigation(s) conducted by the child abuse reporting center and/or law enforcement.
6. After an investigation is completed, any employee, third party contractor or volunteer, who is determined, to have engaged in physical or sexual abuse of a child will be subject to disciplinary action up to and including termination of employment or affiliation with the Agency.



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GUIDELINES

1. The responsibility of the individual reporting cases of suspected or actual child abuse/neglect is to report what is known and not to investigate the situation.
2. Information required in a Suspected or Actual Child Abuse Report:
 - a. name and address of child believed to be a victim of abuse/neglect;
 - b. name and address of parents/individuals responsible for child's custody/care;
 - c. child's sex, age and date of birth;
 - d. nature and extent of the suspected abuse including any evidence of previous injuries or disabilities;
 - e. explanation for the suspected abuse, if known;
 - f. where the suspected/actual abuse occurred, if known;
 - g. identity of the individual(s) suspected of having caused the abuse/neglect;
 - h. family composition, if known;
 - i. any other information that might be helpful in establishing cause of the abuse and identity of the abuser;
 - j. name, telephone number and e-mail address of the person making the report; and.
 - k. any actions taken by the individual making the report.


CROSS-POLICY REFERENCES

3. Child Abuse Clearances

REFERENCES

1. U.S. Department of Health & Human Services



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Provisional Hiring

PURPOSE

1. To ensure safe and competent job performances are provided by Agency employees;
2. to utilize the information obtained from criminal background checks and Childline clearance for making rational employment decisions, which affect the well-being of clients, employees, third party contractors and volunteers; and,
3. to potentially reduce liability for the Agency.

DEFINITIONS

1. Provisional Hiring


Provisional hiring, as related to this policy, is employing someone temporarily, in accordance with the established timeframes, until the required criminal history background checks and child abuse clearances are successfully completed.

POLICY

Infinity of Page Home Health Services, LLC may hire an applicant for employment or referral on a provisional basis, pending receipt of a criminal history report or a child abuse clearance report, as applicable, if the following conditions are met:

1. The period of provisional hire of an individual who is, and has been, a resident of this Commonwealth for 2 years or more shall not exceed 30 days.
2. The period of provisional hire of an individual who has not been a resident of this Commonwealth for 2 years or more may not exceed 90 days.
3. Applications shall be submitted for a criminal history report and child abuse clearance reports, applicable.
4. If the applicant has made the submission, the Agency Administrator shall be given a copy of the completed forms.
5. The Agency shall not be aware of any information that would disqualify the applicant from employment, including, but not limited to the applicant:
 - a. purposely making false notations or alterations to any record/document/thing, which:
 - i. belongs to the government, is received by the government or is kept by the government; or,
 - ii. is legally required to be kept by others, as information for the government.
 - b. making, presenting or using any record/document/thing that he/she knows is false but elects to present it as being authentic information; or,



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- c. deliberately and legally destroying, concealing, removing or otherwise marring the truth or availability of any such record/document/thing.
- 6. The applicant shall swear or affirm, in writing, that he/she is not disqualified from employment or referral.
- 7. A provisionally hired applicant shall not be assigned or referred until that applicant has met the competency requirements, in accordance with State requirements.
- 8. The provisionally hired applicant shall be monitored while awaiting a criminal background check via random, direct observation and consumer feedback. Notations on monitoring results shall be documented in the provisional worker’s Personnel File.
- 9. If the provisional worker, who is awaiting child abuse clearance, is given an assignment to provide care, guidance, supervision or training wherein there is a significant likelihood of regular contact with children, then the provisional worker shall:
 - a. be directly supervised; or,
 - b. work within the immediate vicinity of a permanent employee.
- 10. If the individual does not provide the criminal history report and/or child abuse clearance report within the designated time allotment for provisional hiring, that individual shall immediately be removed from the Agency’s roster or have his employment with the Agency terminated.
- 11. If the information obtained from the criminal history report and/or child abuse clearance report reveals that an applicants is disqualified from employment or referral then that individual shall be immediately terminated.


PROCEDURES

- 1. The procedures for obtaining a criminal record check and child abuse clearance verification shall be the same as those outlined in the Agency’s policies on *Criminal Background/Sexual Offender Investigations* and *Child Abuse Clearances*.

CROSS POLICY REFERENCES

- 1. Criminal Background Checks & Sexual Offender Investigations
- 2. Child Abuse Clearance
- 3. Recruitment, Selection & Hiring



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Adverse Actions

PURPOSE

To provide guidance for notifying individuals of ineligibility for denial of employment or any other decisions for employment based on a consumer report.

DEFINITIONS

1. Adverse Action

Adverse Action' is a denial of employment or any other decision for employment purposes based in whole, or in part, on a consumer report that adversely affects any current or prospective employee. Employers that take "Adverse Action" against an applicant or employee must follow the two notice provisions of the Fair Credit Reporting Act (FCRA).

2. **The Fair Credit Reporting Act (FCRA)** is a United States federal law that regulates the collection, dissemination, and use of consumer information, including consumer credit information.

3. Consumer Reporting Agency (CRA)

CRAs are entities that collect and distribute information about consumers, which is used for credit evaluation and certain other purposes, including employment. CRAs have responsibilities under FCRA, including:

- a. to provide consumers with information about them in the agency's files and to take steps to verify the accuracy of information disputed by consumers.
- b. NOT to reinsert negative information, which has been removed as a result of a consumer's dispute, without notifying the consumer, in writing, within five days.
- c. NOT to retain negative information for an excessive period, as described by FCRA i.e. late payments may stay on a consumer's credit report for seven years (typically) from the date of the delinquency. Exceptions: bankruptcy (10 years) and tax liens (7 years from the time they are paid).


4. Equal Employment Opportunity Commission (EEOC)

The Equal Employment Opportunity Commission (EEOC) is the U.S. federal agency charged with eliminating discrimination based on race, color, religion, sex, national origin, disability, or age, in all terms and conditions of employment.

POLICY


1. Infinity of Page Home Health Services, LLC shall give individuals written notification, within the federally designated timeframe, if it intends to use the CRA Report in:
 - a. deciding whether or not to offer employment to that individual; and/or



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- b. denying that individual's application for employment, including the reasons for such actions.
2. If the CRA Report is going to be used, in part or in whole, in deciding whether or not to offer employment to an individual, the Agency Manager shall provide the individual with "Pre-Adverse Action" notice, which includes:
 - a. a statement that the information contained in the report may impact the hiring decision;
 - b. the name, address, and phone number of the organization that supplied the report;
 - c. a statement that the organization, which supplied the report, did not make the decision to take the "Adverse Action" and cannot give specific reasons for it;
 - d. a notice of the individual's right to dispute the accuracy or completeness of any information the organization provided;
 - e. a copy of the Consumer Reporting Agency's report;
 - f. a copy of his/her rights under the Fair Credit Reporting Act (FCRA); and,
 - g. the individual's right to an additional free consumer report from the organization upon request, within 60 days.
3. All related information shall be treated as confidential and protected as such.
4. Once the Agency has sent "Pre-Adverse Action" notice, in accordance with the Equal Employment Opportunity Commission (EEOC), it shall also conduct an individualized assessment prior to taking any "Adverse Action". This assessment shall consider, but not be limited to the following:
 - a. nature and gravity of the crime;
 - b. harm caused;
 - c. legal elements/specifics of crime;
 - d. classification of offense (misdemeanor or felony)
 - e. time since conviction; and,
 - f. nature of the job.
5. After giving Pre-'Adverse Action'" notice to the Associated Individual, the Agency shall wait 10 calendar days before taking any "'Adverse Action'" to give the Associated Individual an opportunity to dispute the information, should he/she choose to do so.
6. Should the Agency take "Adverse Action" towards the Individual, the "Adverse Action" notification shall include:
 - a. a statement that "Adverse Action" has been taken based on the Consumer Reporting Agency's report.
 - b. the name, address, and phone number of the agency that supplied the report.



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- c. a statement that the agency, which supplied the report, did not make the decision to take the "Adverse Action" and cannot give specific reasons for it;
 - d. a notice of the individual's right to dispute the accuracy or completeness of any information the agency provided; and,
 - e. his/her right to request an additional free consumer report from the Consumer Reporting Agency within 60 days.
7. Any decision to accept or reject an individual with a conviction is at the discretion of the Governing Board and/or the Agency Manager, and/or the Supervisor. All related information will be treated as confidential and protected as such.
 8. In situations wherein an individual, who has a criminal conviction, is hired, the Governing Body shall:
 - a. monitor the hiring decisions;
 - b. consult with the Agency Manager in helping to resolve cases; and,
 - c. monitor hiring decisions in such cases for consistency.

CROSS POLICY REFERENCES

1. Pre-Employment Background Checks
2. Criminal Background Checks & Sexual Offender Investigations
3. Child Abuse Clearances
4. Recruitment, Selection & Hiring


FORMS

1. Pre-Adverse Action Disclosure
2. Adverse Action Disclosure
3. Rights Under Fair Credit Reporting Act (FCRA):
<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>

REFERENCES

1. Fair Credit Reporting Act (FCRA)
2. Equal Employment Opportunity Commission (EEOC)



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Licensure, Certification & Registration

PURPOSE

To ensure that all personnel meet the licensure, certification and/or registration requirements of their job descriptions.

DEFINITIONS

1. Certification/Licensure

Certification/licensure is the successful completion of recognized training and/or examination by an accredited, certifying body, which enables an employee to demonstrate excellence in a particular area.

2. Registration

Registration is the recognized, successful completion of mandated requirements for the practice of a particular profession.


POLICY

Infinity of Page Home Health Services, LLC requires that all personnel be properly licensed, certified, registered and/or trained to meet specific job requirements and that all necessary licenses, certificates and/or registrations be kept current.

PROCEDURES


1. Employees shall not commence work until proof of required licenses, certificates and/or registrations is presented.
2. Licenses, certificates and registrations shall contain the following:
 - a. name of issuing authority;
 - b. name of the employee;
 - c. expiration date; and,
 - d. license number for licensures .
3. Owner/Manager/Administrator or Supervisor shall verify validity of licensure/certifications and registrations.
4. Employees shall be responsible for ensuring licenses, certificates and/or registrations are kept current, in accordance with applicable state laws and regulations.
5. Employees shall be responsible for payment of any required fees in the maintenance of licensures, certifications or registrations.
6. Employees, who fail to maintain required licensures, certifications and/or registrations may be subject to disciplinary action or termination for inability to perform the duties of the positions to which they are assigned.



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7. Proof of current licensures, certifications, and/or registrations shall be kept in the personnel files in the Agency Office.
8. Employees, who are not required to have specific licensure, certification, and/or registration, shall demonstrate competency.



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Personnel Qualifications

PURPOSE

1. To outline the qualification requirements for personnel employed in a Non-Medical Home Care Agency; and,
2. to assist this Agency in the selection of qualified individuals for employment.

DEFNITION

1. Qualification


- a. A quality or accomplishment that makes someone suitable for a particular job or activity.
- b. The action or fact of becoming qualified as a practitioner of a particular profession or activity.

POLICY

Infinity of Page Home Health Services, LLC is committed to hiring qualified individuals to comply with Federal and State standards and regulations and to ensure that competent, effective and efficient services are delivered to its clients. The Agency shall apply the personnel qualification criteria established by the State for its Administrator, Supervisor, Home Care Aides and any nursing positions. In the absence of State-established criteria, the Agency shall follow Department of Health and Human Services (DHHS) requirements.


1. In the absence of State criteria for Home Care Aides, the Agency may adapt the following DHHS requirements for Home Health Aides (Home Care Aides), as specified in the *DHHS State Operations Manual Appendix B - Guidance to Surveyors: Home Health Agencies. i.e.:*
 - a. A Home Care Aide shall be considered qualified if he/she has successfully completed the DCW Direct Care Worker State-established/other training program, which meets the requirements of:
 - i. §484.36(a) (See “References”); and,
 - ii. a competency evaluation program/State licensure program that meets the requirements of:
 - §484.36(b) (See “References”); or,
 - §484.36(b) or (e) (See “References”)
 - b. An individual is not considered to have completed a Training and Competency Evaluation Program or a Competency Evaluation Program if, since his/her most recent completion of this program(s), there has been a continuous period of 24 consecutive



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- months wherein he/she did not deliver the services described in §409.45 for compensation. (See “References”)
2. In the absence of State criteria for Practical/Vocational Nurses, the Agency may adapt the following DHHS requirements for Practical/Vocational Nurses, as specified in the *DHHS State Operations Manual Appendix B - Guidance to Surveyors: Home Health Agencies. i.e.:*
 - a. A Practical/Vocational Nurse is a person who is licensed as a practical/vocational nurse by the State in which he/she is practicing.
 3. In the absence of State criteria for Registered Nurses, the Agency may adapt the following DHHS requirements for Registered Nurses, as specified in the *DHHS State Operations Manual Appendix B - Guidance to Surveyors: Home Health Agencies. i.e.:*
 - a. A Registered Nurse (RN) is a graduate of an approved School of Professional Nursing, who is licensed as a Registered Nurse by the State in which he/she is practicing.
 - b. The Agency shall use a Registered Nurse for training Home Care Aides and for supervising Home Care Aides during the supervised practical portion of the training.
 4. In the absence of State qualification criteria for supervisory staff, the Agency may accept the following classifications as meeting supervisory qualifications:
 - a. Registered Nurse, preferably with Home Care or Home Health Care experience;
 - b. Practical Nurse with Home Care or Home Health Care experience;
 - c. Certified, competent and efficient Home Care Aides with 10 years or more experience;
 - d. Competent and efficient individuals who have worked as Supervisors at other Home Care Agencies for a minimum of 3 years.
 5. In the absence of State stipulations for a Home Care Administrator, the Agency shall consider a qualified Home Care Administrator as someone who:
 - a. is a Registered Nurse; or,
 - b. has training and experience in Home Care or Health Care Administration; or,
 - c. has supervisory or administrative experience in Home Care or Health Care.
 6. The Agency may revise its qualification requirements for staff if it does not provide any personal care or health care services and providing such revisions adhere to State requirements.
 7. All staff, providing service to clients, shall have and maintain current CPR certification.



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8. All staff shall meet the specifications of their job category, as described in the Agency's various job descriptions.
9. Independent Contractors shall meet the same qualification criteria as required for Agency employees before the Agency will enter into a contract with them.

PROCEDURES


1. Agency Administrator and/or Supervisor shall employ individuals who are already certified and competent, in accordance with the Agency's *Licensure, Certification & Registration Policy*.
2. To assist in the maintenance of the Agency's qualification standards, actions shall include, but not be limited to the following:
 - a. Supervisors shall conduct and/or arrange for regular, ongoing and up-to-date staff training;
 - b. Supervisors shall conduct/arrange for regular competency evaluations, in accordance with the Agency's *Competency Evaluation Policy*;
 - c. All employees shall keep their licenses, registrations and/or certifications current and provide copies of re-certification and/or other qualification achievements/renewals to the Supervisor for placement in their personnel files;
 - d. All new employees will need to pass the required DCW Exam all family caregivers need to take Part 1, others will have to take part 1 and 2 plus skills within 90 days of hire after the year 2012. (Part 1, Part 2 and Skills testing available at the office)
 - e. Independent Contractors shall keep their licenses, registrations and/or certifications current and shall provide copies of re-certification and/or other qualification achievements/renewals to the Administrator.
3. Failure to maintain current licenses, registrations and/or certifications could result in termination of a staff member's employment with the Agency or termination of an Independent Contractor's contract with the Agency..

CROSS POLICY REFERENCES

1. Licensure/Certification & Registration
2. Competency Evaluation
3. Compliance
4. Job Descriptions & Employment Types

FORMS




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1. Standards of Conduct
2. Job Description – Owner/Manager/Administrator
3. Job Description – Supervisor
4. Job Description - Registered Nurse
5. Job Description – Home Care Companion
6. Job Description – Personal Care Attendant
7. Job Description – Homemaker
8. Job Description - Live in Home Care Aide

REFERENCES

1. Department of Health & Human Services (DHHS) State Operations Manual:
Appendix B - Guidance to Surveyors: Home Health Agencies:
http://www.cms.gov/manuals/Downloads/som107ap_b_hha.pdf



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Job Descriptions

PURPOSE

To establish guidelines for job descriptions and criteria for employment types for use by Infinity of Page Home Health Services, LLC in its business operations

POLICY

Infinity of Page Home Health Services, LLC requires that all positions be assigned a job description and a classification.

DEFINITIONS

1. Job Description

A job description is the nature of a particular job, its relation to other jobs, the working conditions, the degree of responsibility and the qualifications required. It is intended to provide a profile of the job rather than describe the occupation in detail.

2. Classification of Workers

Classification of Workers is the process of identifying which workers shall be treated as employees of an organization, and which workers shall be treated as non-employees or independent contractors.


PROCEDURES

1. The Agency shall classify its workers, in accordance with its *Policy #4.41 – Classification of Workers*.

Job descriptions shall reflect the qualifications, competencies and categories needed to achieve the Agency's purpose, goals and mission.

2. The Agency shall develop and apply job descriptions for the following job positions:
 - a. Owner/Manager/Administrator;
 - b. Supervisor;
 - c. Nursing Director/Field Supervisor/Representative;
 - d. Personal Care Provider; and,
 - e. Homemaker/Companion.
3. The Agency shall develop and utilize additional job descriptions to:
 - a. meet new and/or revised industry standards;
 - b. adapt to the Agency's changing needs; and,
 - c. accurately reflect the specific job duties actually performed.
4. Information from job descriptions shall be used for, but not limited to:
 - a. classifying positions;



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- b. recruiting; hiring;
 - c. wages;
 - d. training;
 - e. development;
 - f. performance evaluation; and,
 - g. feedback.
5. Owner/Manager/Administrator and/or Supervisor shall create new job descriptions as required. Areas to be addressed include, but are not limited to, the following:
- a. description;
 - b. responsibilities/activities;
 - c. required knowledge;
 - d. required skills/abilities;
 - e. physical/mental demands;
 - f. qualifications/education; and
 - g. training/experience.
6. Owner/Manager/Administrator and/or Supervisor shall review existing job descriptions and make revisions on an annual basis or more frequently, if indicated.
7. Whenever practical, the Owner/Manager/Administrator or Supervisor shall consult with employees in developing or reviewing job descriptions for accuracy and clarity.
8. Owner/Manager/Administrator or Supervisor shall review the job description with the incumbent employee during performance evaluations.
9. Information from job descriptions shall be used for, but not limited to:
- a. classifying positions;
 - b. recruiting;
 - c. hiring;
 - d. wages;
 - e. training; and,
 - f. development.


CROSS POLICY-REFERENCES

- 1. Classification of Workers

FORMS

- 1. Home Care Owner/Manager/Administrator Job Description
- 2. Home Care Supervisor Job Description
- 3. Registered Nurse Job Description




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4. Personal Care Attendant Job Description
5. Homemaker Job Description
6. Home Care Companion Job Description
7. Live in Home Care Aide Job Description

REFERENCES

1. United States Department of Labor
2. United States Human Resources
3. United States Office of Personnel Management



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Classification of Workers

PURPOSE

To establish criteria and guidelines for classifying Agency workers.

DEFINITIONS

1. Classification of Workers


Classification of Workers is the process of identifying which workers shall be treated as employees of an organization, and which workers shall be treated as non-employees or independent contractors.

POLICY

Infinity of Page Home Health Services, LLC classifies its employees in accordance with the following:

1. Regular Full-Time Employee
Full-time employees are those employees who regularly work between 35 and 40 hours a week. They are entitled to benefits.
2. Full-Time Salaried Employee
Full-time salaried employees are paid a pre-determined wage based on a minimum of 35 -40 hours per week in a regular fashion. Salaried employees receive an annual salary, divided over the number of pays each year. Usually salaried employees are not paid overtime, regardless of the number of hours worked.
3. Part-Time Employee
Part-time salaried employees are permanent staff, who work a specified number of hours per week on a part-time basis. Staff members who work on a part-time, salaried-basis receive the equivalent of a full-time salary prorated for the number of hours they work in a week. Their pay grade is generally the same as equivalent full-time staff.
4. Temporary Employee
Temporary employees work part or full-time. They rarely receive benefits, or the job security afforded regular staff. Temporary employees are often utilized in situations such as temporary surges in business, regular employees being on leave e.g. sick leave or maternity leave, etc. or short term work assignments. A temporary assignment can end at any time depending on the employer's needs.
5. Casual Employee
Casual Employees are persons who work in positions that have no specified schedules and may be of indefinite duration. These employees have neither



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guaranteed hours per day or days of work per week. Instead, they are contacted when work is available, at which time they may elect to accept or decline the work opportunity.

6. Shift Employee

Shift work provides service during all 24 hours of the clock, each day of the week (24/7). The term "shift work" includes both long-term night shifts and work schedules in which employees change or rotate shifts. The day is usually divided into "shifts", set periods of time during which different shift workers take up their post. Employees who work shifts are paid by the hour.

7. Per Visit Employee

Employees, whose work schedules are established on a per visit basis, are paid by the visit or, if Medicare is involved, payment will be in line with Medicare practices.

8. Probationary Employee

Probationary employees are new employees being considered for permanent status. They are usually placed on Probationary Status for a trial period of 6 months to enable them to learn the job and to enable the Supervisor to observe and evaluate their performance. Probationary employees have no seniority privileges or status and may be discharged without cause, except where the discharge violates affirmative action laws. The Agency may also place workers on Probationary Status, if their performance is below a set standard or if probation is deemed to be appropriate for disciplinary reasons. It might also be applied when employees are assigned a new position.


9. Independent Contractor

Independent Contractors are self-employed individuals who do project-based work. They run their own business and hire out their services to other agencies. They negotiate their own fees and working arrangements and can work for a variety of agencies at one time. In accordance with Insert your Agency name's Policy #180 - Contracted Services, a written agreement is drawn up when arranging for services to be provided by Independent Contractors, who are not directly employed by the Agency. Independent contractors are not employees of the client company and thus are not eligible to receive tax-free benefits from the company.

10. Exempt Employee

While exempt employees generally hold managerial, professional and administrative positions, the actual "exempt" designation is made on a case-by-case basis. If these employees meet certain conditions of the Fair Labor Standards Act (FLSA), they are exempt from overtime pay.



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11. Non-exempt Employee

Nonexempt employees are those whose job positions do not meet the "exempt" criteria under the Fair Labor Standards Act (FLSA). Non-exempt employees are paid overtime at a rate of one-and-one half times for all hours in excess of 40 hours in a given work week.

12. Volunteer

Volunteers are defined as individuals who provide their time and skill in any of the services provided by the Agency, at no cost to the Agency. They maintain the same client's right to privacy and confidentiality; and, follow the Agency's rules of conduct, which are applicable to Agency employees.


PROCEDURES

1. If it appears that a part-time employee will be working a full-time period for an extended period of time or indefinitely, the Agency shall reclassify the employee so that he/she is entitled to the benefits of a full-time position.
2. If it appears that a temporary employee is working indefinitely or is in a position normally performed by full-time employees, the Agency shall reclassify him/her as a full-time employee.
3. The Supervisor shall be responsible for the recruitment, assignment, and management of volunteers.

GUIDELINES

1. The Agency shall apply minimum federal standards to determine if an employee is exempt or non-exempt, unless State regulations supersede them.
2. Generally, exempt employees, who are not eligible for overtime pay (and therefore must be paid a salary) include:
 - a. "White-collar" employees who earn more than \$455 per week. A "white collar" employee is generally considered someone whose job does not require manual labor but that does require consistent and significant knowledge, or an employee whose job requires mostly mental or clerical work. White collar positions typically require independent action and use of decision-making and judgment skills on the job.
 - b. Employees who routinely perform exempt or other "professional" duties (including executive or managerial or administrative duties) and earn more than \$100,000 per year.



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- c. Most sales professionals.
- d. Nurses, line leaders, and team leaders even if they are not technically classified as “management”.


CROSS POLICY REFERENCES

- 1. Contacted Services

REFERENCES

- 4. United States Department of Labor
- 5. United States Human Resources
- 6. United States Office of Personnel Management



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Training & Development

PURPOSE

To provide training and development for all employees and to establish guidelines and minimum requirements through continuing education for purposes of attaining/maintaining the best practices of service delivery and to comply with established state and accreditation standards.

DEFINITIONS

1. Staff Training/Development

Staff training/development is a planned intervention(s) that is implemented to ensure employees are thoroughly knowledgeable and competent in carrying out their duties/activities. Its intent is to avoid problems by being proactive in planning formal and informal sessions which distribute information and techniques to staff.

POLICY


Infinity of Page Home Health Services, LLC provides training and development for its employees in order to:

1. improve productivity, effectiveness and efficiency by developing and better utilizing their talents, abilities and potential;
2. help employees develop their knowledge, skills and abilities so that they might become better qualified to perform their duties;
3. enhance employee education about:
 - a. changing services based on local needs;
 - b. changing how care is delivered;
 - c. improving quality of service;
 - d. applying safer practices of care delivery; and,
 - e. improving satisfaction levels of employees and clients;
4. provide for the development of supervisors and managers capable of organizing effective management systems.
5. All DCW must complete no less than 6 hours per year in continuing education hours to be kept in their personnel file

PROCEDURES


1. The Agency recognizes various venues for ongoing training and development, which include but are not limited to:
 - a. in-services,



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- b. workshops;
 - c. seminars;
 - d. committee participation;
 - e. distance educations training;
 - f. formal programs;
 - g. certification programs;
 - h. short-term programs, and,
 - i. self-study.
2. Employees shall take ongoing training and development, relevant to their assigned duties and relevant to their health and safety, on an annual and as-needed basis.
 3. Employees shall retain an obligation for their own development and education; and, advance their own careers through appropriate self-education and self-improvement.
 4. Employees shall be proactive in researching the market for education/training tools, which may improve their personal knowledge and skills.
 5. Employees are responsible for documenting all training taken and submitting it, along with a certificate/training agenda or other material, to the Supervisor.
 6. Employees shall receive training and development, as outlined in the individual policies relative to their job classification.
 7. Employees shall be permitted the time necessary to take any training for their specific job duties, which is determined to be essential by state and/or accreditation regulations.
 8. Upon completion of training/development, employees shall complete a “*Staff Record of Training*” and submit it to the Supervisor along with:
 - a. a copy of any certificate provided;
 - b. the course agenda; or,
 - c. other course related material.
 9. Supervisor shall assist with promoting ongoing employment training & development by:
 - a. identifying individual training needs and action plans for theoretical and practical skill development in conjunction with the individual employee and other relevant individual(s), as deemed appropriate;
 - b. creating a resource of educational information for employee reference and review;
 - c. researching relevant courses, seminars, workshops, etc., which meet educational needs;
 - d. scheduling formal meetings with employees to provide information and updates on programs and services;
 - e. encouraging employees to seek outside resource training/educational programs;



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- f. encouraging staff to provide proof of courses successfully completed outside of working hours;
 - g. holding formal meetings to provide updates to employees on programs, services and legislation; and,
 - h. demonstrating, or arranging for demonstration, of skills on clinical practices when required; and,
 - i. encouraging employees to attain and maintain membership in organizations pertaining to their professional field.
10. When determining Agency training/development requirements, the Supervisor shall take into consideration:
- a. the employee groups, as a whole, and,
 - b. the individual employee.
11. Supervisor shall ensure a copy of the employee’s “*Staff Record of Training*” and accompanying documentation is placed on the individual employee’s personnel file.


GUIDELINES

- 1. The Agency shall ensure its employees are trained and developed to be able to:
 - a. perform the designated duties competently;
 - b. communicate effectively both verbally and in writing;
 - c. adhere to privacy and confidentiality requirements;
 - d. be tolerant with respect to races, ethnic groups, religions, cultures and living standards; and,
 - e. be receptive to and utilize supervision.
- 2. The Agency shall plan, budget and establish training programs geared to the Agency’s and the employees’ specific needs.
- 3. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
- 7. Records are to be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCES

- 1. Orientation
- 2. Annual Training
- 3. Personal Care Provider Training




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4. Homemaker Training
5. Companion/Sitter Training

FORMS

1. Staff Record of Training



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Orientation

PURPOSE

To require all new employees to complete a general orientation to familiarize themselves with:

1. the Agency's missions, values and expectations;
2. the Agency's policies and procedures;
3. the job principles; and,
4. the health and safety of staff and clients.

DEFINITIONS

1. Orientation

Orientation is the introduction step in the process of assimilating new employees into an Agency. The main objectives of orientation are to:

- a. familiarize them with the Agency;
- b. make them familiarize them with the Agency's expectations;
- c. convey what they can expect from the job position and the Agency;
- d. gain the employees' commitment;
- e. reduce anxieties;
- f. provide training on the positions they were hired to take; and,
- g. provide opportunities for social interactions with other Agency employees, managers, agents and contractors.


2. The Federal Civil False Claims Act

The Federal False Claims Act (FCA) is intended to prevent and detect fraud, waste and abuse of government funds. It is a violation of the federal FCA for anyone to knowingly submit, or cause another person to submit, a false health care claim and receive government funds. Examples of actions that could violate the federal FCA include overcharging the government for services rendered; filing a claim with the government for services that were not rendered; or filing a claim with the government with information known to be false. Anyone who knowingly or intentionally submits a false claim to the federal government is liable for civil penalties of \$5,500 to \$11,000 per claim, plus three times the amount of damage caused by the false claim.

3. Federal Deficit Reduction Act of 2005 – Section 6032

Section 6032 requires that any entity, which receives Medicaid payments of at least \$5,000,000 annually, establish certain written policies for all their employees, managers, contractors, and agents as a prerequisite to receiving Medicaid/Medicaid reimbursement. These policies shall provide written information on the Federal False



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Claims Act; remedies for false claims and statements; state laws pertaining to civil or criminal penalties for false claims and statements; Whistleblower protections; and the role such laws play in preventing and detecting fraud, waste, and abuse in federal health care programs.

4. “QuiTam” (Whistleblower) Protection.

“Qui tam” (Whistleblower) is a mechanism of the False Claims Act (FCA) that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, to recover the stolen funds. In compensation for the risk and effort of filing a “qui tam” case, the whistleblower may be awarded a portion of the funds recovered.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring that all new employees receive orientation to:

1. give them knowledge about the Agency and their jobs;
2. make them aware of the Agency’s standards, policies and procedures for consistency purposes; and,
3. promote health, safety and welfare of staff and clients.

PROCEDURE


1. The Supervisor shall ensure that all new employees receive Orientation prior to providing service to clients.
2. Orientation shall be provided within the first week of the commencement of employment.
3. Orientation shall include, but not be limited to, the following:
 - a. Overview of Agency
 - b. Scope of Services
 - c. Job Description
 - d. Employee Handbook
 - e. Employer-Employee Agreement
 - f. Rights and Responsibilities
 - g. Pay & Compensation
 - h. Grievances/Complaints
 - i. Agency Expectations
 - j. Compliance
 - k. Standards of Conduct



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- l. Ethics
 - m. Conflict of Interest
 - n. Performance Reviews
 - o. Training/Staff Development
 - p. Health and Safety Committee
 - q. Safety in the Workplace/Home
 - r. Emergency Procedures
 - s. Emergency Preparedness
 - t. Emergency Contact
 - u. Infection Control & Hazard Waste
 - v. Personal Protective Equipment
 - w. Incident Reporting
 - x. Security & Confidentiality of Client Information
 - y. Case Management & Clinical Record Management
 - z. Equipment & Supplies
4. The Agency shall ensure that Orientation includes a review of laws established for the detection and prevention of fraud, abuse and waste in the federal health care systems, particularly the Federal *Deficit Reduction Act of 2005 – Section 6032* and *False Claim Act*, which require that employees, managers, contractors and agents:
- a. be familiar with the laws regarding fraud, abuse and false claims;
 - b. assume responsibility for their role in the prevention of fraud, abuse and waste in the federal health care system; and,
 - c. assume responsibility for recognizing and reporting known and suspected cases of fraud, abuse, and/or false claims in the federal health care system.
 - d. are protected from retaliation and retribution, if they report known or suspected cases of fraud, abuse and/or false claims, as per the “qui tam” provision of Section 6032.
- (Refer to Policy: *Compliance with Federal Deficit Reduction & False Claims Acts*)
- 5. Each segment of the Orientation shall be delivered by a qualified person(s).
 - 6. Employees are responsible for ensuring they understand all the information provided in Orientation; and, if clarification is needed, they seek it.
 - 7. Upon completion of Orientation, employees shall demonstrate knowledge and competency in the topics presented.



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8. Supervisor shall track the individual participant’s completion of topics on the *Employee Orientation Checklist*. Each participant shall tick off topics, as covered Both the Supervisor and the participant shall sign and date the orientation checklist.
9. Employees shall be proactive by monitoring the *Employee Orientation Checklist* to ensure they are able to complete the curriculum within the first weeks of employment.
10. A copy of the completed and signed *Employee Orientation Checklist* shall be kept by the employee and the original shall be placed in the individual employee’s Personnel File.

GUIDELINES

1. Reference materials and paperwork Supervisor shall ensure are available for orientation shall include, but not be limited to the following:
 - a. Policy and Procedure Manual;
 - b. ethical conduct paperwork;
 - c. standards of conduct;
 - d. confidentiality paperwork;
 - e. billing procedures;
 - f. service delivery process paperwork; and,
 - g. Employee Handbook
2. The Orientation Checklist shall be maintained for 3 years, or as required by law, from the date employee completed the General Orientation.

CROSS-POLICY REFERENCES

1. Training and Development
2. Staff Record of Training
3. Compliance with Federal Deficit Reduction & False Claims Acts


FORMS

2. Employee Orientation Checklist
3. Staff Record of Training

REFERENCES


1. National Association for Home Care and Hospice (NAHC)
2. National Private Duty Association (NPDA)
3. Area Agency on Aging
4. Federal False Claims Act (U.S.C. Title 31; Chapter 37; Subchapter III;§ 3729)



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5. Federal Deficit Reduction Act of 2005 – Section 6032



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Personal Care Provider Training

PURPOSE

To ensure that all Personal Care Employees have the necessary training to perform their assigned duties safely, efficiently, effectively and in a timely manner.

DEFINITION

1. Personal Care Provider

A Personal Care Provider is an individual who provides assistance with eating, dressing, bathing, grooming, hair combing and shampooing, foot care (except cutting toenails), denture care, shaving, bedpan usage, transferring, and ambulation. It may also include assistance with housekeeping (vacuuming, changing beds, dusting, mopping, washing dishes, kitchen and bathroom cleaning), meal preparation, menu planning, shopping and laundry.


POLICY

Infinity of Page Home Health Services, LLC is committed to providing quality service to its clients by ensuring that all Personal Care Employees are trained and qualified, in accordance with state regulations and industry standards.

PROCEDURES


1. Personal Care Providers shall have a valid certificate in Basic First Aid and CPR, prior to placement and are expected to maintain its currency.
2. New Personal Care Providers shall complete the Agency's Orientation program prior to taking the Personal Care Provider Training.
3. Prior-placement training for Personal Care Providers shall be in accordance with state law.
4. Personal Care Providers shall be trained in, or receive instruction in the activities listed below, prior to placement, except for those components, which may be provided in the client's home, in the presence of a Supervisor:
 - a. activities of daily living
 - i. bathing,
 - ii. mouth and oral hygiene;
 - iii. shaving;
 - iv. dressing;
 - v. hair care including combing and shampooing;
 - vi. feeding;



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- vii. toileting;
 - viii. transferring;
 - ix. positioning and turning;
 - x. assistance with ambulation;
 - xi. bladder and bowel care in regards to adult diaper assistance
 - xii. skin and nail care, including prevention of skin breakdown;
 - xiii. colostomy care;
 - xiv. urinary catheter care;
 - xv. oxygen therapy;
 - xvi. medication reminding;
 - xvii. nutrition and fluids;
 - xviii. range-of-motion exercises;
 - xix. safe and appropriate techniques for personal care;
 - xx. age-related, personal care and activities of daily living;
 - xxi. body mechanics;
 - xxii. universal precautions; and,
 - xxiii. infection control.
- b. adaptive equipment, such as a lift device;
 - c. measurement of vital signs;
 - d. observing, reporting and documenting client's status and service provided;
 - e. consumer control and the independent living philosophy;
 - f. recognizing changes in the consumer that need to be addressed; and,
 - g. handling emergencies.
5. Personal Care Providers shall complete prior-placement training before single-handedly providing service to clients
6. Personal Care Providers shall also be trained/receive training in Companion/Sitter and Homemaker duties including:
- a. light housekeeping;
 - b. laundry;
 - c. shopping;
 - d. dishwashing;
 - e. meal preparation;
 - f. bed-making;
 - g. food safety;
 - h. nutrition and hydration. including special diets and food preparation; and,
 - i. transporting clients.



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7. Personal Care Providers, who have proof of current or previous DCW State health-care related licensure or certification as a Personal Care Provider, shall be exempt from prior-placement training relevant to that area. Please provide copy at employment hire
8. Personal Care Providers who have taken training in areas beyond those required for certification as a Personal Care Provider and who have undergone other prior-placement training, deemed essential by the Agency, shall:
 - a. submit substantiating documentation of that training; and/or,
 - b. have their competency in those areas evaluated by a Registered Nurse, with any potential training requirements being limited to areas needing improvement.
9. Personal Care Providers shall be given new training, refresher training and/or annual training, related to their assigned duties:
 - a. prior to placement;
 - b. on an as-needed basis;
 - c. as an annual review;
 - d. upon the emergence of new procedures/conditions;
 - e. as stipulated by state and/or industry regulations; and/or
 - f. in accordance with the Agency’s policies on “*Orientation*” and “*Annual Training and Development*”.
10. Upon completion of training/development, Personal Care Providers shall complete a “*Staff Record of Training*” and submit it to the Supervisor along with:
 - a. a copy of any certificate provided;
 - b. the course agenda; or,
 - c. other course related material.
11. Supervisor shall ensure that:
 - a. a qualified person shall provide instruction for each segment of training; and,
 - b. skill training in personal care techniques shall be provided by a registered nurse.
12. The Supervisor shall ensure that all Personal Care Employees are competent to carry out their designated duties prior to placement.
13. Supervisor or other qualified representative shall conduct ongoing competency evaluations, which address the following topics:
 - a. job duties and restraints;
 - b. provision of personal care activities, as outlined in procedures (#4b);
 - c. use of adaptive equipment;
 - d. personal and environmental safety measures;
 - e. ability to communicate with clients who have special needs such as hearing or cognitive problems;



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- f. maintenance of a clean, safe and healthy home;
 - g. observation, reporting and documentation of client status and services provided ;
 - h. personal hygiene;
 - i. infection control measures; and,
 - j. universal precautions.
14. Supervisor shall ensure that employees, whose competency evaluations are not up to standard, receive specific direction and/or training to address the identified shortfalls.
 15. Supervisor shall ensure that all internal and external resource training/development is recorded on the “*Staff Record of Training*”.

GUIDELINES


1. Competency evaluations shall be documented and placed in the employee’s personnel file.
2. At least half the in-home visits for competency evaluations shall be made when the Personal Care Provider is in the home delivering service.
3. Competency reviews shall be conducted on an annual basis or, more frequently, if needed.
4. In-home visits for competency evaluations shall be noted in the client’s record.
5. Competency evaluations shall be kept in the individual employee’s personnel file.
6. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
7. Training records shall be kept in the individual employee’s personnel file.
8. Records are to be maintained for 5 years from the date of training.

CROSS-POLICY REFERENCES

1. Orientation
2. Training and Development
3. Annual Training
4. Competency Validation & Evaluation
5. Evaluation & Training Competency of Direct Care Workers
6. Staff Record of Training

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1. Staff Record of Training

REFERENCES

1. National Private Duty Association (NPDA)
2. Area Agency on Aging



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Homemaker Training

PURPOSE

To ensure that all Homemakers have the necessary training to be able to perform their duties safely, effectively, efficiently and in a timely manner.

DEFINITION

1. Homemaker

A Homemaker is an individual who provides assistance with household activities which include, but are not limited to, light housekeeping (vacuuming, changing beds, dusting, mopping, washing dishes, kitchen and bathroom cleaning), meal preparation, menu planning, shopping and laundry.


POLICY

Infinity of Page Home Health Services, LLC is committed to providing quality service to its clients by ensuring that all homemakers are trained and qualified, in accordance with state regulations and industry standards.

PROCEDURES


1. Homemakers who prepare and/or handle food shall have a valid certificate in Food Safety. A valid certificate in Basic First Aid and CPR is recommended.
2. New Homemakers shall complete the Agency's mandatory Orientation prior to taking the Homemaker's Training.
3. Before placement with clients, Homemakers shall receive training on the following subjects, for the number of hours stipulated by the state; or, shall successfully pass a competency evaluation, on the same subjects:
 - a. light housekeeping;
 - b. laundry;
 - c. shopping;
 - d. dishwashing;
 - e. meal preparation;
 - f. food safety;
 - g. special diets;
 - h. bed-making
 - i. transportation;
 - j. maintaining a clean and safe environment;
 - k. universal precautions;



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- l. infection control;
 - m. consumer control and the independent living philosophy;
 - n. recognizing changes in the consumer that need to be addressed;
 - o. handling of emergencies;
 - p. documentation;
 - q. recognizing and reporting abuse or neglect;
 - r. dealing with difficult behaviors; and,
 - s. confidentiality.
4. Homemakers, who have had this prior-placement training and have substantiating documentation of that training, shall have their competency evaluated by the Supervisor or other qualified representative, with any potential training requirements being limited to those areas that need improvement.
 5. As an alternative to agency-organized, prior-placement training, Homemakers may take:
 - a. the Homemaker Voluntary Training offered by the *National Association for Home Care and Hospice* (NACH), which consists of a 75 hour course followed by a written exam and leads to certification upon successful completion;
 - b. any community/other sponsored training/courses in any of the related areas, providing the courses/instructors are certified/qualified.
 6. Homemakers shall complete prior-placement training before single-handedly providing service to clients.
 7. A qualified person(s) shall provide instruction for each segment of training.
 8. Supervisor shall ensure that all Homemakers take the identified training and development, in accordance with the Agency's policy on "*Annual Training and Development*".
 9. Supervisor shall ensure that all Homemakers are competent to carry out their designated duties prior to placement.
 10. Supervisor, or other qualified individual, shall conduct ongoing competency evaluations.
 11. At least half the in-home competency evaluations shall be made when the Homemaker is in the home delivering service.
 12. Homemaker employees shall receive training on the following, preferably prior to employment or as soon as possible after employment as possible:
 - a. nutrition and hydration including:
 - i. special diets; and,
 - ii. food preparation and safety;



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- b. maintaining a clean and safe environment;
 - c. management of time and money.
13. Homemakers shall complete appropriate training before single-handedly providing service to clients.
 14. A qualified person shall provide instruction for each segment of training.
 15. Homemakers shall be given new training, refresher training and/or annual training, related to their assigned duties:
 - a. prior to placement;
 - b. on an as-needed basis;
 - c. as an annual review;
 - d. upon the emergence of new procedures/conditions;
 - e. as stipulated by state and/or industry regulations; and/or,
 - f. in accordance with the Agency’s policies on “Orientation” and “Annual Training”.
 16. Upon completion of training/development, employees shall complete a “*Staff Record of Training*” and submit it to the Supervisor along with:
 - a. a copy of any certificate provided;
 - b. the course agenda; or,
 - c. other course related material.
 17. Supervisor shall ensure a copy of the employee’s “*Staff Record of Training*” and accompanying documentation is placed on the individual employee’s personnel file.

GUIDELINES

1. Competency evaluations shall be documented and placed in the employee’s personnel file.
2. At least half the in-home visits for competency evaluations shall be made when the Homemaker is in the home providing the service.
3. Competency reviews shall be conducted on an annual basis or, more frequently, if needed.
4. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
5. Records are to be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCE




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1. Orientation
2. Annual Training
3. Competency Validation & Evaluation
4. Staff Record of Training

REFERENCES

- a. National Association for Home Care and Hospice (NAHC)
- b. National Private Duty Association (NPDA)
- c. Area Agency on Aging



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Companion/Sitter Training

PURPOSE

To ensure that all Companions/Sitters have the necessary training to be able to perform their duties safely, effectively, efficiently and in a timely manner.

DEFINITIONS

1. Companion/Sitter

A Companion/Sitter is an individual who sits with sick, convalescing or elderly persons in their own home because they either cannot be left alone, or they do not want to be left alone.


POLICY

Infinity of Page Home Health Services, LLC is committed to providing quality service to its clients by ensuring that all Companions/Sitters are trained and qualified, in accordance with state regulations and industry standards.

PROCEDURE


1. Companions/Sitters shall have a valid certificate in Food Safety, Basic First Aid and CPR, prior to placement and are expected to maintain its currency.
2. New employees shall complete the Agency's mandatory Orientation prior to taking the Companion/Sitter Training.
3. Before placement with clients, Companions/Sitters shall receive training on the following subjects, for the number of hours stipulated by the state; or, shall successfully pass a competency evaluation, on the same subjects:
 - a. characteristics and needs of:
 - i. the elderly;
 - ii. the disabled/handicapped; and,
 - iii. those recovering from illness, injury or other medical afflictions;
 - b. light housekeeping tasks essential to cleanliness and safety;
 - c. laundry;
 - d. shopping;
 - e. dishwashing;
 - f. meal preparation;
 - g. food safety;
 - h. special diets;
 - i. transportation;



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- j. escorting clients;
 - k. bed making;
 - l. universal precautions;
 - m. basic infection control
 - n. maintaining a clean and safe environment;
 - o. handling of emergencies;
 - p. documentation;
 - q. consumer control and the independent living philosophy;
 - r. recognizing changes in the consumer that need to be addressed.
 - s. recognizing and reporting abuse or neglect;
 - t. dealing with difficult behaviors; and,
 - u. confidentiality.
4. As an alternative to agency-organized, prior-placement training, Companions/Sitters may take:
 - a. the Homemaker Voluntary Training offered by *the National Association for Home Care and Hospice* (NACH), which consists of a 75 hour course followed by a written exam and leads to certification upon successful completion;
 - b. any community/other sponsored training/courses in any of the related areas, providing the courses/instructors are certified/qualified.
 5. Companions/Sitters, who have had this prior-placement training and have substantiating documentation of that training, shall have their competency evaluated by the Supervisor or other qualified representative, with any potential training requirements being limited to those areas that need improvement.
 6. Companions/Sitters shall complete prior-placement training before single-handedly providing service to clients.
 7. A qualified person shall provide instruction for each segment of training.
 8. Supervisor shall evaluate Companions/Sitters' competency in the above areas; and subsequently arrange specific training or provide specific direction to address any identified shortfalls.
 9. Supervisor or other qualified representative shall conduct ongoing competency evaluations.
 10. Upon completion of training/development, employees shall complete a "*Staff Record of Training*" and submit it to the Supervisor along with:
 - a. a copy of any certificate provided;
 - b. the course agenda; or,
 - c. other course related material.



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11. Supervisor shall ensure a copy of the employee’s “*Staff Record of Training*” and accompanying documentation is placed on the individual employee’s personnel file.
12. Companions/Sitters shall be given new training, refresher training and/or annual training, related to their assigned duties:
 - a. prior to placement;
 - b. on an as-needed basis;
 - c. as an annual review;
 - d. upon the emergence of new procedures/conditions;
 - e. as stipulated by state and/or industry regulations; and/or,
 - f. in accordance with the agency’s policies on “*Orientation*” and “*Annual Training and Development*”.

GUIDELINES


1. Competency evaluations shall be documented and placed in the employee’s personnel file.
2. At least half the in-home visits for competency evaluations shall be made when the Companion/Sitter is in the home providing the service.
3. Competency evaluations shall be recorded in the client’s record and in the employee’s personnel file.
4. Competency reviews shall be conducted on an annual basis or, more frequently, if needed.
5. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
6. Records are to be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Orientation
2. Training and Development
3. Annual Training
4. Competency Validation & Evaluation
5. Staff Record of Training

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1. Staff Record of Training

REFERENCES

1. National Association for Home Care and Hospice (NAHC)
2. National Private Duty Association (NPDA)
3. Area Agency on Aging



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Annual Training

PURPOSE

1. To ensure that all employees apply best practices when performing their duties to ensure their work is conducted in a safe, efficient, and timely manner.
2. To provide further training or retraining, if there have been significant changes in regulations, standards, policies & procedures and/or performance levels.

DEFINITIONS

1. The Federal Civil False Claims Act

The Federal False Claims Act (FCA) is intended to prevent and detect fraud, waste and abuse of government funds. It is a violation of the federal FCA for anyone to knowingly submit, or cause another person to submit, a false health care claim and receive government funds. Examples of actions that could violate the federal FCA include overcharging the government for services rendered; filing a claim with the government for services that were not rendered; or filing a claim with the government with information known to be false. Anyone who knowingly or intentionally submits a false claim to the federal government is liable for civil penalties of \$5,500 to \$11,000 per claim, plus three times the amount of damage caused by the false claim.


2. Federal Deficit Reduction Act of 2005 – Section 6032

Section 6032 requires that any entity, which receives Medicaid payments of at least \$5,000,000 annually, establish certain written policies for all of their employees, managers, contractors, and agents as a prerequisite to receiving Medicaid/Medicaid reimbursement. These policies shall provide written information on the Federal False Claims Act; remedies for false claims and statements; state laws pertaining to civil or criminal penalties for false claims and statements; Whistleblower protections; and the role such laws play in preventing and detecting fraud, waste, and abuse in federal health care programs.

3. “Qui Tam” (Whistle-blower) Protection.

“Qui tam” (Whistleblower) is a mechanism of the False Claims Act (FCA) that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, in order to recover the stolen funds. In compensation for the risk and effort of filing a “qui tam” case, the whistleblower may be awarded a portion of the funds recovered.



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POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring quality service delivery by establishing guidelines for developing employees through annual training/development, in compliance with state and industry standards.

PROCEDURES

1. All employees, who work a minimum of half time, shall be required to receive annual training on the following:
 - a. CPR and First Aid (certification must remain current);
 - b. Universal Precautions;
 - c. infection control;
 - d. blood borne pathogens;
 - e. infectious/communicable diseases;
 - f. immunizations;
 - g. environmental disaster/emergency preparedness;
 - h. client rights;
 - i. grievance procedures;
 - j. cultural diversity and sensitivity;
 - k. personal and home safety issues; and,
 - l. accreditation and/or certification updates.
 - m. new and modifications to industry legislation, regulations and/or guidelines; and,
2. The Agency shall ensure that Annual Training includes a review of laws established for the detection and prevention of fraud, abuse and waste in the federal health care systems, particularly the *Federal Deficit Reduction Act of 2005 – Section 6032* and *False Claim Act*, which require that employees, managers, contractors and agents:
 - a. be familiar with the laws regarding fraud, abuse and false claims;
 - b. assume responsibility for their role in the prevention of fraud, abuse and waste in the federal health care system; and,,
 - c. assume responsibility for recognizing and reporting known and suspected cases of fraud, abuse, and/or false claims in the federal health care system.
 - d. are protected from retaliation and retribution, if they report known or suspected cases of fraud, abuse and/or false claims, as per the “qui tam” provision of Section 6032.

(Refer to Policy: *Compliance with Federal Deficit Reduction & False Claims Acts*)



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3. Employee training needs and action plans for theoretical and practical skill development shall be determined on a case-by-case basis by the Supervisor, in conjunction with the individual employee and other relevant individual(s), as deemed appropriate.
4. Employees shall be permitted the time necessary to take any training for their specific job duties, which is determined to be essential by state and/or accreditation regulations.
5. Upon completion of training/development, employees shall complete a “*Staff Record of Training*” and submit it to the Supervisor along with:
 - a. a copy of any certificate provided;
 - b. the course agenda; or,
 - c. other course related material.
6. Supervisor shall ensure a copy of the employee’s “*Staff Record of Training*” and accompanying documentation is placed on the individual employee’s personnel file.

GUIDELINES

1. The agency shall plan, budget and establish training programs geared to the Agency’s and the employees’ specific needs.
2. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
3. Records are to be maintained for 3 years from the date of training.

FORMS


1. Staff Record of Training

CROSS-POLICY REFERENCES

1. Training and Development
2. Orientation
3. Personal Care Provider Training
4. Homemaker Training
5. Companion/Sitter Training
6. Staff Record of Training


REFERENCES



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1. Federal False Claims Act (U.S.C. [Title 31](#); [Chapter 37](#); [Subchapter III](#); § 3729)
2. Federal Deficit Reduction Act of 2005 – Section 6032



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Record of Training

PURPOSE

To establish guidelines to ensure that a record of staff training is kept complying with Agency standards for:

1. providing regular and ongoing training to its employees; and,
2. to meet regulatory training requirements..

DEFINITIONS

1. Staff Record of Training

A Staff Record of Training is a document or file that tracks training records and plans for all employees.


POLICY

Infinity of Page Home Health Services, LLC requires that a *Staff Record of Training* be maintained for each employee upon the completion of training including, but not limited to, general and specific orientation, workshops, in-services, seminars, courses, and annual refreshers.

PROCEDURES

1. Employees shall document the following information for all training and developmental sessions, which includes, but is not limited to:
 - a. employee' name;
 - b. employee's position;
 - c. title of job description;
 - d. date(s) of general and specific orientation, workshops, in-services, seminars, course, etc.
 - e. topic of training/development;
 - f. name of instructor providing training/development;
 - g. qualifications and job position of instructor providing training/development; and,
2. A copy of the training curriculum for each session/course shall be attached to the record.
3. A copy of any certificate issued for completion of the training/development shall be placed in each employee's personnel file.
4. Supervisor shall oversee the *Record of Training*, in order to keep it up-to-date by ensuring that employees record the required training/development information and submit it for placement in their individual personnel file.




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FORM

1. Staff Record of Training & In-Services



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Competency Evaluation of Direct Care Workers

PURPOSE

To establish processes for:

1. assessing a Direct Care Worker's ability to competently perform his/her duties on a regular and as-needed basis;
2. determining training requirements for performance shortfalls; and,
3. arranging for follow-up training and competency re-evaluation.

DEFINITIONS

1. Personal Services Agency

A Personal Services Agency refers to an entity or person that provides or offers to provide personal service for compensation, whether through the agency's own employees or by arrangement with another entity or person.

2. Personal Services

Personal Services refers to:

- a. attendant care services;
- b. homemaker services that assist with or perform household tasks, including housekeeping, shopping, laundry, meal planning and preparation, and cleaning; and,
- c. companion services that provide fellowship, care, and protection for a client, including transportation, letter writing, mail reading, and escort services that are provided to a client at the client's residence.


3. Attendant Care Services

Attendant Care services include assistance with eating, dressing, bathing, grooming, hair combing and shampooing, foot care (except cutting toenails), denture care, shaving, bedpan usage, transferring, and ambulation. It may also include assistance with housekeeping (vacuuming, changing beds, dusting, mopping, washing dishes, kitchen and bathroom cleaning), meal preparation, menu planning, shopping and laundry.

4. Direct Care Workers,

Direct Care Workers are personnel that provide assistance with activities-of-daily-living and self-help to people who are sick, injured, mentally or physically disabled, elderly and/or fragile. They are also known as Personal Care Assistants, Caregivers, Home Health Aides and Personal Care Aides. For purposes of this policy, Direct Care Workers refers to Agency employees and Agency Agents.



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POLICY


Infinity of Page Home Health Services, LLC requires that:

1. Direct Care Workers, who perform attendant care services at the client's residence, shall be evaluated by the Agency/Agency Designee for each attendant care/service task that the Agency chooses to have the Direct Care Worker perform.
2. The Agency shall have the sole discretion of determining if a Direct Care Worker is competent to perform attendant care/service task(s).
3. Supervisor or Agency Designee shall evaluate the Direct Care Worker's competence in performing and rendering care, in accordance with Agency policies and standards of practice.
4. Following an evaluation, the Direct Care Worker shall be trained in the attendant care/service task(s) that the Agency feels require improvement.
5. Training and educational activities will be based, in part, on the outcomes of the competency evaluation.
6. Following training, the Direct Care Worker shall be re-evaluated.
7. Once training is completed, the Agency must determine if the Direct Care Worker, is competent to perform an attendant care/service(s) task(s), before he/she performs the task(s) for a client without direct Agency supervision.
8. The content of the evaluation and training conducted, including the date and signature of the person conducting the evaluation and training, shall be documented for each Direct Care Worker who performs personal care services.

PROCEDURES


1. Supervisor/Agency Designee shall conduct regular competency evaluations of Direct Care Workers:
 - a. when newly hired, as part of the orientation process;
 - b. when performance concerns are detected;
 - c. after re-training;
 - d. when new technology is implemented;
 - e. when follow-up is required after disciplinary action;
 - f. for annual performance appraisals; and,
 - g. on an as-needed basis.
2. To evaluate how a Direct Care Worker executes each task, the Supervisor/Agency Designee shall directly observe and grade his/her performance using:
 - a. the Agency's *Competency Test for Care Aides – Practical Skills Checklist*; and/or,



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- b. the Agency's *Employee Performance Appraisal - Personal Care Activities* Section; and/or,
- c. an approved outside resource's competency assessment tool.
3. The Agency shall determine a Direct Care Worker to be competent if he/she has;
 - a. successfully completed one of the following:
 - i. training program developed by the Agency or other entity;
 - ii. home health aide training program;
 - iii. Nurse's Aide certification and training program sponsored by the Department of Education;
 - iv. training program meeting the standards imposed on the Agency by virtue of the Agency's participation as a provider in a Medicaid Waiver or other publicly funded program providing home and community-based services to qualifying consumers; or,
 - v. other program approved by the state.
 - b. passed the Agency's competency tests and/or evaluations.
4. The Agency may accept documentation, transferred from another home care agency/registry/entity that shows satisfactory completion of competency requirements providing any break in the Direct Care Worker's employment or roster status does not exceed 12 months.
5. To ensure ongoing competency, the Agency shall conduct regular competency evaluations using any one or a combination of the following:
 - a. *Employee Performance Appraisal*
 - b. *Competency Test for Care Aides (Written)*
 - c. *Competency Test for Care Aide (Written--Answers & Composition)*
 - d. *Competency Test for Care Aides (Practical)*
 - e. *Client Satisfaction Survey – Direct Care Services*
 - f. any other assessment tool that meets the criteria established by certification/training entities and/or licensing authorities.
 - g. Annual competency evaluations must include:
 - i. *Employee Performance Appraisal*
 - ii. *Client Satisfaction Survey – Direct Care Services*
 - iii. *Field Supervision Review*
6. The Agency shall provide training using tools and resources including:
 - a. One-on-one training provided by a qualified instructor;
 - b. Self-study;
 - c. Personal Care Aide Training Videos;
 - d. Computer based training sessions/programs;



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- e. Power Point or similar software;
 - f. In-services;
 - g. Workshops;
 - h. Direct Care Worker Training Manuals;
 - i. Reference materials such as non-Agency publications and the Agency's *Home Care Assistant Guide*;
 - j. Short-term educational programs; and/or,
 - k. Encouraging and supporting participation in formal certification and training programs/ offered by educational institutions.
7. The Agency shall, over-time, develop a library of resource material through an accumulation of various training aides.
8. Supervisor/Agency Designee shall re-evaluate Direct Care Workers performance following training for those tasks flagged for improvement by:
- a. reviewing his/her original competency test to determine how he/she under-performed;
 - b. directly observing him/her re-perform the task(s) requiring improvement;
 - c. evaluating the performance using:
 - i. relevant section(s) of *Competency Test for Care Aides (Practical)*;
 - ii. Agency policies and standards of practice.
 - d. utilizing appropriate Outside Resources' Assessment Tools
9. When competency requirements are not met, the following actions shall be taken:
- a. Job Applicants, who fail to meet the competency requirements or do not successfully pass orientation and/or probation shall not be employed by the Agency.
 - b. Employees who fail to meet competency requirements, shall receive additional training, education and/or instruction.
 - c. The Supervisor/Agency Designee shall establish corrective actions and schedule ongoing follow-ups and reassessments. Remedial actions shall be followed in accordance with that part of the Agency's *Performance Appraisals* policy, which addressing substandard performances.
 - d. Corrective actions shall commence immediately and continue until:
 - i. any and all deficiencies have been rectified; or,
 - ii. it is determined that a Direct Care Worker can no longer competently perform his/her duties. This may result in his/her dismissal from the Agency, in accordance with the Agency's policy *Termination of Employment*.
 - e. Employees who do not adhere to Agency policies and procedures or who exhibit unacceptable behavior/actions may be subject to the parameters of the Agency's *Standards of Conduct* and *Work Ethics & Disciplinary Actions* policies.



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- f. The Agency Manager shall be kept apprised of all competency performances, which do not meet at least a Satisfactory level.
- 10. The Supervisor/Agency Designee/Instructor, assessing the competency of a Direct Care Worker, shall provide his/her name, position, signature, date of assessment and test results on the evaluation document(s):
 - a. Agency Tools:
 - i. *Competency Test for Care Aides – Written Questions*
 - ii. *Competency Test for Care Aides – Practical Skills*
 - iii. *Employee Performance Appraisal (Personal Care Activities Section)*
 - b. Reputable Evaluation Tools from outside resources.
- 11. The Supervisor shall have the overall responsibility for;
 - a. ensuring a Competency Test is arranged and conducted, either by herself/himself, or an Agency Designee.
 - b. reviewing the competency test, results and comments;
 - c. assessing the test results to identify training needs;
 - d. discussing the test with the Direct Care Worker, whose competency was evaluated;
 - e. ensuring rectifying training plans are arranged;
 - f. arranging for a re-evaluation of the Direct Care Worker’s competency after training is completed;
 - g. placing copies of the test(s),evaluations and all related documentation into the Direct Care Worker’s Personnel Records;
 - h. adding the training details to the Direct Care Worker’s *Staff Record of Training & In-services*.
- 12. If an Agency Designee conducts the competency test, he/she shall deliver the competency test, results and recommendations to the Agency Supervisor for processing and follow-up, as indicated.
- 13. The Agency shall determine the competency of Direct Care Workers to perform services without supervision as follows:
 - a. Supervisor/Agency Designee shall conduct a practical competency test to observe the Direct Care Worker performing the required skills and tasks using:
 - i. the Agency’s checklist “*Competency Test for Care Aides: Practical Skills*”, which requires a 90% passing grade. Or,
 - ii. an independent, professional competency test that meets the criteria established by certification/training entities and/or licensing authorities.
 - b. Supervisor shall assess competency by having the Direct Care Worker take a written test, using:



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- i. The Agency’s assessment tools: *Competency Test for Care Aides - Written Questions*, which requires an 84% grade to pass. Correct answers shall be in accordance with the Agency’s *Competency Test for Care Aides - Answers & Composition*. Or,
 - ii. an independent, written competency test that meets the criteria established by certification/training entities and/or licensing authorities.
14. Documentation, which shows that the Direct Care Workers have met competency requirements shall be filed in their individual Personnel Files; e.g. copies of:
- a. Direct Care Worker’s current license or certification;
 - b. certification or licensing certificates for other suitable health professional; e.g. LPN, RN;
 - c. Agency’s written and practical competency assessment tests.


GUIDELINES

1. At a minimum, training for Direct Care Workers providing care in client’s homes shall include:
 - a. instructions and supervised practice in personal care services for the elderly, sick and/or disabled in the home environment;
 - b. identification of situations that require referral to a Registered Nurse, including significant changes in a client’s condition;
 - c. recordkeeping;
 - d. confidentiality of information;
 - e. First Aid and CPR;
 - f. standard precautions for infection control;
 - g. handling emergencies;
 - h. dealing with threats and natural disasters;
 - i. dealing with difficult clients;
 - j. ethical behaviors; and,
 - k. prevention and reporting of abuse and neglect.
2. Training procedures shall be in accordance with the Agency’s *Personal Care Provider Training Policy*.

CROSS-POLICY REFERNCES

1. Competency Validation & Evaluation
2. Performance Appraisals
3. Supervision of Services
4. Standards of Conduct & Work Ethics




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5. Disciplinary Actions
6. Termination of Employment
7. Personal Care Provider Training

FORMS

1. Competency Test for Care Aides – Written Questions
2. Competency Test for Care Aides – Written Answers & Composition
3. Competency Test for Care Aides – Practical Skills
4. Field Supervision Review
5. Employee Performance Appraisal
6. Client Satisfaction Survey – Direct Care Services
7. Staff Record of Training & In-services



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Probation

PURPOSE

To outline the employee's probationary period and define responsibilities during this timeframe.

DEFINITIONS

1. Probation

Probation is a status given to new employees for a certain time-length, determined by the individual Agency and/or industry regulations. During the probationary period, a supervisor evaluates closely the progress and skills of the newly-hired worker, determines appropriate assignments, and monitors other aspects of the employee such as honesty, reliability, and interactions with co-workers, management and clients.


POLICY

Infinity of Page Home Health Services, LLC requires that all its employees be on probation starting as soon as employment begins for a period of six months for purposes of retention or dismissal, as warranted.

PROCEDURES


1. Supervisor responsibilities during the probationary period include:
 - a. informing new employees, verbally and in writing, at the beginning of the probationary period, about the performance expectations and standards that are being evaluated during the probationary period;
 - b. setting up a review schedule to discuss performance with the employees;
 - c. orientating and training new employees to their job duties;
 - d. providing full guidance and support to employees;
 - e. meeting more frequently with employees if they are having difficulty and/or if they are not meeting expectations;
 - f. identifying any performance issues to employees both verbally and in writing;
 - g. communicating continuously with employees throughout the probationary period;
 - h. providing feedback to employees and giving them the opportunity to improve any borderline or weaker aspects of their performance;
 - i. seeking assistance from other resources to help employees meet acceptable performance levels;
 - j. where extending probation or rejecting on probation may be necessary;



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- k. advising employees as early as possible if an extension to the probationary period is required;
- 2. documenting a rationale for any request to extend the probationary period;
 - a. consulting with Owner/Manager/Administrator, as early as possible on situations
 - b. notifying employees, verbally and in writing, of any approved extension to the probationary period;
 - c. initiating termination of employment at any time during the probationary period if employees fail to demonstrate the ability and/or willingness to perform the duties of the assigned position.
 - d. formally evaluating employees' performance at the end of the probationary period;
 - e. providing employees with a letter confirming conclusion of the probationary period, once they have successfully completed it;
 - f. rejecting employees for continued employment if they fail to meet performance standards.
- 3. Employee responsibilities during the probationary period include:
 - a. demonstrating acceptable performance standards for the position;
 - b. meeting the Agency's standards for conduct, attendance and policies;
 - c. demonstrating suitability for the position and compatibility with co-workers and clients; and,
 - d. communicating continuously with the Supervisor throughout the probationary period.



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Performance Appraisals

PURPOSE

1. To establish processes whereby the work performance of each employee can be informally and formally evaluated.
2. To encourage employees to consider their own work performance and to set personal performance standards and goals.
3. To assist in identifying specific requirements for the training and development of individual employees and/or categories of employees.
4. To document employees' work performance.
5. To establish standards for quantity and quality of work.

DEFINITIONS

1. Informal Evaluation Approach

An informal evaluation approach is an ongoing process wherein the Supervisor provides continuous feedback to employees for whom they are responsible.

2. Formal Evaluation Approach

A formal evaluation approach is a review that is conducted on an annual basis at a specific time and that is documented on an Employee Performance Appraisal form.


POLICY

Infinity of Page Home Health Services, LLC appraises and develops employee performance regularly through the use of informal and formal evaluation approaches to enable them to receive feedback on their job performance, to assist them to become more effective in their jobs and to inform Supervisor of their career aspirations.

PROCEDURES


1. Employees shall be provided with an orientation session so that may become thoroughly familiar with the performance appraisal system adopted by the Agency.
2. Supervisor and individual employee shall meet informally every three months to discuss work performance. The content and results of the meeting shall be documented and placed in the employees personnel file.
3. Supervisor and individual employee shall meet formally upon completion of the probationary period and then annually thereafter.
4. The following formal appraisal process shall be followed:



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- a. Prior to the completion of the annual formal appraisal and discussion of this evaluation with the employee, Supervisor shall review the following aspects of the employee's record:
 - i. relevant background;
 - ii. work experience;
 - iii. education;
 - iv. duties, responsibilities, standards and/or measures of performance pertaining to the employee's position and/or applicable Agency policies and rules;
 - v. previous performance appraisals;
 - vi. productivity and quality control records;
 - vii. work products generated by the employee;
 - viii. compliance with all Agency policies, and procedures, standards of conduct and federal and states laws and regulations;
 - ix. compliance with federal and state laws regarding false claims; (Refer to policy: *Compliance with Federal Deficit Reduction & False Claims Acts*)
 - x. input from other Supervisors, Registered Nurse or other persons who, in the course of their work, had dealings with the employee during the assessment period.
- b. Supervisor shall make every effort to be as objective as possible and base the evaluation on standards or performance and applicable rules.
- c. Supervisor shall discuss the following with the employee:
 - i. the duties, responsibilities, and requirements of the job and the required performance level;
 - ii. the positive aspects of the employee's performance and measures to maintain or further enhance these positive features;
 - iii. any performance weaknesses and how to address these concerns;
 - iv. mutually agreed upon, work goals that the employee should attempt to achieve;
 - v. required changes to performance standards; and,
 - vi. the employee's long-term career objectives.
- d. Supervisor shall ask the employee how he/she thinks the standards and goals have been met and shall discuss any differences with the employee.
- e. Based on the quality of work performed, general work habits, and attitude, the Supervisor shall record a formal rating on the Employee Performance Evaluation Form and assign a performance rating using the following guide:
 - i. Outstanding




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An outstanding appraisal rating is given to employees who consistently complete their tasks or perform their functions at a very high level with little or no assistance.

- ii. Superior
A superior appraisal rating is given to employees who complete their tasks or perform their functions in an above average manner with little or no assistance.
 - iii. Satisfactory
A satisfactory appraisal rating is given to employees who complete their tasks or perform their functions at an adequate level with little or no assistance.
 - iv. Needs Improvement
A needs improvement appraisal rating is given to employees who are able to complete their tasks or perform their functions with considerable assistance.
 - v. Unsatisfactory
An unsatisfactory appraisal rating is given to employees who are not able to complete the task or perform the function even though assistance is regularly provided.
- f. Supervisor shall make any desired comments in the space provided, date and sign the form, and provide it to the employee for comment and signature. If the employee refuses to sign the form, Supervisor shall recruit a witness to certify the appraisal was conducted and note the refusal on the form.
- g. Owner/Manager/Administrator shall review, comment and sign all performance appraisals.
5. Supervisor shall also be responsible for:
- a. consulting with employees to find out if adequate opportunities are provided to maximize performance;
 - b. recommending/providing employees with the education needed to improve performance;
 - c. evaluating any education provided to determine its effectiveness;
 - d. monitoring performance issues to identify training needs;
 - e. adjusting job descriptions to clarify roles when lack of clarity affects performance;
 - f. obtaining client feedback to find out if they are satisfied with the employee's performance;
 - g. acknowledging employees who deliver quality service to their clients;
 - h. ensuring that employees understand the risks and implications of poor performance;



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- i. implementing employee improvement plans when poor performance is identified;
 - j. implementing a disciplinary process when performance goals have not been met; and,
 - k. ensuring performance appraisals are kept in the employee’s personnel file in a locked and secure area in the Agency office.
6. In the event that an employee demonstrates unacceptable behavior or has difficulty performing all of the duties as assigned i.e. an employee has Performance Problems, the Supervisor will work with the employee to improve job performance. This can be accomplished via a discussion or through the provision of training.
 7. When a minor violation in an Agency Policy or sub-standard job performance occurs, the Supervisor will discuss the issue(s) with the employee. i.e.. a Verbal Warning will be given. This discussion will be documented in the employee's Personnel File.
 8. After a Verbal Warning is issued, if there is no improvement in job performance or the undesirable behavior continues, a Written Warning will be give to the employee. This Written Warning will state the details of the policy violation and/or the poor job performance.
 9. The employee will be advised that he/she may be subject to termination if there is no improvement.
 10. If the employee is to be terminated, dated, written notification, which outlines the reason(s) for termination, shall be hand delivered to the employee or sent to him/her via registered mail. A copy shall be placed in the employee’s personnel file.


GUIDELINES

1. Communicate areas requiring improvement or acknowledge work well done to employees on a regular basis.
2. Explain the purpose of the evaluation process.
3. Avoid giving critical feed-back which is unclear, cannot be defended and/or or can't be described.
4. Talk about positive performances first.
5. Strive to improve performance and avoid condemning the employee.
6. Consider that the Supervisor may be responsible for some of an employee’s failures.

CROSS POLICY REFERENCE

1. Termination of Employment




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FORMS

1. Employee Performance Appraisal
2. Standards of Conduct



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Human Rights

PURPOSE

Infinity of Page Home Health Services, LLC shall treat all persons as human beings and shall respect their civil rights.

DEFINITIONS

1. Human Rights

Human rights are those basic standards without which people cannot live in dignity. To violate someone's human rights is to treat that person as though he or she were not a human being. To advocate human rights is to demand that the human dignity of all people be respected.


POLICY

Infinity of Page Home Health Services, LLC complies with all legislation that pertains to human rights and shall provide an environment that is free of harassment and discrimination, in accordance with the Civil Rights Act of 1964 (Title VI); Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975 Section 1557; U.S. Department of Health and Human Services Title 45 Code of Federal Regulations Parts 80, 84, 91 & 92.

PROCEDURES

1. Agency personnel, contractors and volunteers shall adhere to this policy and all other Agency Human Rights policies including, but not limited to:
 - a. Civil Rights/Non-Discrimination
 - b. Equal Opportunity
 - c. Sexual Harassment
 - d. Cultural Diversity
 - e. Standards of Conduct & Work Ethics
 - f. Communicating with People with Disabilities
2. Employees/clients/families shall be monitored for illegal practices pertaining to:
 - a. race or religion;
 - b. gender or age;
 - c. color or ethnic origin;
 - d. ancestry, place or origin or citizenship;
 - e. sexual orientation;
 - f. record of offences;
 - g. marital or family status;



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- h. physical, mental or social challenges; and/or,
 - i. medical history or condition(s).
3. There shall be no harassment of employees/clients/families based on:
 - a. race or religion;
 - b. gender or age;
 - c. color or ethnic origin;
 - d. ancestry, place or origin or citizenship;
 - e. sexual orientation;
 - f. record of offences;
 - g. marital or family status;
 - h. physical, mental or social challenges; and/or,
 - i. medical history or condition(s).
 4. Everything possible shall be done to provide an environment free of harassment and discrimination.
 5. Quick and appropriate reaction to complaints will be initiated to enhance the chances of a quick resolution.
 6. Harassments, which are sexual in nature, shall follow the company's policy on sexual harassment.


GUIDELINES

1. The company shall ensure that all personnel and clients/families are educated about the principles contained in the relevant human rights legislation through:
 - a. the provision of information about human rights as part of the orientation process;
 - b. the provision of a handout and verbal explanation to clients about their rights and responsibilities during the initial contact;
 - c. the development of a process for investigating individual complaints of discrimination and harassment which includes plans for corrective action;
 - d. the development of a process for monitoring complaints and corrective actions to identify problems, solutions and tendencies; and,
 - e. the provision of regular review and upgrading to personnel and clients/families about the principles, goals and application of human rights legislation.

CROSS-POLICY REFERENCES

1. Civil Rights-Non-Discrimination
2. Equal Opportunity
3. Sexual Harassment
4. Cultural Diversity



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5. Standards of Conduct & Work Ethics
6. Communicating with People with Disabilities


FORMS

1. Standards of Conduct
2. Communicating with People with Disabilities

REFERENCES

1. U.S. Equal Employment Opportunity Commission (EEOC)
2. Civil Rights Act of 1964 (Title VI)
3. Section 504 Rehabilitation Act of 1973 (Section 504)
4. Age Discrimination Act of 1975
5. Americans with Disabilities Act of 1992 (42 USC;12101)
6. U.S. Department of Health and Human Services Title 45 Code of Federal Regulations Parts 80, 84, 91 & 92.
7. Bureau of Democracy, Human Rights and Labor



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Civil Rights/Non-Discrimination

PURPOSE

To ensure that all consumers, families, public, employees, contractors, job applicants and volunteers are treated in a welcoming and non-discriminatory manner.

DEFINITIONS

1. Civil Rights

A Civil Right is an enforceable right or privilege, which if interfered with by another gives rise to an action for injury. Examples of Civil Rights are freedom of speech, press, and assembly; the right to vote; freedom from involuntary bondage and the right to equality in public places.

2. Discrimination

Discrimination occurs when the civil rights of an individual are denied or interfered with because of their membership in a particular group or class. Various laws are in place to prevent discrimination based on a person's race, sex, religion, age, previous condition of servitude, physical limitation, national origin, and in some instances sexual orientation.

3. Non-Discrimination

Non-Discrimination is treating people with fairness, without prejudice. It is based on individual merit and not on the group, class, or category to which that person belongs.

4. Reasonable Accommodation


Reasonable accommodation is defined as any change or adjustment to a job, the work environment, or the way things usually are done that would allow an individual with a disability to apply for a job, perform job functions, or enjoy equal access to benefits available to other individuals in the workplace

POLICY

Infinity of Page Home Health Services, LLC prohibits discrimination of any kind to respect, protect and promote the rights of individuals without regard to race, color, national origin, religious creed, ancestry, sex (including pregnancy), age, handicap, sexual orientation or gender identity, in accordance with the Civil Rights Act of 1964 (Title VI); Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975 Section 1557; U.S. Department of Health and Human Services Title 45 Code of Federal Regulations Parts 80, 84, 91 & 92


PROCEDURES



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1. This policy shall apply to all Agency operations and interactions including:
 - a. delivering services to clients and making referrals on their behalf; and,
 - b. utilizing employment actions that apply equal and fair measures to job applicants, employees, contractors and volunteers.
2. Agency personnel, contractors and volunteers shall adhere to all regulated federal, state & local Civil Rights policies and to all Agency Civil Rights policies including, but not limited to:
 - a. Human Rights
 - b. Equal Opportunity
 - c. Sexual Harassment
 - d. Cultural Diversity
 - e. Standards of Conduct & Work Ethics
 - f. Communicating with People with Disabilities
3. The Agency shall prohibit any discriminatory act including, but not limited to:
 - a. denying services;
 - b. providing a different service or delivering them in a different manner from those provided to others; and/or,
 - c. segregating or separately treating individuals in any matter related to the receipt of services.
4. The Agency shall prominently display a non-discrimination statement in its office, on social media, in brochures, in client handouts, in employee handbooks, on posters, in advertisements, in publications and/or in other channels utilized to conduct or promote Agency operations.
5. The Agency shall immediately address and eliminate any existing or evolving conditions, procedures and/or behavior, which may be suggestive of, or lead to discrimination.
6. All clients, consumers and personnel, shall be advised of their right to file a discrimination complaint, in accordance with federal, state and/or local regulations and/or through the Agency's "*Client or Employee Complaint and Grievance Policies*".
7. Whenever any person believes that he/she or another individual has been subjected to discrimination, he/she shall be advised of his/her right to file a complaint.
8. Agency Personnel are prohibited from retaliating against any person who:
 - a. opposes, complains about, or reports discrimination;
 - b. files a complaint, or,
 - c. cooperates in an investigation of discrimination or other proceeding under federal, state, or local non- discrimination law.




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9. In accordance with the Agency’s *Communicating with People with Disabilities* policy and form, effective communication aids and services shall be utilized to communicate with:
 - a. individuals who have limited or no ability to understand, speak, read or write English; and/or,
 - b. individuals who have hearing and/or visual impairments.
10. Communication assistance shall be provided to clients with sensory or speech impairments prior to obtaining their consent for service.
11. Every reasonable attempt shall be made to accommodate otherwise qualified applicants, employees, contractors and volunteers who have one or more physical and/or mental disabilities, in accordance with the Agency’s *Equal Opportunity Policy*.
12. The Agency shall not directly, or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to normal operations or to achieve any statutory purpose.
13. All discrimination complaints shall be referred to the Agency Administrator immediately.
14. Discrimination complaints registered against this Agency shall include at least the following details:
 - a. date of the complaint;
 - b. sex of complainant;
 - c. race and national origin of the complainant;
 - d. major allegations of the complainant;
 - e. name of Agency; and,
 - f. the “cause” or “no cause” findings of the investigating authority.
15. The Agency Owner/Manager/Administrator shall assume responsibility for ensuring total compliance with this Civil Rights/Non-Discrimination Policy.

GUIDELINES

1. Personnel shall be given non-discrimination training during orientation and yearly thereafter with interval non-discrimination training being provided on an as-needed basis.
2. A record of training shall be kept for all personnel and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.



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3. Non-discrimination training records shall be maintained.

CROSS-POLICY REFERENCES

1. Human Rights
2. Equal Opportunity
3. Sexual Harassment
4. Cultural Diversity
5. Standards of Conduct & Work Ethics
6. Communicating with People with Disabilities
7. Client Complaints
8. Employee Complaints & Grievances


FORMS

1. Standards of Conduct
2. Complaint/Grievance
3. Communicating with People with Disabilities

REFERENCES

1. U.S. Equal Employment Opportunity Commission (EEOC)
2. Civil Rights Act of 1964 (Title VI)
3. Section 504 Rehabilitation Act of 1973 (Section 504)
4. Age Discrimination Act of 1975
5. Americans with Disabilities Act of 1992 (42 USC;12101)
6. U.S. Department of Health and Human Services Title 45 Code of Federal Regulations Parts 80, 84, 91 & 92.



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Equal Opportunity

PURPOSE

To ensure that all persons have equal opportunity and to establish guidelines for affirmative action plans, in accordance with federal, state and local regulations.

DEFINITIONS

1. Equal Opportunity

Equal Opportunity is the right of all persons to be accorded full and equal consideration on the basis of merit or other relevant, meaningful criteria, regardless of protected group status.

2. Affirmative Action

Affirmative actions are good faith efforts to ensure equal employment opportunity and correct the effects of past discrimination against affected groups. Where appropriate, affirmative action includes goals to correct underutilization and development of results-oriented programs to address problem areas.

3. Discrimination

Discrimination occurs when the civil rights of an individual are denied or interfered with because of their membership in a group or class. Various laws are in place to prevent discrimination based on a person's race, sex, religion, age, previous condition of servitude, physical limitation, national origin, and in some instances sexual orientation.

4. Non-Discrimination

Non-Discrimination is treating people with fairness, without prejudice. It is based on individual merit and not on the group, class, or category to which that person belongs


5. Reasonable Accommodation

Reasonable accommodation is defined as any change or adjustment to a job, the work environment, or the way things usually are done that would allow an individual with a disability to apply for a job, perform job functions, or enjoy equal access to benefits available to other individuals in the workplace

POLICY

Infinity of Page Home Health Services, LLC is an Equal Opportunity Employer and prohibits discrimination of any kind because of color, creed, national origin, sex, religion, handicap, marital status, communicable diseases, disability, veteran status, sexual orientation, gender reassignment, age (unless age is a factor necessary for the normal




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operation or achievement objectives), pregnancy (unless the performance of duties puts the client and/or employee at risk) and/or other characteristics protected by law.

PROCEDURES

1. Diversity, fairness and justice in the workplace shall be promoted.
2. Discrimination, prejudice and victimization in the workplace shall not be tolerated.
3. State and federal, non-discrimination rules and regulations shall be complied with.
4. Equal opportunity and respect shall be provided to all individuals in matters of service and employment.
5. No discrimination shall be applied against any qualified employee or applicant for employment with one or more disabilities provided the disability does not affect their abilities to perform the essential job functions.
6. No qualified individuals, who have one or more disabilities, will be refused the opportunity to apply for employment or be considered unfavorably merely because of their disabilities.
 - a. Every reasonable attempt shall be made to accommodate otherwise qualified applicants and/or employees who have one or more physical and/or mental disabilities and may one include such assistive devices or measures as: Physical changes
 - b. Installing a ramp
 - c. Modifying a workspace
 - d. Accessible and assistive technologies
 - e. Ensuring application software is accessible, e.g. online application systems
 - f. Providing screen reader software
 - g. Utilizing videophones to facilitate communications with colleagues who are deaf
 - h. Accessible communications
 - i. Providing sign language interpreters or closed captioning at meetings and events
 - j. Making materials available in Braille or large print
 - k. Policy enhancements
 - l. Modifying a policy to allow a service animal in a business setting
 - m. Adjusting work schedules to allow employees with chronic medical issues to go to medical appointments and complete their work at alternate times or locations
7. Any conditions, procedures and/or behavior, which can lead to discrimination, shall be eliminated.
8. All Agency policies, procedures and guidelines shall be established/maintained to reflect and reinforce its commitment to equality.



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9. When selecting new employees, members of the selection committee shall:
 - a. agree on selection criteria to be used for the job position;
 - b. provide information about the job position in the same manner to all applicants;
 - c. ask all applicants the same questions; and,
 - d. choose the successful candidate, based on the selection criteria.
10. All employees shall be recruited and promoted on the basis of ability and other objective relevant criteria.
11. Contractors, supplying services on behalf the Agency, shall be expected to conform to the same equal opportunity policies.
12. The Agency Administrator shall assume responsibility for affirmative action plans and may seek outside consultation from the Equal Employment Opportunity Office when necessary

GUIDELINES

1. Employees shall be given equality & non-discrimination training during orientation, during yearly reviews and in between, on an as-needed basis.
2. All employees shall be provided with appropriate and accessible learning opportunities in line with their and the Agency's needs.
3. A record of training shall be kept for all employees and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
4. Training Records shall be maintained..

CROSS-POLICY REFERENCE

1. Civil Rights/Non-Discrimination


FORMS

1. Standards of Conduct

REFERENCES


1. U.S. Equal Employment Opportunity Commission (EEOC)
2. Civil Rights Act of 1964 (Title VI)
3. Section 504 Rehabilitation Act of 1973 (Section 504)
4. Age Discrimination Act of 1975



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5. Americans with Disabilities Act of 1992 (42 USC;12101)



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Sexual Harassment

PURPOSE

To take reasonable measures to prevent incidents of sexual harassment in the workplace and to deal promptly and fairly with any reports of sexual harassment in a confidential and discreet manner.

DEFINITIONS

1. Sexual Harassment

Sexual harassment is any unwelcome sexual advance(s), request(s) for sexual favors, and other verbal or physical conduct of a sexual nature when:

- a. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- b. submission to or rejection of such conduct by an individual is used to determine employment decisions affecting such individual;
- c. such conduct interferes with an individual's work performance; and/or,
- d. such conduct creates an intimidating, hostile or offensive working environment.

2. Consensual Relationship

A consensual relationship is one in which two people are engaged, by mutual consent, in an emotionally (romantic) and physically (sexually) intimate relationship.


POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the welfare of its employees/clients/families by providing employees with a set of guidelines to prevent sexual harassment.

PROCEDURES


1. If the sexual harassment is perceived to be of a criminal nature, it shall be reported to the relevant jurisdictional authorities or to the police.
2. The Agency shall apply this policy to the in-home job site, office job-site and other sites.
3. The policy shall apply to sexual harassment by Agency personnel at all levels and clients/families.
4. Actions that the Agency shall consider to be sexual harassment include, but are not limited to:



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- a. sexiest jokes or comments that are insulting, demeaning or derogatory toward a person because of sex, which are obviously offensive, or which continue after the offended person(s) have advised the speaker they are find the remarks offensive;
 - b. persistent, unwanted attention or requests of a sexual nature after a consensual relationship has ended;
 - c. demands for sexual favors in exchange for employment advantages, promises employment advantages or withdrawal of employment advantages;
 - d. unwanted comments about a person’s body, sexuality, sexual orientation or sexual conduct;
 - e. sexually suggestive or obscene gestures;
 - f. displays of sexually suggestive material such as posters, printed material or objects;
 - g. unwanted flirtations, sexual propositions or advances; and/or,
 - h. unwanted touching, pinching or fondling.
 - i. sexiest jokes or comments that are insulting, demeaning or derogatory toward a person because of sex, which are obviously offensive, or which continue after the offended person(s) have advised the speaker they are find the remarks offensive;
 - j. persistent, unwanted attention or requests of a sexual nature after a consensual relationship has ended;
 - k. demands for sexual favors in exchange for employment advantages, promises employment advantages or withdrawal of employment advantages;
 - l. unwanted comments about a person’s body, sexuality, sexual orientation or sexual conduct;
 - m. sexually suggestive or obscene gestures;
 - n. displays of sexually suggestive material such as posters, printed material or objects;
 - o. unwanted flirtations, sexual propositions or advances; and/or,
 - p. unwanted touching, pinching or fondling.
5. Any person(s), including clients/families, who have been harassed by an employee, in the course of their employment with the Agency, may initiate a complaint.
 6. Both direct methods and indirect methods of behavior, such as telephone calls or written text, are covered by this policy.
 7. Complainants shall report any sexual harassment as soon as possible after it occurs.
 8. Complaints should be made in writing, signed and given to the Supervisor, who shall consult with the Owner/Manager/Administrator. After discussion with the complainant:
 - a. the Owner/Manager/Administrator shall give an opinion on whether or not the incident suggests sexual harassment;



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- b. regardless of the advisor’s opinion, the complainant may proceed with a formal complaint. When the facts suggest sexual harassment, but the complainant does not wish to pursue the matter:
 - i. the Owner/Manager/Administrator may still proceed with the investigation; or,,
 - ii. the Owner/Manager/Administrator may take into account the wishes of the complainant. If the complainant wants to resolve the problem informally, then the Owner/Manager/Administrator may meet with the alleged harasser to facilitate a mutually agreeable solution.
- c. when a formal complaint is made:
 - i. the investigation will be conducted in a confidential and discreet manner;
 - ii. the compliant will be kept informed at all phases of the investigation and resolution; and,
 - iii. the alleged harasser and/or complainant may have legal counsel as their representative.
2. When investigating a complaint of sexual harassment:
 - a. the alleged harasser shall be given a copy of the written complaint;
 - b. the alleged harasser will be provided with a disclosure of the nature of the complaint and shall be given an opportunity to respond;
 - c. witnesses will be interviewed to obtain evidence that is relevant to the complaint;
 - d. the investigation findings shall be reviewed by with the complainant and the alleged harasser, with additional information being obtained, as indicated; and,
 - e. the complainant will be asked what outcome he/she would like to see;
3. Both the complainant and the alleged harasser shall be informed of the findings and intended sanctions as soon as the investigation is complete.
 - a. If it is determined that no sexual harassment occurred, the findings will be communicated to the complainant.
 - b. If it is determined that sexual harassment has occurred, the harasser will be subject to discipline.
4. Discipline, regardless of position in the Agency, may consist of one or a combination of the following:
 - a. a written apology;
 - b. referral or counseling;
 - c. a reprimand and written report to the employee’s file;
 - d. reassignment;
 - e. suspension; and/or,
 - f. discharge from the Agency.



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5. If the investigation reveals that that complainant falsely accused another of sexual harassment, the complainant will be appropriately disciplined, and the documentation will be kept in his/her personnel file.
6. If retaliation is used against a complainant who reports an incident of sexual harassment, appropriate disciplinary action shall be taken again the retaliator.
7. The Agency shall maintain a written record of each complaint of sexual harassment, how it was investigated and how it was resolved.

GUIDELINES

1. The Agency shall develop a complaints procedure that will be confidential and discreet to the greatest extent possible.
2. The Agency will maintain a record of all reports of sexual harassment, the procedure(s) taken to deal with each incident and the sanction imposed.
3. Records will be kept under lock in the Agency Office and will only be accessible by current advisors and/or investigators of the complaint(s).
4. The Agency shall impose an appropriate sanction for every substantiated charge of sexual harassment, regardless of the status of the offender in the company.
5. Retaliation against victims of harassment advisors or investigators will not be tolerated.
6. Complainants will be notified promptly of the resolution of the complaint.
7. All employees shall receive training on sexual harassment.
8. A record of training shall be kept for all employees and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
Records are to be maintained for 3 years from the date of training.


FORMS

1. Standards of Conduct

REFERENCES

1. U.S. Equal Employment Opportunity Commission
2. Civil Rights Act of 1964 (Section VII)
3. National Criminal Justice Reference Service



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Cultural Diversity

PURPOSE

To provide guidelines for working with a diverse population with regards to race, culture, religion and special needs; and, to ensure that all persons have equal opportunity by establishing affirmative action plans.

DEFINITIONS

1. Cultural Diversity

Cultural Diversity refers to the many types of human social structures, belief systems, and strategies for adapting to situations in different parts of the world.

POLICY


Infinity of Page Home Health Services, LLC is committed to promoting the concept and acceptance of cultural diversity by:

1. recognizing and endorsing equal opportunity;
2. understanding and educating employees/clients/families about the value of diversity;
3. being aware of the challenges that cultural diversity can generate; and,
4. establishing policies to counteract discrimination towards cultural diversity.

PROCEDURES

1. The traditions and customs of all employees/clients/families shall be recognized and valued.
2. An open and tolerant attitude towards different religions, cultures, ethnic groups, races and personal views shall be practiced.
3. Actions shall be applied and policies developed to counter racism and intolerance.
4. Any dissension and conflict on cultural, ethnic or linguistic grounds shall be resolved, using appropriate measures.
5. Practices, which are consistent with the needs of socially and culturally diverse personnel, shall be applied.
6. Employee cultural and religious obligations shall be recognized.
7. Clients' special racial, religious, ethnic and cultural needs will be determined and documented during their initial assessment.
8. Positive client relations shall be promoted by providing clients with employees who have similar racial, ethnic, cultural, religious and/or linguistic backgrounds, whenever possible.



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9. The Owner/Manager/Administrator and Supervisor shall be responsible for monitoring the cultural diversity policy and for ensuring that employees adhere to it.

GUIDELINES

1. The Agency shall strive to create work environments that are free from intolerance, prejudice and racism.
2. All reasonable actions shall be taken to ensure employees are aware of their responsibility to become more knowledgeable of and sensitive to other cultures and to ensure that their activities recognize and support diversity.
3. Whenever possible, appropriate professional development and learning opportunities shall be provided to staff to enable them to acquire the knowledge and skills to interact with, and operate effectively in, a diverse society.
4. All employees shall receive training on cultural diversity.
5. A record of training shall be kept for all employees and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
 Records are to be maintained for 3 years from the date of training.

FORMS

1. Standards of Conduct


CROSS-POLICY REFERENCES

1. Equal Opportunity

REFERENCES

1. U.S. Equal Employment Opportunity Commission (EEOC)



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Standards of Conduct & Work Ethics

PURPOSE

To provide guidelines on standards of conduct and work ethics for employees to follow in the performance of their job duties.

POLICY

Infinity of Page Home Health Services, LLC is committed to the highest standards of ethical and professional conduct. All employees shall adhere to the Agency's policies and procedures relative to their job functions and shall comply with legal and regulatory requirements. Any breaches of this policy may be subject to disciplinary action and/or termination, depending on the severity of the incident.

DEFINITIONS

1. Standards of Conduct

Standards of conduct are an organization's formal guidelines for ethical behavior.

2. Work Ethics


Work ethics are a moral code, which guides the members of a profession in the proper conduct of their duties and obligations. It deals with behavior that is right or wrong and involves applying judgment and making choices about what to do and what not to do. It reflects how employees conduct themselves on the job site and includes:

- a. their appearance;
- b. what they say;
- c. how they behave;
- d. how they treat others; and,
- e. how they work with others.

3. The Federal Civil False Claims Act

The Federal False Claims Act (FCA) is intended to prevent and detect fraud, waste and abuse of government funds. It is a violation of the federal FCA for anyone to knowingly submit, or cause another person to submit, a false health care claim and receive government funds. Examples of actions that could violate the federal FCA include overcharging the government for services rendered; filing a claim with the government for services that were not rendered; or filing a claim with the government with information known to be false. Anyone who knowingly or intentionally submits a false claim to the federal government is liable for civil penalties of \$5,500 to \$11,000 per claim, plus three times the amount of damage caused by the false claimed.



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4. Federal Deficit Reduction Act of 2005 – Section 6032


Section 6032 requires that any entity, which receives Medicaid payments of at least \$5,000,000 annually, establish certain written policies for all of their employees, managers, contractors, and agents as a prerequisite to receiving Medicaid/Medicaid reimbursement. These policies shall provide written information on the Federal False Claims Act; remedies for false claims and statements; state laws pertaining to civil or criminal penalties for false claims and statements; whistleblower protections; and the role such laws play in preventing and detecting fraud, waste, and abuse in federal health care programs

PROCEDURES

Employees shall, at all times, conduct themselves in a professional and ethical manner by:


1. complying with all relevant regulations;
2. assuming responsibility to report cases of suspected or known fraud or fiscal abuse;
3. conducting themselves in a manner that does not have a negative impact on the Agency;
4. only relaying/distributing information that is accurate, when representing the Agency;
5. not promising care/services, which the Agency doesn't provide;
6. not borrowing money from clients/families or lending money to them;
7. not trading or purchasing items from clients/families;
8. not accepting gifts from clients/families except in special circumstances wherein a relationship with a client could be damaged if a gift was rejected; (e.g. Employees may accept a gift that is of a token nature such as a box of chocolates but must first obtain authorization from the Supervisor.)
9. not giving gifts to clients/families without first obtaining authorization from the Supervisor;
10. not using the Agency's property for personal benefit without authorization;
11. displaying appropriate dress, grooming, hygiene and etiquette;
12. wearing an approved uniform, when required;
13. being aware of their personal strengths, weaknesses and feelings;
14. having a good and positive attitude;
15. being pleasant on the job site;
16. displaying appropriate verbal and non-verbal skills;
17. keeping moodiness, bad temper and unhappiness out of their demeanor;
18. reporting to work on time, beginning delegated duties immediately and working continuously except for scheduled breaks;



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19. working the designated hours and seeking additional tasks if their assigned work is completed sooner than predicted;
20. completing tasks in the expected timeframe, combining tasks for greatest effectiveness and avoiding idle time;
21. completing their work assignments as scheduled by the Supervisor;
22. contacting the Supervisor as quickly as possible, if they need to leave the job site in the event of an emergency;
23. keeping in touch with the office to confirm schedules and to receive reports/direction;
24. completing any and all paperwork correctly and in a timely manner;
25. ensuring their quality of work is of a high standard and not expecting anything but the best from themselves;
26. keeping all obligations and promises;
27. being cooperative by displaying leadership skills and maintaining appropriate relationships with other employees;
28. being considerate to clients, families, friends, colleagues and professionals;
29. displaying loyalty, honesty, trustworthiness, dependability, reliability, initiative, self-responsibility and self-discipline;
30. respecting the rights of others;
31. being a cooperative and participative team member;
32. dealing appropriately with diversity and treating everyone with respect;
33. looking at things from another's perspective and being empathetic towards their thoughts and feelings;
34. avoiding criticizing or denouncing others because their beliefs and values may differ;
35. respecting others for their individuality
36. conforming to all safety regulations for their own and other's protection;
37. keeping information confidential and not gossiping about the affairs of others;
38. being polite and courteous to clients, families, friends, colleagues and professionals;
39. following instructions and utilizing all knowledge and skills;
40. giving their best efforts at all times;
41. realizing and admitting to errors and learning from the experience(s) to avoid making the same mistake(s) again.
42. showing good organizational skills in managing themselves, in time management, in prioritizing, in flexibility, in stress management and in the ability to deal with change;
43. being truthful and accurate about care given, clients' progress, and events that occurred or did not occur;
44. avoiding complaining and negativity;
45. working cooperatively to achieve goals and being willing to help and support others;



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46. complimenting others work and participating actively in the care team’s endeavor;
47. submitting a written statement, outlining the facts of any arrest, indictment or conviction for a felony or misdemeanor (other than a minor traffic offense) to the Supervisor within 5 working days of the incident.
48. immediately reporting to the Supervisor any incidents wherein they observe another employee treating a client in a manner that is:
 - a. not consistent with the Agency’s standards of conduct and ethical behavior; and/or,
 - b. physically and/or verbally abusive.
49. when working with clients/families,
 - a. not giving them their home phone numbers;
 - b. not giving personal opinions about them;
 - c. not offering medical advice;
 - d. not smoking in their homes;
 - e. not using their telephone except in cases of emergency or to call the office;
 - f. not taking anyone, including pets, into their homes
 - g. not safeguarding a client’s valuables;
 - h. not using a client’s vehicle or other property for personal reasons;
 - i. not consuming alcohol or using medication/drugs except for a medical reason(s) in their homes;
 - j. not accepting meals from them;
 - k. not taking advantage of their hospitality;
50. regarding legal matters,
 - a. not taking on assignments of a legal nature;
 - b. not becoming an appointee or having legal involvement with the client/family’s property;
 - c. not becoming the beneficiary of a client’s will;
 - d. not becoming a witness or an executor of a client’s will; and,
 - e. not having Power of Attorney.
51. responsibility to report false claims (*Refer to Policy #160 – Compliance with Federal Deficit Reduction & False Claims Acts*)
 - a. Agency employees, managers, contractors and agents shall be encouraged to:
 - i. be familiar with the laws regarding fraud, abuse and false claims;
 - ii. assume responsibility for their role in the prevention of fraud, abuse and waste in the federal health care system;
 - iii. assume responsibility for recognizing and reporting known and suspected cases of fraud, abuse, and/or false claims,



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- b. Individuals who report abuse, fraud or waste shall be protected from retaliation and retribution.

GUIDELINES

1. Work ethics shall reflect the values of the Agency and of community care programs.
2. All personnel/clients/families must clearly understand the standards of conduct and work ethics, their importance to the community and their relationship to the delivery of services.
3. All new employees shall be given information on the Agency's *Standards of Conduct and Work Ethics* Policy during Orientation. Refresher sessions shall be given on an as-needed basis and/or annually.
4. All employees shall be evaluated on how well they respect and work within the Agency's *Standards of Conduct and Work Ethics* Policy during performance appraisals.
5. Any complaints of violations of this policy shall be investigated. Proceedings shall be documented, and corrective actions shall immediately be undertaken.
6. All breaches of this policy and subsequent actions taken shall be documented in the individual employee's personnel file. All staff shall adhere to the company's "*Conflict of Interest*" Policy".
7. Violations to the *Standards of Conduct and Work Ethics* Policy shall be reported to the Owner/Manager/Administrator or Supervisor to maintain quality improvement.
8. The *Standards of Conduct and Work Ethics* Policy shall be reviewed and revised, as necessary, with input from the community and employees.


FORMS

1. Compliance
2. Standards of Conduct
3. Conflict of Interest Statement
4. Confidentiality Statement

CROSS-POLICY REFERENCES

1. Compliance with Federal Deficit Reduction & False Claims Acts
2. Compliance
3. Disciplinary Action




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REFERENCES

1. Federal False Claims Act (U.S.C. Title 31; Chapter 37; Subchapter III; § 3729)
2. Federal Deficit Reduction Act of 2005 – Section 6032



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Conflicts of Interest

PURPOSE

Infinity of Page Home Health Services, LLC is committed to ensuring its employees, managers, contractors and agents avoid possible Conflicts of Interest activities by performing their duties in a professional and moral manner. The goals are to prevent clients from being taken advantage of, to reduce management risks, to manage human resources, to deliver services effectively and efficiently and to prevent actual or perceived Conflicts of Interest.

DEFINITIONS

1. Conflict of Interest

A person has a Conflicts of Interest when he/she:


- a. is in a position of trust which requires him/her to exercise judgment on behalf of others (people, institutions, etc.); and/or,
- b. has interests or obligations of the sort that might interfere with the exercise of his/her judgment; and/or
- c. is morally required to, either avoid, or openly acknowledge.

2. Conflict of Interest for This Policy

For purposes of this policy, the Agency considers Conflicts of Interest to include, but not be limited to, the following:

- d. conflict with the mission, philosophy of objectives of the Agency;
- e. violation of local, State or Federal laws and regulations;
- f. putting Agency, personnel, clients/families at risk ethically, financially or legally;
- g. taking advantage of the professional relationship with a client, which results in personal gain for the employee and/or their family/friends;
- h. entering into an employment relationship with another service provider which infringes on the employment relationship with this Agency, unless that relationship has been approved by this Agency.
- i. agreeing to provide service to any client, where there is a personal/familial relationship, unless such a relationship has been disclosed to the Agency and has been reviewed and authorized.
- j. accepting any remuneration, compensation or gift from current or potential clients or competing agencies and their staff, which are not in the best interests of this Agency, its staff and its clients.
- k. giving gifts or favors to others where such items/actions could appear to improperly influence others in their relations with the Agency; and,



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1. double billing.

3. The Federal Civil False Claims Act

The Federal False Claims Act (FCA) is intended to prevent and detect fraud, waste and abuse of government funds. It is a violation of the federal FCA for anyone to knowingly submit, or cause another person to submit, a false health care claim and receive government funds. Examples of actions that could violate the federal FCA include overcharging the government for services rendered; filing a claim with the government for services that were not rendered; or filing a claim with the government with information known to be false. Anyone who knowingly or intentionally submits a false claim to the federal government is liable for civil penalties of \$5,500 to \$11,000 per claim, plus three times the amount of damage caused by the false claimed.

4. Federal Deficit Reduction Act of 2005 – Section 6032

Section 6032 requires that any entity, which receives Medicaid payments of at least \$5,000,000 annually, establish certain written policies for all of their employees, managers, contractors and agents, managers, contractors, and agents as a prerequisite to receiving Medicaid/Medicaid reimbursement. These policies shall provide written information on the Federal False Claims Act; remedies for false claims and statements; state laws pertaining to civil or criminal penalties for false claims and statements; whistleblower protections; and the role such laws play in preventing and detecting fraud, waste, and abuse in federal health care programs

5. “Qui Tam” (Whistleblower) Protection.


“Qui tam” (Whistleblower) is a mechanism of the False Claims Act (FCA) that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, in order to recover the stolen funds. In compensation for the risk and effort of filing a “qui tam” case, the whistleblower may be awarded a portion of the funds recovered

POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring its standards of conduct are adhered to, in part, by establishing measures to make employees, managers, contractors and agents responsible for avoiding and reporting any known or suspected conflict of interest activities. To this end, the Agency requires that:

1. all members of the Governing Board, employees, managers, contractors and agents, , sign a Conflict of Interest Statements to disclose any potential or known conflicts of interest immediately; and,




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2. Individuals employed by the Agency be responsible to their clients and co-workers to perform their duties at all times in a professional and ethical manner, without the intention of obtaining direct or indirect Conflicts of Interest.

PROCEDURES

1. Employees, managers, contractors and agents should avoid conducting transactions or establishing any relationship with others if their loyalty and diligence to the Agency is negatively affected or may be negatively affected.
2. Clients shall be advised of their rights to be free from Conflicts of Interest behaviors and conducts which take advantage of them and/or their situations.
3. Employees, managers, contractors and agents shall not do anything that could result in a Conflicts of Interest for the Agency such as buying and selling activities..
4. Employees, managers, contractors and agents shall be advised of the situations that the Agency considers to be Conflicts of Interest, as identified under the “Definitions” section of this policy.
5. Employees, managers, contractors and agents are to be provided with information on how to report potential/actual conflicts of interest, in accordance with the Agency’s Policies:
 - a. *Compliance*; and,
 - b. *Compliance with Federal deficit Reduction & False Claims Acts*.
6. Employees, managers, contractors and agents may not accept gifts, money, discounts or favors including a benefit to family members, friends or business associates for doing work that the company pays them to do.
7. Employees, managers, contractors and agents may not use, or permit the use of the Agency’s property, facilities, equipment, supplies or other resources for activities not associated with their work without authorization first from the Agency,
8. Employees, managers, contractors and agents may not disclose confidential or privileged information for any purpose about the Agency, co-workers, clients/families, or use confidential information to advance personal or others’ interests as per the Agency’s “Confidentiality and Privacy of Client Information Policy”.
9. Employees, managers, contractors and agents shall not violate federal, state or local laws. Strict adherence is required to laws established for the detection and prevention of fraud, abuse and waste in the federal health care systems, particularly the *Federal Deficit Reduction Act of 2005 – Section 6032* and *False Claim Act*, which require that they be:
 - a. encouraged to:
 - i. be familiar with the laws regarding fraud, abuse and false claims;




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- ii. assume responsibility for their role in the prevention of fraud, abuse and waste in the federal health care system; and,,
 - iii. assume responsibility for recognizing and reporting known and suspected cases of fraud, abuse, and/or false claims in the federal health care system.
 - b. protected from retaliation and retribution, if they report known or suspected cases of fraud, abuse and/or false claims, as per the “qui tam” provision of Section 6032. (*Refer to Policy #160 – Compliance with Federal Deficit Reduction & False Claims Acts*).
10. Employees, managers, contractors and agents shall advise the Compliance Officer/Designee, Manager or Supervisor, in writing, of all other employment and possible Conflicts of Interest situations.
 11. All employees, managers, contractors and agents are obligated to make full disclosure to the Compliance Officer/Designee, Manager or Supervisor of all situations involving either actual or potential conflicts of interest, whenever such situations develop.
 12. When a Conflict of Interest, or something that appears to be a Conflicts of Interest, arises the employee, manager, contractor or agent may be asked to correct or remedy the situation immediately. Depending on the circumstances, the individual may be subject to discipline, up to and including termination.
 13. Members of the Governing Body, employees, managers, contractors and agents shall be required to disclose all possible Conflicts of Interest by completing and signing the Agency’s Conflict of Interest Statement at the time of hiring, annually, and/or whenever the status changes. These signed statements shall be kept in the employees, managers, contractors and agents’ personnel files.
 14. The Compliance Officer/Designee shall review relationships with other agencies, organizations, educational organizations, health care providers and payors, in order to:
 - a. ensure these relationships comply with local, State and Federal regulations; and,
 - b. promote the Agency’s mission and philosophy.
 15. The Compliance Officer/Designee shall consult with the Compliance/Ethics Committee, Governing Body and/or Manager, whenever:
 - a. the issues are complicated and/or confusing;
 - b. reinforcement of opinion is desired;
 - c. disciplinary action needs to be considered; and/or,
 - d. additional input is desired.

GUIDELINES



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1. A process, including the enforcement of the Agency’s Policies on *Compliance* and *Compliance with Federal Deficit Reduction & False Claims Acts* shall be developed for all aspects of the Conflicts of Interest Policy including:
 - a. providing orientation to new staff of facts and examples and through verbalization of examples and distribution of written material;
 - b. advising clients of their rights to ethical and quality service;
 - c. advising management of potential Conflicts of Interest situations;
 - d. documenting Conflicts of Interest occurrences;
 - e. investigating procedures carried out by management and/or community resources;
 - f. providing detailed instructions for employees, managers, contractors and agents and clients/families for reporting potential Conflicts of Interest situations;
 - g. disciplining staff, when indicated; and,
 - h. reporting Conflicts of Interest involving regulated health providers to professional colleges or other appropriate organizations, when appropriate.
2. Education shall be given to all employees, managers, contractors and agents at orientation and via annual staff training and development sessions on Conflicts of Interest.
3. Employees, managers, contractors and agents shall undergo training on the *False Claim Act* and *the Federal Deficit Reduction Act of 2005 – Section 6032* when hired and at least annually thereafter. They shall also be educated about their role in the prevention of fraud, abuse and waste in the federal health care system.
4. A record of training shall be kept for all employees, managers, contractors and agents and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
Records are to be maintained for 3 years from the date of training.


FORMS

1. Conflicts of Interest Statement
2. Standards of Conduct

CROSS-POLICY REFERENCES

1. Compliance
2. Compliance with Federal Deficit Reduction & False Claims Acts




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3. Confidentiality and Privacy of Client Information
4. Disciplinary Action

REFERENCES

1. Department of Health and Human Services
2. National Science Foundation
3. Public Health Service
4. Federal False Claims Act (U.S.C. Title 31; Chapter 37; Subchapter III; § 3729)
5. Federal Deficit Reduction Act of 2005 – Section 6032



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Solicitation & Distribution

PURPOSE

To advise employees about the Agency’s policy for soliciting, canvassing, peddling and/or distribution of literature on the job site during working hours.

DEFINITIONS

1. Solicitation

Solicitation is the act of offering, or attempting to purchase, goods or services.

2. Distribution


Distribution is the process of giving goods and/or services to several people.

POLICY

Infinity of Page Home Health Services, LLC prohibits solicitation and distribution on its premises or through mail by non-employees. Solicitation and distribution by employees is permitted only as outlined in this policy.


1. A limited number of fund drives by employees on behalf of charitable organizations or for employees’ gifts may be authorized.
2. Prior approval is required from the Agency Manager before any solicitation or distribution activities are undertaken.
3. Solicitation or distribution of literature for any group or organization, including charitable organizations, may be permitted providing the sale of merchandise is limited to Agency functions and activities.
4. Solicitation and distribution activities must not:
 - a. interfere with the efficiency of business operations;
 - b. pose a threat to security; and/or,
 - c. be annoying to others.
5. Solicitation or distribution by an employee of another employee is prohibited during work time. Work time does not include authorized meal and other breaks.
6. The lobbying for political candidates or causes is prohibited on the job-site.
7. The solicitation or distribution of any written or printed materials to clients in their homes or in any area wherein service is being delivered is prohibited.
8. Authorization must be obtained from the Agency Manager prior to attaching any solicitation or advertising materials to the Agency Bulletin Board. .
9. Use of the Agency’s mail systems, photocopiers, telephone lists, bulletin boards and the like to promote outside business interests is prohibited.
10. Individuals, who are not employed by the Agency, are prohibited from:



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- a. soliciting funds or signatures;
- b. conducting membership drives;
- c. posting, distributing literature or gifts;
- d. offering to sell or to purchase merchandise or services, except as authorized by the Agency; and/or,
- e. engaging in any other solicitation, distribution, or similar activity on Company premises.



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Gifts, Gratuities & Courtesies

PURPOSE

To provide guidelines on the Agency and/or employees accepting gifts, gratuities & business gratuities from clients and business associates; i.e.: a present.

DEFINITIONS

1. Gift

A gift is an item given to someone without an expectation of payment or return.

2. Gratuity

A gratuity is a gift of money, over and above payment due for service; e.g.: a tip.

3. Business Courtesy

A business courtesy is any business-related item(s) of value given to another free or discounted. In additions, courtesies can include such things as meals, social events and sporting events. Courtesies are not considered to be gifts, as they are given or accepted as part of a potential business relationship.

POLICY


Infinity of Page Home Health Services, LLC discourages the Agency and its employees from accepting gifts, gratuities and business courtesies from clients and business associates but will, in some cases, permit the occasional acceptance if:

1. rejecting the gift will negatively affect the giver; and,
2. providing the gift:
 - a. is not made in cash;
 - b. does not exceed \$20 in value;
 - c. is not given on a regular or frequent basis;
 - d. is not given in an attempt to influence conduct or decision making; and,
 - e. does not compromise, or appear to compromise, in any way the integrity of the Agency or the employee.

PROCEDURES


1. The terms of this *Gifts, Gratuities & Business Courtesies* Policy shall be consistently applied.
2. All offers of gifts, gratuities & courtesies shall be considered on a case-by-case basis.
3. Employees shall report any offering to the Owner/Manager/Administrator or Supervisor, who will:
 - a. assess the circumstances in which the offering was made; and,



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- b. determine whether the offering will be accepted or whether it will be politely refused.
- 4. Owner/Manager/Administrator or Supervisor shall record receipt of the gift, gratuity or business courtesy in:
 - a. a log, if it is made to the Agency; or,
 - b. the employee's personnel file, if it is made to an individual employee.
- 5. Documentation of gifts, gratuities & business courtesies received shall include, but not be limited to, the following:
 - a. name, address and phone number of client giving the gift;
 - b. name of employee, if offering is given to an individual employee;
 - c. statement advising offering was given to the Agency, if offering is made to the Agency;
 - d. date the offering is given;
 - e. description of the offering;
 - f. value of the offering, if known; otherwise, assign an approximate value to the offering;
 - g. circumstances in which offering was made; and,
 - h. whether offering was accepted or returned to client.



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Employee Benefits & Compensation

PURPOSE

To inform employees of the benefits and compensation that the Agency provides, which are based on mandatory requirements and discretionary and negotiable decisions.

DEFINITIONS

1. Mandated Benefits

A benefit is a form of indirect compensation received by the employee as a result of his employment with a company. It is something in addition to his/her wage. Mandated benefits are those benefits that the business owner is regulated to pay and, in the United States, consist of:

- a. Social Security/Medicare;
- b. Unemployment Insurance; and,
- c. Workers' Compensation.

2. Discretionary Benefits

For purposes of this policy, Discretionary Benefits are those benefits, which a company has the choice of offering to its employees including, but not limited to:

- a. dental and health benefits;
- b. continuing health (COBRA)
- c. temporary disability insurance;
- d. Individual Retirement Arrangement (IRA); and,
- e. perks.


3. COBRA

The U.S. *Consolidated Omnibus Budget Reconciliation Act* (COBRA) contains provisions that give certain, eligible former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. COBRA has specific eligibility criteria for plans, qualified beneficiaries, and qualifying events. Coverage is generally more expensive than health coverage for active employees. COBRA applies to plans maintained by private-sector employers and sponsored by most state and local governments. Employers with 20 or more employees are usually required to offer COBRA coverage and to notify their employees of the availability of such coverage.

4. Individual Retirement Arrangement (IRA)

An Individual Retirement Arrangement (IRA) is an investment account in which a person can set aside income up to a specified amount each year and usually deduct the



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contributions from taxable income, with the contributions and interest being tax-deferred until retirement. The Simple IRA plan is administered through an Investment firm and managed internally by the Agency. It offers company employees a unique opportunity for savings, financial growth and favorable tax treatment, which reduces their gross taxable income. Infinity does not participate currently in IRA

5. Temporary Disability Insurance (TDI)

Temporary Disability Insurance (TDI) is designed to provide wage replacement for non work-connected sickness or injury. The program complements the UI program by providing benefits to individuals who do not meet the UI’s "able" to work requirement. Six states operate TDI programs. In California, New Jersey, Puerto Rico and Rhode Island, the TDI programs are administered by the State employment security agency. The Hawaii law is administered by the Temporary Disability Income Division of the Department of Labor and Industrial Relations, and the New York law is administered by the Worker's Compensation Board. Arizona does not participate our Agency is exempt


POLICY

Infinity of Page Home Health Services, LLC provides mandated benefits and compensation to its employees in compliance with State and Department of Labor regulations and may provide discretionary benefits and/or perks to employees, when deemed doable by the Agency’s governing body.

PROCEDURES

1. The Agency shall provide the following federal, mandatory benefits to its employees:
 - a. Social Security and Medicare;
 - b. Unemployment Insurance; and,
 - c. Workers’ Compensation.
2. The Agency shall provide additional mandated benefits in accordance with its policies on Paid Leave and Statutory Holidays.
3. Benefits, compensation and other allowances (e.g. mileage for use of employee vehicle) shall be negotiated with job applicants at time of job interview and/or when a “conditional offer of employment” is extended.
4. All employees shall be provided with orientation to the benefit and compensation package when they are hired, which includes details and qualification times.
5. All employees shall be given a written contract, which details their individual benefits, compensation and allowance package.



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6. Mandatory contributions for Social Security, Medicare and Unemployment Insurance, shall be deducted from employees' pay checks, in accordance with federal regulations.
7. The Agency shall contribute the regulated employer payments for Social Security, Medicare, Unemployment Insurance, and Worker's Compensation for each and every employee.
8. The Agency Owner/Manager/Administrator shall be responsible for ongoing review of the mandatory benefit and compensation requirements.
9. The Agency Owner/Manager/Administrator shall be responsible for researching and ensuring that benefits and compensation are continually updated to comply with established State and U.S. Department of Labor regulations.
10. Agency Owner/Manager/Administrator shall ensure that the following requirements are adhered to:
 - a. Social Security/Medicare
 - i. The cost of contributing to an employee's social security/Medicare shall be shared equally by both the Agency and the employee
 - ii. Social security and Medicare taxes shall be paid in accordance with current federally mandated rates.
 - b. Unemployment Insurance
 - i. Unemployment insurance shall be jointly paid for by the Agency and the employee, with the Agency paying a higher percentage tax, in accordance with mandated rates.
 - ii. New employees shall be registered with the Department of Labor within the mandated time period.
11. Worker's Compensation


The Agency shall pay Worker's compensation, in accordance with mandated rates, to cover medical treatment, vocational rehabilitation, wage loss and death/burial benefits to victims/survivors of industrial accidents or occupational diseases.

Employee Compensation

Regular Compensation

1. The Agency shall pay its employees at rates, which meet or exceed the amounts stipulated by federal, state and/or other jurisdictional laws for hours worked up to and including 40 in a given work week.



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2. Wages shall be competitive in today's market and be based on hours worked and the type of work being performed. Wages are generally based on, but not limited to, one or more of the following:
 - a. experience
 - b. regulated pay rates
 - c. statutory holidays
 - d. industry wage standards
 - e. shift differentials
 - f. education
 - g. certification
3. Wages shall be reviewed annually based on State Statutes and Legislature
4. Employees, who assume different positions or are promoted between performance appraisal periods, will have a wage review conducted at the time of promotion.
5. The Agency may increase wages at any time, providing:
 - a. job requirements are met or exceeded;
 - b. Agency Policies and Procedures have been/are adhered to; and,
 - c. the Agency achieves and maintains a prosperous level of business.
6. Wage increases shall not be given to augment cost-of-living increases.
7. The Agency and its employees shall keep all remuneration information confidential. Wage specifics shall not be disclosed or discussed with others, including co-workers, as per the Agency's Policy #1.160 – *Confidentiality & Non-Disclosure of Information*.
8. If a wage reassignment is levied against an employee's earnings, the Agency shall:
 - a. comply with federal and state regulations; and,
 - b. immediately advise the employee affected.

Over-Time Compensation

1. The Agency shall pay overtime to its non-exempt employees, in accordance with federal and state regulations and in accordance with the Agency's Policy #4.170 – *Overtime*.

Statutory Holiday Compensation

1. The Agency adheres to statutory holidays requirements, in accordance with federal and state regulations and in accordance with its Policy # 4.171 - *Statutory Holidays*.


Employee Discretionary Benefits

Dental and Vision Insurance

The Agency may offer optional dental and vision care benefits to its full time employees after the successful completion of the 6 month Probationary Period.

Employee Perks



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Referral Bonus

1. The Agency may offer an Employee Referral Bonus to its employees.
2. Employees may be eligible for a bonus of \$50 for referring client(s) to the Agency.
3. To request the Referral Bonus, employees must submit a signed statement from the referred client(s), which:
 - a. states the name of the referring employee; and,
 - b. verifies the referring employee referred them (the referred client) to the Agency.
4. The referring employee becomes eligible for one-half of the total bonus once the referred client(s) has received service from the Agency for 3 months.
5. The referring employee is eligible for the remaining half of the bonus once the referred client has received service from the Agency for 6 months.


CROSS-POLICY REFERENCES

1. Paid Leave
2. Statutory Holidays
3. Non-Disclosure of Information
4. Overtime

REFERENCES

1. United States Department of Labor (DOL)
2. Fair Minimum Wage Act of 1997
3. U.S. Social Security Administration
4. U.S. Social Security Act of 1935



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Employee Breaks

PURPOSE

To establish guidelines for paid and unpaid breaks and for scheduling breaks during working hours.

POLICY

It is the policy of Infinity of Page Home Health Services, LLC to provide break periods for employees. Such breaks are subject to scheduling and approval of each employee's immediate Supervisor. It is the Supervisor's responsibility to insure compliance with the policy.

PROCEDURES


Paid Breaks

1. Each employee is authorized one paid break for each four-hour work period.
2. Each break period may be up to fifteen minutes in length.
3. This 15-minute break must be taken during the 4-hour period or it is forfeited.
4. These breaks are not to be used to:
 - a. extend the lunch hour;
 - b. cover a late arrival;
 - c. leave work early;
 - d. accrue vacation; or,
 - e. count as overtime, if the break is not taken.
5. Supervisor and individual employee shall work out suitable break schedules, depending on job assignments.
6. Breaks shall be scheduled in a manner, which does not interrupt services to the client.
7. Scheduled rest breaks may vary due to client needs and/or staff on hand.

Meal Breaks

1. Meal periods are uninterrupted breaks, wherein employees are not required to perform any job functions.
2. Meal breaks are unpaid hours.
3. Although, legally, employees are not required to take meal breaks, the Agency expects employees to take meal breaks for their own welfare and to increase performance efficiency.




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4. Meal breaks shall typically be 30 – 60 minutes in length.
5. Meal breaks will be coordinated with employees’ daily work schedules, which may vary from day to day,
6. Employees shall try to schedule their one hour or one-half hour meal break about mid-point during their shift.
7. Employees are encouraged to take a meal break during their shift, regardless of the time a shift is worked e.g. day shift, afternoon shift, over-night shift.
8. If an assignment requires employees to spend their entire shifts with one client, the Supervisor will consult with the individual employee to determine personal wishes and the specifics of breaks.
9. Employees will be relieved of all active responsibilities during meal periods.

Personal Breaks

1. If you have unexpected personal business to take care of, you must notify your direct Supervisor to discuss time away from work and make provisions as necessary.
2. Personal business should be conducted on the employee’s own time.
3. Personal breaks are non-paid hours..



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Overtime

PURPOSE

To inform employees about the Agency’s policy on overtime pay.

DEFINITIONS

1. Non-Exempt Employee

Non-exempt employees are employees who are subject to all *Fair Labor Standards Act (FLSA)* provisions including the payment of overtime. Non-exempt employees are normally required to account for the numbers of hours and fractional hours, which they work.

2. Exempt Employees

Exempt employees are employees who, are exempt from the overtime provisions of the *Fair Labor Standards Act (FLSA)*. They are expected to work whatever hours are necessary to accomplish the responsibilities of their positions. Exempt employees are most often found in managerial, supervisory, professional, administrative, and functional leadership roles.


POLICY

Infinity of Page Home Health Services, LLC provides overtime pay to its non-exempt employees, in accordance with federal state regulations.

PROCEDURES

1. Overtime is paid at a rate not less than 1&1/2 times the regular rate of pay for all hours worked in excess of 40 in a given week.
2. The Agency does not consider personal time off, holiday time or any leave of absence as hours worked when calculating overtime.
3. Salaried employees shall usually be exempt from overtime.
4. All overtime must be pre-authorized by the Supervisor.
5. Employees who accrue overtime, because of an emergency situation, shall be compensated for that overtime.
6. Overtime compensation may be taken as pay or time in lieu of overtime, at the discretion of management
7. The Supervisor shall develop working schedules, which keeps the number of weekly hours worked by individual employees within the limits wherein overtime is not applicable.




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8. Whenever overtime is required, the Supervisor shall give reasonable notice in order that the employees involved have sufficient time to make necessary arrangements.
9. Employees who leave the Agency will be paid for any accrued overtime.
10. The Agency shall maintain a record of all approved overtime.

REFERENCES

1. U. S. Department of Labor (DOL)
2. Fair Labor Standards Act (FLSA)



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Statutory Holidays

PURPOSE

To inform staff about the Agency’s management of Statutory Holidays.

DEFINITIONS

1. Statutory Holiday

A Statutory Holiday is a public holiday that was established by law.


POLICY

Infinity of Page Home Health Services, LLC adheres to federal and state regulations regarding Statutory Holidays.

PROCEDURES

1. The Agency recognizes the following Statutory Holidays:
 - a. New Year's Day
 - b. Memorial Day
 - c. Independence Day;
 - d. Labor Day
 - e. Columbus Day
 - f. Veterans Day
 - g. Thanksgiving Day
 - h. Christmas Day
2. Statutory Holiday pay is only paid to those employees who actually work on a Statutory Holiday.
3. Because of the higher charges for service on Statutory Holidays, Clients whose regular service schedule falls on a Statutory Holiday, may be given the option of rescheduling, cancelling or keeping their established schedule.
4. Employees who work on a Statutory Holiday will be paid at 1 ½ times their regular pay rate or in accordance with federal and state regulations, should any differences in rates exist.
5. Prior approval must be given by the Supervisor before any employee can work on a Statutory Holiday.
6. Providing “lieu of” time off meets federal and state regulations, employees who work on a Statutory Holiday, may choose to take paid time off instead of accepting overtime pay. This option must be discussed with and approved by the Supervisor in advance.




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REFERENCES

- U. S. Department of Labor (DOL)



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Paid Leave

PURPOSE

1. To outline the types of Paid Leave that the Agency recognizes and the criteria for Paid Leave eligibility.

DEFINITIONS

2. Regular Full-Time Employee

For purposes of this policy, Full-Time employees are those employees who regularly work between 35 and 40 hours a week.

3. Full-Time Salaried Employee

For purposes of this policy, Full-Time salaried employees are those employees who are paid a pre-determined wage based on a minimum of 35-40 hours per week in a regular fashion.

4. Probationary Employees


For purposes of this policy, Probationary Employees are new employees being considered for permanent status. They are usually placed on probationary status for a trial period of 6 months to enable them to learn the job and to enable the Supervisor to observe and evaluate their performance.

POLICY

Infinity of Page Home Health Services, LLC may grant Paid Leave for Full-Time employees in accordance with the following conditions:

1. Paid Days Off (PDO) may be taken in half day segments but no PDO can be taken before it is accrued and approved.
2. Up to one week of Paid Days Off may be carried over to the next calendar year.
3. Employees, who terminate their employment with the Agency or the Agency terminates their employment, are not eligible for accrued paid time for the month of termination.
4. Employees who give written notice of termination must work up to and including the last date of the notice in order to be eligible for Paid Time Off, providing they have completed the 6 month Probationary Period.
5. Employees, who are terminated as a result of disciplinary action, lose all unused PDOs.
6. Any unused earned vacation will be paid in a lump sum in the terminating employee's final paycheck.
7. Part-Time, Temporary and Independent Contractors are not eligible for Paid Days off. Employees classified in one of these positions, who need to take time off



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and/or miss work due to illness, may request to have lost hours made up. However, the Agency does not guarantee that replacement hours can be provided.

Types of Paid Leave


Vacation

1. To be eligible for paid vacation time, employees must:
 - a. be a Regular Full-Time Employee or a Full-Time Salaried Employee;
 - b. have worked at least one year; and;
 - c. have successfully completed the Probationary Period.
2. Paid vacation time is based on the following years of employment:
 - a. 1 - 4 years: one week (5 working days)
 - b. 5 - 10 years: two weeks (10 working days)

Worker's Compensation

1. Employees, who have a medical absence due to a compensable, work-related injury or occupational disease and are eligible for Workers' Compensation benefits, may use their accumulated vacation and sick time, if relevant, to supplement Workers' Compensation benefits in order to maintain their full weekly wages, as long as possible, during their medical leave.



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Unpaid Leave

PURPOSE

To outline the types of unpaid leave that the Agency recognizes and the criteria for Leave of Absence eligibility.

DEFINITIONS

1. Leave of Absence

A Leave of Absence is an excused absence due to medical, personal or administrative reasons. A Leave of Absence is granted, as required by law or at the discretion of Management to a regular or term staff member who has an intent to return to work after a defined period of time.

2. Medical Restrictions


For purposes of this policy, Medical Restrictions are limitations that prevent an employee from performing his/her regular duties at the end of an approved Leave of Absence due to a continuing medical condition(s).

POLICY

Infinity of Page Home Health Services, LLC may grant unpaid leave for Full-Time Employees subject to the following conditions:

1. Unpaid Leave(s) of Absence are available to all Full-Time Employees for no less than 4 weeks and no more than 10 weeks.
2. Any leave or combination of leaves may not exceed 6 months in any 12-month period unless otherwise required by law. All Leave(s) of Absence count towards the 6-month maximum.
3. All requests for leave will be considered on an individual basis and will be dependent, in part, on:
 - a. Agency operations;
 - b. Performance; length of service;
 - c. responsibility level; and,
 - d. needs/circumstances of the employee requesting leave.
4. Conditions for Leave(s) of Absence shall include, but are not be limited to, the following:
 - a. The employee must have had at least one year of continuous employment with the Agency.
 - b. The Agency Manager must authorize the leave.



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- c. The request must be submitted in writing, with proposed start and end dates specified.
5. Requests for extensions of Leave(s) of Absence must be made in writing and requested at least 5 working days before the end of the approved personal leave period.
6. An employee who subscribes to any Agency health insurance benefits is responsible for the total monthly health insurance premium during the period of absence, unless otherwise provided by law.
7. Every attempt will be made to give employees, who have been on leave, the same or similar duties that they held prior to their Leave(s) of Absence. However, the Agency cannot guarantee the availability of assignments upon their return.


Pay Status for Leave(s) of Absence

1. If a Leave of Absence is granted, employees must utilize all accrued paid time available to them, based on the type of leave, prior to taking any portion of the time away as Unpaid Leave:
 - a. In case of personal leave, accrued time should be used in the following order: vacation, personal and holiday time.
 - b. In the case of non FLMA medical leave, accrued time should be used in the following order: sick, vacation, personal and holiday time.
2. All accruals cease when employees acquire Unpaid Leave status and restart when they return to Paid Leave status.


Return from Leave(s) of Absence

1. The Agency expects that employees on approved Unpaid Leave status will be available for work by the end of their approved leave time.
2. Employees on leave for a personal, medical condition(s) must obtain certification from their health care professionals before they will be permitted to return to work. Such certification must:
 - a. state when they are able to return to work;
 - b. advise if they are cleared to perform their regular duties; and/or,
 - c. define any restrictions that prevent them from resuming their regular duties.
3. If employees are released to return to work with restrictions, the Supervisor and the Agency Manager will discuss whether accommodating them is appropriate, taking into consideration the rights and obligations of Equal Opportunity, Affirmative Action, and Disability matters.
4. If employees do not return to work and are not granted additional leave, employment ends as a resignation, effective the last day of the approved leave.



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Types of Unpaid Leave

Family and Medical Leave (FMLA)

1. The Agency follows the *Family and Medical Leave Act* (FMLA) and may provide eligible employees up to 12 weeks of unpaid, job-protected leave each year for:
 - a. the birth and care of a newborn child;
 - b. placement with the employee of a child for adoption or foster care; or,
 - c. the serious illness of the employee or of the employee's child, spouse, or parent, in accordance with the *Family and Medical Leave Act* (FMLA)
2. Leave considerations will be in accordance with the conditions of this policy.
3. Paid Leave may be substituted for unpaid FMLA leave.
4. Employees, who need to take unpaid time off and/or miss work due to illness, may request replacement hours. However, replacement hours cannot be guaranteed.
5. Employees, who use up their medical and/or personal leave under the FMLA (medical or personal) and continue to require time away from work beyond 12 weeks, are not guaranteed job protection. They may re-apply for positions with the Agency when they have been cleared to return to work.

Non FLMA Medical Leave


Employees, who do not meet the eligibility requirements for a leave under FMLA, may request a Leave of Absence for a self qualifying medical event. The following conditions apply:

1. Medical leave is granted at the discretion of the Supervisor and/or Agency Manager.
2. There is no guarantee of job protection.
3. A medical note, which supports the request, is required if more than 5 days of consecutive absence is anticipated.
4. Accrued time should be used in the following order: sick, vacation, personal and holiday time.

Bereavement Leave

The Agency may grant 3 days of Bereavement Leave to Full-Time Employees, who have completed their 6 month Probationary Period, should death occur to a member of their immediate family. Immediate family refers to the spouse, parents and/or children.



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Jury Duty

The Agency considers absences for Jury Duty to be Unpaid Leave.

Procedures for Jury Duty Leave

1. Employees, who receive a summons for Jury Duty, shall notify their Supervisor immediately in order that schedules can be revised for that period. .
2. A copy of the affidavit from the Court Clerk and other related paperwork shall be submitted to the Supervisor or Agency Manager.
3. After reporting for Jury Duty, employees, who are excused, are required to notify their Supervisor immediately for direction and/or possible re-assignment of duties.


Military Leave

The Agency complies with State and Federal regulations including, the *Uniformed Services Employment and Reemployment Rights Act (USERRA)*.

Criteria for Military Leave includes, but is not limited to, the following:

1. Military Leave may be granted to employees, who are absent from work because of service in the U.S. Armed Forces, Reserves, National Guard or other “Uniformed Services”.
2. Employees shall give written, advance notice of their intention to take Military Leave, whenever possible, which includes the date that the absence will commence.
3. Employees have the option of applying any unused time towards Military Leave.
4. Continuation of health insurance benefits is available, as required by USERRA, based on the length of the leave and subject to the terms, conditions and limitations of the applicable plans for which employees are otherwise eligible.
5. Benefit accruals will resume upon the employees return to active employment.
6. The Agency will not permit any discriminating practices against employees, as a result of their service in the Uniformed Services.
7. When Military Service is finished, returning employees may request re-employment with the Agency if:
 - a. their absence is less than 5 years;
 - b. they re-apply to the Agency, in writing, within the established time limits; and,




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- c. they were released from Military Service under honorable conditions.
- 8. The 5 years Leave of Absence for Military Service is a cumulative total and includes both past and present Military Service.
- 9. The Agency will attempt to reinstate returning employees to the positions they held prior to Military Service providing:
 - a. their physical and/or mental ability to perform the duties of their former positions does not impact their re-assignment; and,
 - b. assignments are available.
- 10. Should a new position be offered, the Agency will provide similar status, seniority, benefits and pay. This position may be:
 - a. one that the employee could have attained, had he/she remained continuously employed with the Agency; or,
 - b. a comparable one, depending on the length of Military Service, in accordance with USERRA.
- 11. The physical and/or mental ability to perform duties could impact which positions will be considered for returning employees.
- 12. Returning employees will be treated as though they were continuously employed for determining benefits based on length of service.

REFERENCES

- 1. Fair Labor Standards Act (FLSA)
- 2. Family and Medical Leave Act (FMLA)
- 3. Uniformed Services Employment and Reemployment Rights Act (USERRA)



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Dress Code

PURPOSE

To provide guidelines for employees to present a professional appearance.

DEFINITIONS

1. Dress Code

A dress code is a set of standards that companies develop to help provide their employees with guidance about what is appropriate to wear to work.


POLICY

Infinity of Page Home Health Services, LLC requires that its employees present a professional appearance at all times and that they wear identification tags, containing the Agency's name, the employee's name, job title and photo.

PROCEDURES


1. Employees working with clients shall wear Agency provided/approved uniforms or nursing scrubs.
2. Employees shall use good judgment in choosing appropriate attire when on duty. Attire, which is deemed to be inappropriate includes, but is not limited to the following:
 - a. clothing in disrepair;
 - b. leggings/tights;
 - c. jogging suits;
 - d. clothing with inappropriate language;
 - e. shorts;
 - f. fishnet stockings;
 - g. tank tops;
 - h. revealing or tight clothing;
 - i. open-toed footwear; and,
 - j. artificial or long fingernails.
3. Clothing shall be kept in good repair, be of an acceptable length and fit properly.
4. Only clean and/or polished, closed toe shoes may be worn.
5. Employees shall be well groomed and have good personal hygiene and cleanliness.
6. Fingernails are to be short, clean and neatly kept.
7. Earrings and rings are limited and restricted to those that will not snag on equipment, injure a patient or employee, or that may impede the employee's job performance.
8. Long hair should be pulled back and secured at all times..



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9. Perfumes, scented body lotions and/or aftershave lotion should be avoided in respect of clients with sensitivities and/or allergies.
10. Supervisor shall ensure employees wear proper attire and maintain good personal hygiene and cleanliness.



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Employee Identification Badge

PURPOSE

To specify requirements for employee identification through the use of Identification Badges in order to:

1. provide a consistent method of identification;
2. enhance the Agency's commitment to provide quality service; and,
3. provide standards and requirements for displaying identification.

DEFINITIONS

1. Employee Identification Badge

An Employee Identification Badge is a card that is issued by an organization for its employees to wear in a manner that clearly displays the individual employee's picture, name, job title and the organization's name.


POLICY

Infinity of Page Home Health Services, LLC provides its employees and clients with the highest quality of service, in the safest environment possible, while delivering care, by requiring staff to adhere to the identification standards set forth in this policy.

PROCEDURES

1. The Agency shall issue all employees with Identification Badges.
2. Employees shall wear the Identification Badges, which are provided to them by the Agency, whenever they are delivering services on behalf of the Agency.
3. Identification Badges shall display the following information:
 - a. employee's picture
 - b. employee first and last Name
 - c. Agency's name
4. Identification Badges shall be worn in a manner that enables their information to be conspicuously displayed to others.
5. Identification Badges shall be clipped to clothing in the front of the person, at least six inches above the waist or worn on a lanyard.
6. Identification Badges shall not be worn on belts, sleeves, pockets, footwear, etc.
7. Identification Badges shall not be deliberately worn in a manner that prevents a person's name or job title from being visible.
8. Identification Badges shall be updated to reflect current information, such as name or position changes.




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9. Identification Badges may be reissued once annually. If needed more frequently, due to loss, the employee will be charged a fee. There is no fee for issuing an Identification Badge when an employee's name or job title changes.
10. Employees, who forget or misplace their Identification Badges, shall be given a temporary Identification Badge to wear that also clearly indicates their first and last name and their job title.
11. Lost or stolen Identification Badges shall be reported to the Supervisor immediately.
12. Temporary Badges may be worn for up to three days, by which time the employee either needs to wear the Identification Badge that was issued to them or obtain a replacement badge.
13. Upon termination of employment, the Identification Badge shall to be returned to the Agency.

GUIDELINES

1. Agency Manager shall designate an individual to be responsible for arranging for and issuing Identification Badges to employees.
2. Supervisor shall ensure that all employees wear Identification Badges while on duty and shall arrange for temporary Identification Badges in the event that an employee forgets or loses his/her badge.
3. Supervisors shall ensure that employees are aware of this policy and that they comply with it.
4. Employees shall be responsible for adhering to this policy.
5. Employees shall also wear their Identification Badges when they are:
 - a. representing the Agency in a professional capacity;
 - b. networking with other professionals/organizations; and,
 - c. taking work related training sessions offered by outside entities.



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Private and Agency Vehicles

PURPOSE

To provide guidelines for employees, who use Private vehicles and Agency- owned vehicles, to conduct business on behalf of the Agency and/or to perform job-related activities for clients that require the use of a vehicle for purposes other than client transportation.

NOTE: Employees who use privately owned vehicles for transporting clients shall refer to *Policy #3.130 - Transporting Clients in Private Vehicles*.

POLICY


Infinity of Page Home Health Services, LLC requires that employee-owned and Agency-owned vehicles carry adequate vehicle insurance and all employees, who operate vehicle for the conduction of Agency business, have and maintain valid drivers' licenses. Furthermore, the following conditions must be met before employees will be authorized to operate a motor vehicle as part of their duties:

1. Employees' Driver Licenses shall:
 - a. be valid in the State in which employees are working;
 - b. be current; and,
 - c. meet State requirements for transporting clients.
2. Employees shall carry adequate/appropriate vehicle insurance, including full Comprehensive, Liability and Personal Injury Protection coverage.
3. Employees shall adhere to the guidelines regarding the usage of Private and Agency vehicles.

PROCEDURES

1. Employees, whose Drivers' Licenses are suspended or restricted shall advise their Supervisor immediately. Job duties may be affected as a result.
2. Employees, who require medication that might impair their ability to drive, shall obtain written confirmation from their Physician that they can safely operate a motor vehicle.
3. Employees who receive parking tickets, speeding tickets and other traffic violations or who are arrested for driving-related offences shall assume total responsibility for any resulting fines.



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4. Employees who violate any of the stipulations, outlined for Private and Agency vehicle operations may be subject to disciplinary action up to and including termination of employment.


Private Vehicles

1. When employees use their vehicle, during the performance of their duties, they are required to complete and submit the Agency's *Personal or Private Vehicle Usage Mileage Record* for miles accrued. These *Mileage Records* shall be verified and signed by the clients(s) on whose behalf the employees used their vehicles.
2. Employees who use their own vehicles, in the delivery of direct client services, must inform their insurance companies that they will be using their vehicles for work purposes to ensure correct and adequate insurance coverage is obtained.
3. The Agency does not provide vehicle insurance for Private vehicles.
4. Employees shall provide their Supervisor with copies of their driver's licenses and insurance coverage for Private vehicles used for conducting their job duties.
5. Copies of employees' drivers' licenses and vehicles' insurance coverage shall be filed in the employees' Personnel Files.
6. Employees shall be responsible for ensuring their drivers' licenses and vehicle insurance coverage are renewed and copies are given to the Supervisor.
7. Supervisors shall confirm that drivers' licenses and vehicles' insurance coverage are current and shall file copies of renewals in the Employees' Personnel Files.
8. Employees, who are driving private vehicles, while on duty shall:
 - a. wear their seat belts at all times;
 - b. ensure passengers wear seat belts at all times;
 - c. adhere to all traffic and safety regulations;
 - d. exercise caution and responsibility;
 - e. avoid consuming alcohol and/or drugs;
 - f. avoid reckless driving;
 - g. report any citations or charges against their drivers' records to the Supervisor; and,
 - h. report any accidents or related injuries to the proper authorities, as regulated by law; a written report of the incident shall also be given to the Supervisor within 24 hours.

Agency Vehicles

1. Agency vehicles shall carry full insurance coverage including Comprehensive, Liability and Personal Injury Protection coverage.



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2. Before employees receive authorization to drive an Agency vehicle, the Supervisor will ensure they have a valid Driver's License and that their driving record is clear of infractions.
3. Once employees receive authorization to drive an Agency Vehicle, they must adhere to the conditions outlined below.
4. Employees must not:
 - a. drive an Agency vehicle if their driver's license is suspended or revoked;
 - b. permit any unauthorized person to drive an Agency vehicle, except in an emergency situation;
 - c. drive while under the influence of alcohol and/or drugs;
5. Employees must:
 - a. use seat belts at all times;
 - b. ensure that all passengers wear seat belts;
 - c. respect traffic laws, ordinances and regulations;
 - d. use reasonable and safe driving practices;
 - e. be responsible for any fines or traffic violations;
 - f. report any accidents or related injuries to the proper authorities, as regulated by law; and give a written report of the incident to the Supervisor within 24 hours;
 - g. report all traffic tickets to the Supervisor immediately and show proof of payment within 2 weeks of the offense;
 - h. report any citations or charges against their drivers' records to the Supervisor;
 - i. drive at speeds, which are appropriate for traffic, weather and road conditions;
 - j. be personally liable if any criminal or civil penalty is incurred;
 - k. turn the engine off, remove the keys and lock the vehicle when it is unattended;
 - l. conduct a visual check of the vehicle for defects or damage before operating it;
 - m. report any defects or damage noted to the Supervisor;
 - n. check fluid levels and tire pressure regularly; and,
 - o. ensure the vehicle is kept clean.


CROSS-POLICY REFERENCES

1. Transporting Clients in Private Vehicles

FORMS


2. Personal or Private Vehicle Usage Mileage Record



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3. Transportation Liability Waiver



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Drugs & Alcohol Usage

PURPOSE

1. To promote safe and healthy in-home and in-office working environments;
2. To establish procedures and consequences for employees who abuse drugs/alcohol.
3. To adhere to drug and alcohol regulations.

DEFINITIONS

1. Substance

Substance means alcohol, illicit drugs, non-prescription drugs, prescribed medications or any other substance that has an effect on an individual's ability to function competently and effectively.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the health and safety of its clients and their families and the health and safety of its in-office and in-home employees by creating and enforcing a Drugs and Alcohol Policy, which:

1. clearly defines rules about substance abuse;
2. provides procedures to follow when substance abuse is suspected or confirmed; and,
3. outlines the consequences of employee consumption of drugs/alcohol in the workplace.

PROCEDURES


1. The Agency shall have zero tolerance for any employee:
 - a. who arrives for work while under the effects of drugs/alcohol;
 - b. whose ability to perform their duties is even slightly affected because drugs/alcohol have been taken; and/or,
 - c. who consumes drugs/alcohol while at work.
2. The Agency recognizes the following signs as evidence of possible impairment:
 - a. smell of alcohol or drugs on breath;
 - b. atypical, flushed face;
 - c. slurred speech;
 - d. staggered or unsteady steps;
 - e. glassy eyes;
 - f. loud talking;
 - g. argumentative behavior;
 - h. smell of marijuana;
 - i. discarded drug paraphernalia;



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- j. affected performance of job duties such as:
 - i. lack of attention to details;
 - ii. working at different paces;
 - iii. making more mistakes; and/or,
 - iv. failure to remember or difficulty remembering details.
- 3. The Agency requires that all staff, regardless of their position, assume responsibility for:
 - a. ensuring they are not under the influence of any substance when on duty;
 - b. declining any unexpected and/or unscheduled work assignments, if they are under the influence of drugs/alcohol;
 - c. seeking advice and treatment as soon as possible, if they think they may have a drug/alcohol problem; and,
 - d. consulting with their Health Care Provider to determine if prescribed medication will negatively affect their ability to perform their duties. If it may, they shall:
 - i. obtain a written statement from their Health Care Provider, which states any work restrictions/limitations or risks; and,
 - ii. give that statement to their Supervisor, who shall take one of the following actions:
 - modify the employee’s duties;
 - give the employee another temporary assignment; or,
 - relieve the employee of all duties until the medication is discontinued or until it no longer affects the performance of duties.
- 4. The Agency requires that employees and/or Supervisor take the following steps if they suspect another staff member is under the influence of drugs/alcohol:
 - a. Determine if one or more of the Agency’s recognized signs of impairment are present.
 - b. If impairment signs are present, ask for assistance from a person who can serve as a witness (if possible).
 - c. Take the individual to a private or secluded area and ask him/her if he/she has been drinking or has been consuming any drugs.
 - d. If the individual admits to being under the influence of drugs/alcohol and you are another employee:
 - i. contact your Supervisor immediately;
 - ii. ask the individual to remain in the private, secluded area until the Supervisor arrives;




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- iii. handle any of the employee’s urgent job duties until Supervisor arrives and gives other instructions.
- e. When Supervisor arrives, provide details to Supervisor in the presence of the individual and witness.
- f. Supervisor shall confirm statements with the individual and shall ask other questions as indicated.
- g. If, after the questioning period, the Supervisor believes that the individual is under the influence, the Supervisor shall:
 - i. advise individual that he/she is being sent home, pending further investigation;
 - ii. make arrangements for him/her to get home (without self-driving); and,
 - iii. make arrangements for another employee to take over his/her duties.
- h. If the individual insists of driving himself/herself home, contact the police and provide as much detail about the vehicle and license number as possible.
- i. If the individual refuses to leave, contact the police.
- j. Incident Reports recording details and actions taken, shall be prepared immediately by:
 - i. employee who noticed the individual appeared to be impaired;
 - ii. any witness(es); and,
 - iii. Supervisor.
- k. Owner/Manager/Administrator shall review the Incident Report. If the facts confirm that the staff member’s ability to work was affected because of drugs/alcohol, then the Agency’s disciplinary process shall be applied:
 - i. after one occurrence, the staff member shall be given a verbal warning and be suspended from all work assignments for a period of 1 week;
 - ii. after a second occurrence, the staff member shall be given a written warning and be suspended from all work assignments for a period of 2 weeks;
 - iii. after a third occurrence, the staff member’s employment with the Agency shall be terminated.
- l. Discipline may be modified if the investigation reveals that the staff member had an unexpected reaction to a medication, which was prescribed by a licensed Health Care Provider.

GUIDELINES

- 1. Staff shall not ignore situations, wherein another employee is believed to be consuming drugs/alcohol in the workplace. They shall approach that individual and follow the procedures provided in this policy.



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2. Staff shall not ignore situations, wherein drugs/alcohol are being sold in the workplace. They shall contact their Supervisor or Owner/Manager/Administrator who, in turn, shall notify law enforcement immediately.
3. When confronting another staff member about possible drug/alcohol usage, have another person serve as a witness, whenever possible.
4. If illicit drugs are discovered in the workplace, contact the Supervisor or Owner/Manager/Administrator immediately, who, in turn, shall notify law enforcement.
5. If a Supervisor or Owner/Manager/Administrator suspects that a staff member's ability to perform his/her duties is affected because of drugs/alcohol, they shall remove that individual from the workplace.
6. If a Supervisor or Owner/Manager/Administrator isn't sure whether or not an employee is under the influence of drugs/alcohol, they shall err on the side of caution and remove that individual from the workplace.
7. Should a staff member have a drug/alcohol dependency, the Agency shall:
 - a. encourage him/her to obtain treatment;
 - b. treat him/her with respect; and,
 - c. keep his/her problem confidential.


FORMS

1. Incident Report

REFERENCES

1. United States Drug Enforcement Administration (DEA)
2. RecoveryHelper.org



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Secondary Employment

PURPOSE

To establish guidelines for employees in the event they seek or engage in secondary employment.

DEFINITIONS

1. Secondary Employment

Secondary Employment means any employment with an organization other than this Agency and includes self-employment, independent contracting and/or consulting.

POLICY

Infinity of Page Home Health Services, LLC has guidelines in place for its employees who pursue secondary employment:

1. Secondary employment duties:
 - a. shall not present a conflict of interest in the employee's work with the Agency;
 - b. shall not interfere with the employee's work with the Agency;
 - c. shall not put the employee or clients at risk as a result of working additional hours; and,
 - d. shall be performed during hours that the employee is not scheduled to work for the Agency.
2. Employees shall not provide/arrange to provide service privately to existing Agency clients. Employees who do may have their employment with the Agency terminated.


PROCEDURES

1. Employees shall be asked to advise their Supervisor of any secondary employment they have to enable contingency plans to be developed, in the event of conflict.
2. Should secondary employment interfere with an employee's duties at this Agency, the employee with the secondary employment may be asked to reduce his/her other hours or resign from his/her position with the Agency.

CROSS-POLICY REFERENCE

1. Termination of Employment



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Disciplinary Action

PURPOSE

To standardize practices and procedures for administering progressive discipline in response to an employee's failure to meet Agency standards, objectives and/or rules.


POLICY

Infinity of Page Home Health Services, LLC is committed to establishing and maintaining a formal system of employee discipline, which ensures that the rules of the workplace and the standards of conduct are adhered to by all employees; and, that discipline is equitably and uniformly administered.

PROCEDURES

1. Disciplinary action shall be taken in the following situations:
 - a. practicing unethical behavior;
 - b. displaying professional misconduct;
 - c. being negligent;
 - d. being incompetent;
 - e. being dishonest;
 - f. showing insubordination;
 - g. non-compliance;
 - h. conducting illegal activity;
 - i. being absent from work without reason;
 - j. breaching confidentiality;
 - k. being willfully disobedient;
 - l. causing willful damage to property;
 - m. having poor job performance;
 - n. violating the Human Rights Code;
 - o. creating a disturbance in the Agency's office or in a client's home;
 - p. being idle;
 - q. being in possession of intoxicants or non-prescription narcotics;
 - r. being under the influence of intoxicants when reporting for duty or when on duty;
 - s. falsifying employment records;
 - t. falsifying job-related documentation such as payroll cards, billing records and/or client records;
 - u. stealing;
 - v. misusing the Agency's or client's property deliberately or negligently;




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- w. not following the Agency’s policies and procedures;
 - x. altering the Agency’s policies and procedures;
 - y. displaying obscene or indecent conduct;
 - z. smoking in the Agency’s office or in the client’s home;
 - aa. soliciting;
 - bb. possessing weapons or explosives;
 - cc. threatening or interfering with the work of others;
 - dd. being excessively absent from work or late for work;
 - ee. endangering the welfare of others;
 - ff. divulging confidential information concerning clients/families/other employees/the Agency;
 - gg. leaving work without authorization;
2. Where appropriate, disciplinary action shall be implemented until the investigation is completed.
 3. Owner/Manager/Administrator and/or Supervisor shall determine if disciplinary action is required.
 4. Professional standards of practice guidelines shall be used for disciplinary action, where appropriate.
 5. Legal authorities shall be contacted if there is any suspicion of illegal activities.
 6. The Agency shall cooperate fully with the legal authorities in any investigation relating to illegal activities.
 7. In determining the appropriate disciplinary action to take, the following factors shall be considered:
 - a. the employee's length of service;
 - b. the employee's past discipline record;
 - c. the seriousness of the misconduct;
 - d. the employee’s explanation; and,
 - e. any other pertinent facts.
 8. Disciplinary actions shall consist of the following stages:
 - a. Verbal Warning

Owner/Manager/Administrator and/or Supervisor shall:

 - i. clearly explain the reasons for the verbal warning;
 - ii. outline expectations and behavior standards;
 - iii. describe the disciplinary process for infractions; and,
 - iv. record the date and reason for the verbal warning in the employee’s personnel file.



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- b. Written Warning
 - i. Owner/Manager/Administrator and/or Supervisor shall issue a written warning after the second offense, if the infraction is a minor one. If the infraction is a major one, the written warning shall be issued after the first offense.
 - ii. The written warning shall be dated and shall clearly outline the reasons for the warning and the disciplinary action for the next infraction.
 - iii. If the written warning is for reasons of incompetence or lack of performance, it shall also include the terms and conditions which must be met to continue employment.
 - iv. A probationary period may be imposed to give employee time to improve.
 - v. The written warning shall be hand delivered to the employee and reviewed with the employee.
 - vi. Employee shall sign the written warning verifying that the warning was discussed with him/her and that he/she received a copy.
 - vii. A copy of the written warning shall be placed in the employee's personnel file.
- c. Suspension from Work

The employee may be suspended from work until the investigation of the incident is completed or after the investigation is completed.
- d. Termination
 - i. The employee shall be terminated:
 - if, after receiving verbal and written warnings, further infractions occur, or,
 - after a very serious offence has occurred.
 - ii. Dated, written notification, which outlines the reason(s) for termination, shall be hand delivered to the employee or sent to him/her via registered mail. A copy shall be placed in the employee's personnel file.

GUIDELINES

1. Owner/Manager/Administrator shall be accountable for any liability issues in the delivery of care/services.
2. Employees shall be informed of this policy during Orientation and on an as-needed basis.
3. When appropriate, both the Owner/Manager/Administrator and the Supervisor shall meet with the employee when disciplinary action is being undertaken.



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4. Employees shall be advised that all steps of the disciplinary process shall be noted in their personnel files.


CROSS-POLICY REFERENCES

1. Termination of Employment
2. Compliance
3. Performance Appraisals

FORMS

1. Standards of Conduct



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Termination of Employment


PURPOSE

1. To provide information to staff about how, when and why terminations may occur.
2. To identify employer and employee rights and responsibilities.
3. In cases of voluntary and involuntary terminations, to ensure that legislated requirements are met, and that grievance and litigation actions are kept to a minimum.

DEFINITIONS

1. **Involuntary Termination (Dismissal)**
Involuntary termination means that an employee has been fired (dismissed) for any number of reasons.
2. **Voluntary Termination (Resignation)**
An employee quits his/her job for a variety of reasons.
3. **Dismissal Process**
The dismissal process consists of steps to take when an employee is not following standard/policies/procedures and/or is exhibiting behavior, which is inappropriate. The purpose of the dismissal process is to provide an opportunity and timetable to correct misunderstood directions, eliminate incorrect assumptions and resolve conflicts.
4. **Gross Negligence**
Gross Negligence is the failure to use even the slightest amount of care in a way that shows recklessness or willfully disregards the safety of others. It is a way of violating others' rights.
5. **“At Will Employment”**
“At-will employment” is a creation of American law that enables either party to terminate the relationship with no liability if there was no express contract for a definite term.
Under this legal principle:
 - a. any hiring is presumed to be "at will"; i.e. the employer is free to discharge individuals “for good cause, or bad cause, or no cause at all” and,
 - b. the employee is equally free to quit, strike, or otherwise cease work.
 Note: Although “at-will employment” allows an employee to quit for no reason, the general rule is that either party can terminate the relationship when an employer wants to fire an employee at any time. There are limitations upon the employer's ability to terminate without reason. As a means of downsizing, a company may fire large numbers of employees in one sweep.



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POLICY

Infinity of Page Home Health Services, LLC utilizes a formal and just process for terminations, both voluntary and involuntary, which is comprehended by all personnel and is adhered to by supervisors/management.

PROCEDURES

The Agency shall utilize four categories for termination:

1. Voluntary Termination (Resignation)

- a. A minimum of two weeks written notice is required for resignations.
- b. Should an employee be absent from the jobsite for a period of 3 days, without having notified supervisors/management, that employee shall be considered as having resigned.
- c. Employees may quit their jobs for many reasons including:
 - i. moving;
 - ii. finding a higher-paying or more fulfilling job;
 - iii. having family issues;
 - iv. having health problems;
 - v. having difficulty performing duties (for whatever reason); and/or,
 - vi. attempting to avoid being fired.


2. Retirement

- a. All federal and state requirements regarding retirement shall be adhered to.
- b. This Agency does not have a mandatory retirement age.
- c. When an employee elects to retire or when the Owner/Manager/Administrator and/or Supervisor suggests an employee might want to consider retirement, Manager/ Administrator and/or Supervisor and the employee shall work together to:
 - i. determine the date of retirement;
 - ii. work out the appropriate termination notice; and,
 - iii. arrange for the timely completion of any required documentation.

3. Layoff

- a. Employees will be subject to layoff provisions when there is a reduction in the demand for services.
- b. Employees, who will be subject to layoff, whenever possible, shall be given at least one week's notice.



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- c. Employees, who are laid off, shall be given a current performance appraisal and be offered references, where applicable.
- d. Employees, who are laid off, shall be given severance pay, in accordance with federal and state legislation.

4. Involuntary Termination (Dismissal)

The Agency shall have unilateral authority to terminate employees for reasons other than their explicit request, even if they are willing and able to continue performing their duties.

- a. Reasons that an employee could be dismissed include, but are not limited to the following:
 - i. are determined to be unable to fulfill one or more of the job duties/responsibilities during the probationary period of three months;
 - ii. after two successive, probationary periods are completed and both are unsatisfactory;
 - iii. fail to attain the given standards during probation or ceases to maintain these given standard(s) after the probationary period;
 - iv. are consistently absent;
 - v. are habitually late;
 - vi. do not remain on the job site for the entire hours scheduled;
 - vii. do not have a valid driver's license, good driving record, appropriate vehicle insurance, and/or safe vehicle when job duties require them to either use a vehicle or use their own vehicles;
 - viii. do not get along with, and/or are disruptive towards co/workers/clients/families;
 - ix. are determined to have verbally, emotionally, physically and/or sexually abused co-workers, clients/families;
 - x. have been grossly negligent and did, or could have, endangered the health and/or safety of co-workers/clients/families;
 - xi. are guilty of misconduct including:
 - not applying common sense;
 - not conforming to professional standards;
 - not complying with policies and procedures; and/or,
 - insubordination, such as not following directions from supervisors/management.
 - xii. engage in illegal activities on the job (such as embezzlement or harassment);
 - xiii. provide/arrange to provide service privately to Agency clients; and,



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xiv. are considered to have other shortcomings (s), as determined by the Manager/Administrator and/or the Supervisor.

- b. Employees shall be dismissed under the following categories:
 - i. during probation, when it is evident that the employee will not be able to perform the job duties or meet its responsibilities; and,
 - ii. at the end of the disciplinary process, after one verbal and one written warning have been issued and discussed with an employee who:
 - has violated policies/procedures standards;
 - fits any of the criteria, or a combination thereof, the reasons for dismissal; and/or,
 - has behaved in an inappropriate way.
- c. Employees, who are dismissed, shall be notified in writing of their status and severance will be paid in accordance with federal/state legislation.
- d. Termination decisions shall be made in response to an employee'(s) performance and not because of issues, which conflict with human rights.
- e. Either the Agency or the employee may terminate their relationship with no liability if there is no express contract for a definite term, as specified in the United States "at-will employment" law.

GUIDELINES

1. Information shall be given to each employee about the termination of employment policy and what is required should he/she wish to resign.
2. Information on disciplinary procedures shall be given to each employee.
3. Any employee, who is disciplined by the Owner/Manager/Administrator and/or the Supervisor, shall be advised that termination shall result if additional violations occur after one verbal and one written reprimand have been issued.
4. Disciplined employees shall be given a copy of the employment termination policy.
5. Employees, who are terminated by the Supervisor may appeal to the Manager/Administrator and, if unsuccessful, have the right to pursue external grievances and/or appeals. Employees, who are terminated by the Owner/Manager/Administrator, have the right to pursue external grievances.
6. All terminations shall be handled confidentially.



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7. Terminated employees shall be advised that anyone requesting a reference in the future will be advised about their termination.


CROSS-POLICY REFERENCE

1. Disciplinary Action

REFERENCES

1. National Labor Relations Act (NLRA);
2. Civil Rights Act of 1964 (Title VII);
3. 1967 Age Discrimination in Employment Act (ADEA);
4. 1974 Pregnancy Discrimination Act (PDA);
5. Americans with Disabilities Act of 1990 (ADA);
6. Sarbanes-Oxley Act of 2002 (SOX);
7. Human Rights Act (Subchapter 3); and,
8. Model Employment Termination Act (META).



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Employee Complaints & Grievances

PURPOSE

To outline the process for addressing complaints/grievances to prevent unfair practice, harassment and discrimination against employees.

DEFINITIONS

1. Complaint

A complaint is a concern which an employee wants to discuss with his/her Supervisor in an effort to resolve the matter. Complaints do not include personnel actions such as performance evaluations, rates of pay, position re-classifications, or position terminations due to reduction in work force.

2. Grievance

A grievance is an employee's formal complaint resulting from, but not limited to, working conditions, disciplinary action, dismissal and/or actions taken against the employee which violate:

- a. policy or involves an inconsistent application of that policy;
- b. state or federal discrimination statutes; and,
- c. constitutional rights.


POLICY

Infinity of Page Home Health Services, LLC has measures in place to handle discrepancies rising from working relationships, working conditions, employment practices, interpretation differences, discrimination and the like in order that prompt and equitable resolution of grievances/complaints can be promoted.

PROCEDURES


1. All employees shall have access to grievance/complaint procedures.
2. Supervisor shall inform employees about their right to file a grievance/complaint and their right to be protected from retaliation.
3. Employees, who intend to file or who file grievances/complaints, shall not:
 - a. be retaliated against or be discriminated against by other employees; and/or,
 - b. be coerced or have their actions interfered with by other employees.
4. Supervisors shall ensure that employees, who intend to file or who file a grievance/complaint, are free from fear of retaliation, coercion and/or discrimination.



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5. The Agency shall utilize the following procedure for grievances/complaints:
 - a. Employees shall prepare a written submission of the grievance/complaint within one week of the incident/issue. The submission shall contain the following information:
 - i. name and job position of employee
 - ii. reason for and details of the grievance/complaint;
 - iii. corrective action desired;
 - iv. date grievance/complaint is submitted;
 - v. name of Supervisor to whom the grievance/complaint is first submitted; and,
 - vi. signature of employee.
 - b. Supervisor discusses the grievance/complaint with the employee within one week of receiving it.
 - c. Resolution of grievance/complaint shall include:
 - i. presentation of the facts and/or materials by employees;
 - ii. investigation of the dispute; and,
 - iii. an attempt to find a solution.
 - d. If Supervisor and employee have unresolved issues, after discussion, a written report of the unresolved issues and the original grievance/complaint shall be submitted to the Owner/Manager/Administrator.
 - e. Owner/Manager/Administrator reviews the grievance/complaint and unresolved issues and responds to the employee within one week.
 - f. If the Owner/Manager/Administrator's involvement fails to bring a resolution to the grievance/complaint, the employee has the right to consult with an external body; for instance, a court or a federal/state administrative body such as Equal Employment Opportunity Commission, Office of Civil Rights, or Human Right Commission.
 - g. Employees may withdraw a grievance/complaint, in writing, at any stage of the process.
6. Supervisor shall prepare a semi-annual report, which includes a summary of the grievances/complaints received during the previous six months, including their numbers and types.
7. Owner/Manager/Administrator shall review the semi-annual report and, with input from Supervisor and employee (where appropriate) make corrective changes to offset future complaints/grievances from being files.



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8. Copies of grievances/complaints and accompanying responses and documentation shall be kept in the Agency office for at least three years.


GUIDELINES

1. Every effort shall be made to keep employees satisfied to promote successful care delivery.
2. Access to the grievance/complaint process shall be an employee right.
3. Employees shall be informed of, and understand, the grievance process during orientation.
4. Employees shall be given a forum such as staff meetings to express concerns.

FORMS

1. Employee Complaint/Grievance



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Personnel Records

PURPOSE

1. To define responsibility for managing employee personnel records.
2. To assign a process for managing personnel records.
3. To ensure regulations for personnel records are adhered to.

DEFINITIONS

1. Personnel Record

Personnel Records means a historical log or record of information pertaining to an employee from the date of hire, which is identified by the person's name or other information concerning that person. Personnel records can be a folder of documents, calendar notations, e-mail, other on-line documents, work logs, and/or journals.


POLICY

Infinity of Page Home Health Services, LLC maintains a central file of personnel records, which contains relevant information on each employee and is deemed to be the official file for each employee.

PROCEDURES


1. Electronic and written personnel records shall be maintained with the strictest of confidence.
2. Personnel records shall include, but not be limited to, the following:
 - a. employee's name;
 - b. job title;
 - c. Job Description (signed);
 - d. application for employment and/or resume;
 - e. reference checks and/or verification of previous employment;
 - f. authorization to perform criminal background investigation;
 - g. correspondence related to job offer and job acceptance;
 - h. date of hire;
 - i. license verification, including Driver's License, if relevant;
 - j. verification of appropriate insurance for privately owned vehicles used for Agency purposes;
 - k. Nurse Aide Registry listing;
 - l. Health Care Personnel Registry check;
 - m. orientation, and in-service training;



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- n. outside resource educational certificates relevant to position;
 - o. validation of skills– signed by appropriate supervisor;
 - p. performance evaluations;
 - q. Hepatitis B immunization/declination and TB status;
 - r. immunization record;
 - s. disciplinary actions;
 - t. letters of commendation & other relevant correspondence;
 - u. copies of employee consent forms;
 - v. payroll documentation;
 - w. benefits documentation;
 - x. personal information including date of birth, address, phone number, marital status and emergency notification;
 - y. letters of resignation or termination;
 - z. absence report; and,
 - aa. other relevant material regarding the employee’s employment with the Agency;
3. In lieu of the job description and qualifications of employment, the personnel record may include a statement signed by the employee and/or contracted individual that the person has read the job description and qualifications for the position accepted.
4. Personnel records shall not contain anything that is not related to the job including, but not limited to:
- a. pre-employment references;
 - b. grievances;
 - c. investigations;
 - d. outside agency complaints;
 - e. affirmative action/EEO data;
 - f. credit reports;
 - g. wage garnishments; and,
 - h. documents which relate to an injury or disability such as:
 - i. Workers' Compensation forms: injury reports, status reports.
 - ii. claim for medical services;
 - iii. extended disability leave;
 - iv. letter from doctor;
 - v. short term disability letter/claim;
 - vi. temporary disability claim;
 - vii. release/readiness to return to work after disability; and,
 - viii. return to modified work agreement.




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5. These documents shall be kept in a separate file(s) in a secure location in the Agency Office, which is apart from the Personnel Files.
6. Personnel records shall be kept current.
7. A release of information shall be signed by the individual employee before any information is released from his/her file to a third party, unless the request is due to a subpoena or other legal requirement.
8. All personnel records shall be stored in a locked file cabinet in a secure location in the Agency's office.
9. Employees may request a copy of documentation contained in their file.
10. The time period for keeping personnel records shall be in accordance with federal state, and/or other regulations/agreements..
11. Any personnel record documentation, deemed to be destroyable, shall be destroyed through shredding.
12. Owner/Manager/Administrator or Supervisor shall be responsible for ensuring that the required documentation is obtained, and that the information received from an employee is verified.
13. Owner/Manager/Administrator and/or Supervisor shall be responsible for maintaining personnel files.
14. Owner/Manager/Administrator and/or Supervisor shall determine what documents will be placed in the personnel record. They shall have a discussion with the employee before placing a document in the file and should give a copy of the document to the employee.
15. Original certificates or documents shall not be retained on the personnel file. Copies of the original are filed, and the originals are returned to the employee.

CROSS-POLICY REFERENCES

1. Confidentiality of Personnel Records
2. Employee Medical Records



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Confidentiality of Personnel Records

PURPOSE

To recognize and protect every employee's right to privacy in matters including, but not limited to wages, benefits, personal and medical information, licensing, insurance and performance.

DEFINITIONS

1. HIPAA

The *Health Insurance Portability and Accountability Act* (HIPAA) protects all medical records and other individually identifiable health information used or disclosed in any form, whether electronically, on paper or orally.

2. GLBA

The *Gramm-Leach-Bliley Act* (GLBA) protects private, non-public, information of individuals. Private, non-public information consists of information such as name, Social Security Number, date and location of birth, gender, credit card numbers and driver's license numbers.

3. Sensitive Material

Sensitive Material, includes, but is not limited to:

Sensitive Material, includes, but is not limited to:

- a. compensation/salary;
- b. benefits;
- c. performance appraisals;
- d. disciplinary actions; and/or,
- e. personal information.


POLICY

Infinity of Page Home Health Services, LLC shall protect the confidentiality of its employees' information, in accordance with HIPAA, GLBA, and other relevant state and federal regulations. Anyone found guilty of breaching this confidentiality may be subject to discipline and/or possible termination of employment.

PROCEDURES


1. The Agency shall respect the privacy and keep confidential the sensitive information and records of all its employees.
2. Personnel records shall be stored in a secure location in the Agency's Office.



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3. Medical records and grievance records shall be stored separately from the official, personnel file in a secure location in the Agency's Office.
4. Individually, identifiable, personal information shall be handled in the same confidential manner whether it is in written, electronic or verbal form.
5. Personal information shall not be left on an employee's voice mail, unless the employee has given permission to do so. If permission is not given, a message shall be left for the employee to return the call.
6. Employee information shall be:
 - a. kept confidential; and,
 - b. protected from loss or destruction.
7. Access to employee records and Agency data shall be accessible only to:
 - d. the Owner/Manager/Administrator; and,
 - e. the Supervisor(s).
8. Caution must be taken to ensure printed information about an employee is not abused or used without authorization.
9. Employees shall have access to their personal records but must conform to the following procedures:
 - a. An appointment shall be made with the Owner/Manager/Administrator or Supervisor to review the records.
 - b. The review shall take place in the Agency Office and in the presence of the Owner/Manager/Administrator or Supervisor.
 - c. Employees shall sign a log which delineates the date the records were inspected.
 - d. Requests may be made for copies of their personal records.
10. Employees may not review the following:
 - a. information on another employee's or the Agency's files;
 - b. data that also contains information on another individual;
 - c. information being prepared for use in a grievance, civil or criminal procedure;
 - d. medical and/or hospital records; and/or,
 - e. records relating to the investigation of a possible criminal offence.
11. Employees may designate, in writing, a third party to review their personnel records.
12. Employees may request that a correction be made in their records if they contain a statement of fact, which is shown to be wrong or which is not relevant.
13. Written consent shall be obtained from the employee concerned prior to releasing any confidential information to Third Parties.



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14. A condition of release of information to Third Parties shall be that no re-disclosure of information may be made to additional parties without the written consent of the employee concerned.
15. All employees shall be advised of the confidentiality requirement and shall understand that compliance is a condition of their continued employment with the Agency.
16. Employees who breach the confidentiality policy may be subject to discipline and/or termination of employment with the Agency.
17. Confidential employee information shall be destroyed through shredding.

GUIDELINES

1. Employees shall be informed of their rights to confidentiality and shall be advised that any release of information to third parties shall require their prior authorization.
2. Professional standards or practice shall be applied.
3. Employees shall be provided with information on the legal requirements of confidentiality, as mandated by state and federal law.
4. Employees shall receive training on confidentiality.
5. Employees shall be informed about and understand the *Confidentiality of Personnel Records* policy.

FORMS

3. Consent to Release Information


CROSS POLICY REFERENCES

1. Personnel Records
2. Non-Disclosure of Information
3. Employee Medical Files

REFERENCES

1. Health Insurance Portability and Accountability Act (HIPAA)
2. Gramm-Leach-Bliley Act (GLBA)



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Confidentiality of Employee Medical Records

PURPOSE

To ensure that Employee Medical Files are managed and maintained in a confidential, systematic and logical manner, in accordance with applicable law, whether they are maintained in hardcopy format, electronic format or any other format.

POLICY

Infinity of Page Home Health Services, LLC requires that HIPAA regulations be strictly enforced to maintain the privacy, confidentiality and security of employees' medical records.

DEFINITIONS

1. Employee Medical File

An Employee Medical file is a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel. It is used as a repository for everything that has to do with health, health benefits, employee health-related leave, and benefits selections and coverage for the employee.


2. HIPAA

The *Health Insurance Portability and Accountability Act* (HIPAA) protects all medical records and other individually identifiable health information used or disclosed in any form, whether electronically, on paper or orally.

PROCEDURES

1. Employee Medical Files must be kept in a locked, inaccessible location because of the sensitivity and confidentiality of their contents
2. Access to Employee Medical Files shall be restricted to only those individuals who have been granted access by the Agency Manager.
3. Employee Medical Records shall be stored separately and apart from other business records and shall never be stored in an employee's Personnel File.
4. Because of the confidentiality of the information, records must be isolated from files that non authorized employees may access.
5. Employee Medical Files shall be used to store the following types of documentation:
 - a. Health insurance application forms;
 - b. Life insurance application forms;



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- c. Applications for any other employee benefit that might require medical information;
 - d. Requests for paid or unpaid medical leaves of absence;
 - e. Family Medical and Leave Act (FMLA) reports and related paperwork;
 - f. Physician's examinations, notes, correspondence, and recommendations;
 - g. Medically-related excuses for absenteeism or tardiness;
 - h. Medical job restrictions;
 - i. Accident and injury reports, including OSHA-required documents;
 - j. Workers' compensation reports of injury or illness; and,
 - k. Any other form or document that contains private medical information about an employee.
6. Employees shall have access to all exposure and medical records pertaining to their present or past employment with the Agency.
 7. Access to medical records shall be restricted to the employee that the medical record is addressing, the Agency Manager and the employee's Direct Supervisor.
 8. Employee Medical Files shall be protected and kept confidential, in accordance with *Policy # - Confidentiality of Personnel Records* and with state and federal regulations. Anyone found guilty of breaching this confidentiality may be subject to discipline and/or possible termination of employment.

CROSS-POLICY REFERENCES

1. Personnel Records
2. Confidentiality of Personnel Records
3. Non-Disclosure of Information


FORMS

1. Confidentiality/Non-Disclosure of Information

REFERENCES

1. Health Insurance Portability and Accountability Act OF 1996 (HIPAA),



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Policy Title: Seniority & Promotion	Policy Number: 4.280
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Seniority & Promotion

PURPOSE

To ensure that consistency and fairness is applied in the establishment and use of seniority and to make transparent the considerations the Agency uses when determining the most suitable person(s) for promotion.

DEFINITIONS

1. Seniority

Privileged status attained by an employee because of the length of continuous service with the same employer, and which usually determines the order of promotion, benefits, or layoffs.

2. Promotion

A promotion is an advancement to a different position which has increased responsibilities and adjustment to a higher salary level.

3. Full-Time Employee

For purposes of this policy, a Full-Time employee is one who regularly works 40 hours or more per week.

4. Part-Time Employee

For purposes of this policy, a Part-Time Employee regularly works less than 40 hours per work.

5. Casual Employee

For purposes of this policy, a Casual Employee is a person who works in a position that has no specified schedule and may be of indefinite duration. This employee has neither guaranteed hours per day or days of work per week. Instead, he/she is contacted when work is available, at which time he/she may elect to accept or decline the work opportunity.

6. Temporary Employee


For purposes of this policy, a Temporary Employee is a person who works in a position with a duration of less than 12 months. Temporary employees are typically hired to cover for short-term leaves of absence, special projects and assistance during peak periods.

SENIORITY POLICY

Infinity of Page Home Health Services, LLC uses seniority dates for accrual of vacation benefits, vacation scheduling, service awards, job selection in cases of equal qualification, and other employment decisions where seniority should be given preference.

1. Seniority shall be based upon service as a Part-Time or a Full-Time Employee.




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2. Casual and Temporary time shall not be used when calculating seniority except when they are used for "tie-breaking" purposes. i.e. If two or more Part-Time or Full-Time employees have the same seniority date, seniority will be determined as follows:
 - a. First Consideration - Providing employment has been continuous, the employee with the earliest date of hire, as a Casual or Temporary Employee, will be deemed to have seniority.
 - b. Second consideration - Date of Birth - The oldest employee will be deemed to have seniority.
 - c. Third Consideration - The employee whose last name comes first in alphabetical order will be deemed to have seniority.
3. Seniority starts with the date of hire as a Regular Part-Time or Full-Time Employee and continues to accrue until employment is terminated.
4. If an employee ceases working at the Agency for a period of 366 days or more, and is re-hired, that worker loses his/her seniority.
5. If an employee, who has terminated employment with the Agency, is re-hired within 365 days of termination, his/her seniority will remain intact.
6. An employee is limited to one opportunity to keep his/her seniority if re-hired within 365 days of termination of employment.
7. Should the employee terminate his/he employment a second time and be re-hired a second time within a 365 day period, he/she will forfeit his/her seniority at the second termination.
8. If an employee is rehired, and seniority starts over again, it is based upon the date of rehire into a Part-time or Full-Time position.
9. Seniority continues to accrue during company-approved leaves of absence.
10. Seniority shall be applied consistently when used to give preference to employees.

PROMOTION POLICY


1. Infinity of Page Home Health Services, LLC extends promotion opportunities to deserving employees without influence, either positively or negatively, of age, gender, race, color, religion, sexual orientation, national origin or disability. Such considerations are generally based on abilities, qualifications, merit and/or seniority.
2. The Agency examines a number of factors to determine the best qualifications and capabilities for promotions. These factors include, but are not limited to:
 - a. experience;
 - b. past performance;



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- c. job-related educational background;
 - d. ability and qualifications to perform the work;
 - e. attendance record over the last twelve (12) months (not including extended periods of sick leave of two weeks or more due to serious illness or injury or approved leaves of absence); and,
 - f. seniority.
3. The Agency shall use fair and unbiased criteria when considering employees' qualifications for promotion.
 4. The Agency may award a promotion in situations, when:
 - a. an employee's position is re-classified after an audit confirms that a higher degree of responsibility and complexity is being performed than what the current classification calls for. Or,
 - b. a job vacancy is filled with an employee who has a lower position classification.
 5. All Agency employees, who have successfully completed the probationary period, are eligible to be considered for promotion.
 6. Employees are encouraged to review all posted job vacancies.
 7. Promotable candidates need only satisfy the qualifications as specified in the job description and not the qualities, skills or knowledge of the incumbent.



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Media Inquiries

PURPOSE

To provide direction to Agency employees on handling inquiries from the media.

DEFINITION

1. Media

Media refers to communication channels through which news, entertainment, education, data, or promotional messages are distributed. Media includes every broadcasting and narrowcasting medium such as newspapers, magazines, TV, radio, billboards, direct mail, telephone, fax, and internet.

POLICY


1. Infinity of Page Home Health Services, LLC believes in open and honest communications with the media and will attempt to provide prompt and forthright answers to media inquiries, where it is not limited by any obligation to protect client or individual privacy, in compliance with the *Health Insurance Portability and Accountability Act of 1996* (HIPPA) and other applicable regulations.
2. Any and all inquiries, from any member of the media, must be referred to the Agency Manager, regardless of how trivial the inquiry appears to be.
3. To ensure there is a single point of contact, the Agency Manager shall speak to the media on behalf of the Agency,
4. The Agency Manager may, at his/her discretion, designate another member of the Management Team to speak to the media on his/her behalf

GUIDELINES

Any personal input provided through *Editorials*, *Letters to the Editor* and/or *Social Media*, shall adhere to the following guidelines:

1. Input must clearly state that all comments made are strictly personal and do not represent the opinions of the Agency.
2. Any correspondence that reflects personal opinion may not be provided on Agency letterhead, be composed on Agency time and/or be mailed at Agency expense.
3. Responses or letters shall not include the employee's official title or imply that the response is on behalf of the Agency.
4. Telephone contact may not be made on Agency time using Agency telephones.
5. Use of Agency email is prohibited.
6. Use of Agency facilities or supplies is prohibited.



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Breast Feeding

PURPOSE

To provide guidelines for implementing and maintaining a milk-expression program for breast feeding women, in compliance with federal and state regulations.


POLICY

Infinity of Page Home Health Services, LLC supports breast-feeding employees, who wish to express milk, by accommodating their milk-expression associated needs for a minimum of one year following the birth of the baby, providing undue hardship is not caused to the Agency, its staff and/or its clients.

PROCEDURES

1. Any employee, who wishes to express milk during the work day, shall discuss the details with her Supervisor before undertaking this activity.
2. The Agency will work with the breast-feeding employee to establish a mutually agreeable milk-expression schedule.
3. Where possible, the Supervisor will attempt to schedule assignments around the milk-expression timetable.
4. Breast-feeding employees shall try to use their authorized break times for the expression of milk.
5. Employees may utilize any accumulated annual leave, overtime or other leave for the expression of milk.
6. If an employee's current working schedule is not adaptable to fitting milk-expression into its regime, that schedule may have to be changed.
7. Every attempt shall be made to avoid milk-expression while on assignment in a client's home. However, if the assignment is one wherein the employee is not able to leave the client's home and the assignment is of a duration which will require milk expression during the in-home working period, the Supervisor shall obtain permission from the client and discuss space, storage and privacy needs with him/her prior to this activity being approved and undertaken. Should the client object and the employee cannot change the milk expression schedule and the client's schedule cannot be altered, the breast-feeding employee may have to be removed from that assignment, in which case every attempt will be made to re-assign that employee.
8. The Agency will provide sufficient storage at the Agency Office for expressed milk by making the Office Refrigerator available.




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9. The Agency will strive to provide adequate privacy from the public, co-workers and other individuals during the milk-expression process by establishing a designated area for this purpose.
10. The Agency will attempt to make adequate space available in the Agency Office for milk-expression activities for office and field staff, which.
 - a. provides privacy from the public, co-workers and other individuals;
 - b. is in close proximity to the workspace;
 - c. has sufficient light;
 - d. is sitting near electrical outlets for the pumping apparatus;
 - e. is not a bathroom; and,
 - f. is a clean area.

REFERENCES

1. Fair Labor Standards Act (FLSA)
2. Patient Protection and Affordable Care Act (PPACA)



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Agency Assets & Property

PURPOSE

To provide guidance on the appropriate use of Agency assets and property and information on how the Agency can monitor usage of its property and usage.

DEFINITIONS

1. Tangible Property

For purposes of this policy, tangible property consists of items such as equipment, computers, desks, telephones, vehicles, personal care supplies, office supplies and the like.

2. Intangible Property

For purposes of this policy, intangible property consists of things such as domain names, confidential information, business methods and processes, computer software, computer operating systems, written materials (including paper or electronic form), and the like.

3. Intellectual Property

Intellectual property refers to creations of the mind for which exclusive rights are recognized in law. Owners are granted certain exclusive rights to a variety of intangible assets, including words, phrases, symbols, and designs. Intellectual property rights include copyright, trademarks, and trade secrets (in some jurisdictions).


POLICY

Infinity of Page Home Health Services, LLC 's tangible and intangible property is to be used solely for the benefit of the Agency. Employees, who are assigned Agency-owned property to conduct their position duties, assume responsibility for the appropriate care and use of assigned property.

PROCEDURES

1. All Agency-furnished equipment, furniture, lockers, cabinets, desks, computers, telephones, cellular phones voice mail systems, e-mail, and all other like items and systems are considered Agency property and furnished to employees for business purposes.




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2. Employees are responsible for the protection of Agency assets and property, both tangible and intangible.
3. Reasonable and appropriate measures must be taken to prevent losses arising from willful action by others, which may result in personal injury, property damage, theft, loss, abuse or unauthorized access to physical assets, and intellectual property (including data).
4. Any breakage that occurs to any equipment should be reported to a Supervisor immediately.
5. Should equipment or property damage be the result of carelessness or abuse, the user may be held responsible for repair and/or replacement costs.
6. Repair or replacement costs may be shown to the employee, responsible for damage; and, such costs may be deducted from his/her paycheck, in accordance with federal and state wage and hour laws.
7. Agency vehicles and Agency gas cards are to be used for Agency business only.
8. Agency vehicles are to be used to and from work only. Any other use is prohibited.
9. Only specified drivers may drive Agency Vehicles.
10. Agency cell phones are to be used by employees for Agency business only.
11. Agency resources shall not be used to run a personal business or similar venture.
12. Conducting business, using Agency assets, property and/or time, on behalf of another firm or individual, is prohibited.
13. Use of Agency property for personal business is generally prohibited but some exceptions may be made, as outlined in *Policy #4.310.10 – Automation Systems*.
14. Inducing another employee to use Agency property and time for personal reasons is prohibited.
15. Employees, who notice Agency assets or property being abused or damaged, are responsible for reporting such occurrences as soon as possible.
16. All Agency property is subject to inspection, monitoring, and searching by the Agency, with or without notice to the employee and at any time, in accordance with existing laws.
17. Employees have the responsibility to cooperate with searches of Agency property in their possession. Refusal to allow authorized searches may result in disciplinary action, up to and including termination.

GUIDELINES

1. The Agency will provide the necessary assets and equipment to perform position duties including:




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- a. office equipment, such as photocopier, fax machine, computer/notebook and other electronic hardware such as cell phones and iPods, software, hardcopy/ electronic record keeping supplies, office supplies; and,
 - b. items for personal care services such as blood pressure monitoring tools, transfer belts, incontinence supplies, disposable gloves, masks and so on.
2. Employees are expected to be prudent and efficient in their usage of Agency equipment, products and supplies.
3. Agency property shall not be used for personal purposes or be removed from the Agency or from clients' homes without prior approval from the Supervisor.
4. Upon termination of employment, all Agency property, which has been assigned to the terminating employee, must be returned to the Agency.

CROSS POLICY REFERENCE

1. #4.320 Automation Systems



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Use of Agency Automation Systems

PURPOSE

To provide guidance on the appropriate use of Agency Automation Systems and personal usage of these systems.

DEFINITIONS

1. Automation Systems


For purposes of this policy, Automation Systems are systems used to collect, process, store and transmit data and information in the form of electronic communication. They include, but are not limited to, computers, fax machines, all forms of Internet access, software programs and electronic storage devices.

POLICY

It is the policy of Infinity of Page Home Health Services, LLC to manage its Automation Systems as follows:


1. Use of Automation Systems is for Agency business purposes only.
2. Agency properties are to be protected from loss, damage, theft, vandalism, sabotage, unauthorized use, copying, disclosure or disposal.
3. Software programs are not to be installed on Agency computers without the written permission of the Supervisor or other appropriate Agency representative.
4. Software programs, which are installed on Agency computers, may not be copied for any reason unless written authorization has been received from the Supervisor or other appropriate Agency representative.
5. Use of Agency Automation Systems must not harm others or violate existing laws and regulations.
6. Use of Agency resources for illegal activity can lead to disciplinary action, up to and including dismissal and criminal prosecution.
7. Agency Policies and Procedures also apply to the usage of Automated Systems, including those that address confidentiality, distribution of Agency information, standards of conduct, misuse of Agency resources, anti-harassment, anti-discrimination, ethical behavior and data security.
8. Copies of commercial software programs, used by the Agency, may not be created, used or distributed.
9. Employees are prohibited from accessing another employee's computer, computer files, or electronic mail messages without authorization from the employee or an appropriate Agency representative.



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10. Employees may not access electronic mail and computer systems files for reasons other than “need to know” purposes.
11. Employees are individually liable for any and all damages incurred as a result of their violation of Agency security policy, copyright, and licensing agreements.
12. Employees may not bring personal computers, data storage devices or mobile computing devices to the job-site or connect them to Agency electronic systems, unless they have received authorization to do so.
13. Incoming e-mail messages may not be altered without the sender’s permission; neither may they be altered and sent to another person.
14. Supervisors shall guide employees about appropriate Internet usage for professional activities and career development.
15. The Agency reserves the right to monitor, review and/or disclose email messages and Internet content on any, and all, computer equipment used to create, view, or access E-mail and Internet content.
16. Failure to permit an inspection of any device covered by this policy may result in disciplinary action, up to and including termination of employment.
17. Automated Systems are generally prohibited for personal use. Consideration may be given on a case-by-case basis, providing:
 - a. prior authorization is received from the Supervisor or other appropriate Agency representative;
 - b. break time is used to attend to personal matters;
 - c. the usage is appropriate;
 - d. the ability to perform duties is not hampered;
 - e. productivity is not diminished;
 - f. such usage will not cause a negative impact or expense to the Agency;
 - g. the usage is not related to pornography and/or involve any communication that is racially derogatory, discriminating, threatening or abusive; and,
 - h. the usage does not violate this policy.
18. Abuse of the email or Internet systems, through excessive personal use or use in violation of existing laws, may result in disciplinary action, up to and including termination of employment.
19. Individuals, who violate this policy, may face civil and/or criminal liability from the Agency, law enforcement and/or from persons whose rights are harmed as a result of the violation.




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CROSS-POLICY REFERENCES

1. 4.310 Agency Property
2. 4.330 Social Media



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Social Media

PURPOSE

To provide guidance for employees on the use of Social Media when representing the Agency and when using it for personal reasons, if the Agency is being referenced.

DEFINITIONS

1. Social Media

For purposes of the policy, Social Media includes the various online technology tools that enable people to communicate easily via the internet to share information and resources. Social Media can include, but not be limited to blogs, wikis, micro-blogs, message boards, electronic newsletters, online forums, social networking sites and other sites and services that permit users to share information simultaneously with others via text, audio, video, images, podcasts, and other multimedia communications.


POLICY

Infinity of Page Home Health Services, LLC generally requires that Social Media be used only for authorized Agency business only, unless permission to use it for personal reasons is given by the Supervisor, Agency Manager or other authorized individual. The following principles apply to the professional use of Social Media on behalf of the Agency, as well as for personal use of Social Media when referencing the Agency.

When using Social Media:


1. Employees shall not post material which could be harmful to the Agency, its employees and/or its clients.
2. Confidential, Agency information shall not be disclosed. This includes, but is not limited to, information about trademarks, upcoming projects, finances, number of clients, number of employees, strategies, and any other information that has not been publicly released by the Agency.
3. Employees must know and apply the Agency's Standards of Conduct and other policies when using Social Media.
4. Prior to using a Third Party's copyrights, copyrighted material, trademarks, service marks or other intellectual property, authorization from that Third Party must be obtained.
5. Any press inquiries, media attention or legal questions that are generated from Social Media must be referred to the Agency Manager or the individual designated to speak on his/her behalf.



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6. Employees must avoid discussing or engaging in behavior that is prohibited by Agency policies.
7. Images of any individuals shall not be posted without first obtaining permission from the individual(s) portrayed in the images.
8. All Agency accounts shall be kept separate from all authorized Personal Accounts.
9. Agency logo and trademarks may not be used without the written permission of the Agency.
10. Any references to the Agency, its employees, its clients and/or its competitors must be conducted with respect.
11. Name calling or behavior, which will negatively reflect on the Agency's reputation, is prohibited.
12. Use of, unfounded or derogatory statements, and/or misrepresentation is prohibited.
13. Permission must be sought from co-workers and/or other affected individuals before writing about or displaying internal Agency happenings that could be a breach of privacy and/or confidentiality.
14. Services that could compete with any of the Agency's services must not be sold privately without first obtaining written permission from the Agency Manager or his/her Representative.
15. The Agency has the right to observe any and all content and information made available by its employees through Social Media.
16. Employees may be subject to disciplinary action, up to and including termination of employment; and/or, be sued by other Agency employees, competitors, individuals or companies, if they publish material that:
 - a. harms the goodwill and reputation of the Agency among its clients or in the community-at-large;
 - b. is defamatory, pornographic, proprietary, harassing, libelous, or capable of creating a hostile work environment;
 - c. interferes with or damages work relationships;
 - d. has the potential of involving themselves, coworkers, or the Agency in any kind of dispute or conflict with other employees or Third Parties;
 - e. interferes with the work of any employee;
 - f. disrupts the smooth and orderly flow of work within the office or the delivery of services to Agency clients;
 - g. tends to place in doubt the reliability, trustworthiness, or sound judgment of the person being referenced.



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17. Use of Social Media that involves any kind of criminal activity or harms the rights of others may result in criminal prosecution or civil liability to those harmed, or both.
18. Social Media access and use involving Agency equipment and resources are subject to the Agency's Automation Systems policy, at all times.


GUIDELINES

1. Appropriate professionalism and knowledgeable text should be applied when posting comments.
2. Employees should be aware of the effect their actions may have on own images and those of the Agency.
3. Employees should request guidance from the Supervisor if their actions towards or relationships with each other result in any of the above-mentioned points; furthermore, failure to seek such guidance may be viewed as an intent to conceal policy violation and/or to hinder an investigation into the matter.
4. Employees and all individuals can be held legally liable for anything they put online.
5. Be aware that your input and image may have a negative effect on the Agency.

CROSS-POLICY REFERENCE

1. 4.320 Automation Systems
2. 4.130 Standards of Conduct & Work Ethics



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Employee Personal Property

PURPOSE

To define the Agency's policy and procedures regarding liability for damage to or loss of employees' personal property.


POLICY

1. Infinity of Page Home Health Services, LLC is not liable for the security, care, safety, loss or damage of employees' personal property, vehicles or their contents at any time.
2. Any personal property, which is brought to the job site, is at the employee's sole discretion and risk.

PROCEDURE

1. Employees are asked to refrain from bringing unnecessary or inappropriate personal property to work.
2. Employees are advised not to carry unnecessary amounts of cash or other valuables with them when they come to work.
3. Employees are expected to exercise reasonable care to safeguard personal items brought to work.
4. Personal items, which could disrupt work or pose a safety risk to other employees or clients, may not be brought to the job site.



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General Health & Safety

PURPOSE

To provide an injury-free and accident-free workplace to protect employees, clients and the public-in-general from injury or occupational disease.


POLICY

Infinity of Page Home Health Services, LLC is committed to a strong health and safety program that protects its clients, staff, property and the public-in-general from accidents and health threats.

PROCEDURES

1. Agency Management and all employees shall be responsible and accountable for the Agency's overall safety initiatives.
2. The Agency will not render any service that has the potential to cause an accident or result in an exposure that may result in personal injury or damage to equipment.
3. Agency Management shall provide proper equipment, training and procedures to enable employees to take anti-accident and anti-health threat measures.
4. The Agency Manager shall have overall accountability for health and safety measures in the Agency.
5. The Agency Manager shall ensure an Agency Health and Safety Committee is formed and include:
 - a. Supervisor
 - b. Registered Nurse
 - c. at least 2 employees
6. The Health & Safety Committee shall meet every 2 months or more frequently, if indicated. Minutes shall be kept of the meetings and posted for staff perusal.
7. The Health and Safety Committee shall be responsible for:
 - a. participating in the development of health and safety policies and programs;
 - b. dealing with matters raised by its members or referred to it by a workplace committee or health and safety representative;
 - c. participating in the development and monitoring of a program for the prevention of workplace hazards that also provides for the health and safety education of employees; and,
 - d. participating in inquiries, studies, investigations and inspections, as it considers necessary.




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8. The Health & Safety Committee shall ensure that fire risk assessments are conducted at least every 6 months and/or as indicated, including checking:
 - a. escape routes;
 - b. fire extinguishers;
 - c. alarms; and,
 - d. evacuation procedures.

Records shall be kept on when the fire risk assessments were conducted including dates and participants.
9. Supervisor shall be responsible and accountable for ensuring that:
 - a. serving on the Health and Safety Committee.
 - b. the health and safety of employees, under their supervision, is protected;
 - c. equipment and the environment are safe;
 - d. checking the safety of the equipment and environment on a regular basis;
 - e. records of health surveillance are kept;
 - f. employees work in compliance with the Agency's established safe work practices and procedures;
 - g. employees receive adequate training in their work tasks to protect their health and safety;
 - h. training records are maintained; and,
 - i. First Aid accreditation is attained and kept current by:
 - i. all field employees; and,
 - ii. at least two office employees.
10. The owner/manager/administrator and/or office manager shall be responsible and accountable for:
 - a. serving on the Agency's Health & Safety Committee;
 - b. monitoring conditions and safe working practices;
 - c. identifying hazardous substance;
 - d. providing training on health and safety measures;
 - e. keeping the Agency's First Aid kit stocked;
 - f. ensuring employees know where the First Aid kits are kept in the office and on the job-site; and,
 - g. teaching clients about :
 - i. health and safety measures;
 - ii. and promoting a well-stocked First Aid kit; and,
 - iii. fire risks & procedures.
11. Employees are responsible for:



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- a. completely and actively conducting their daily job activities in a way that will ensure the safety of their fellow co-workers, clients and the public-in-general;
 - b. working in compliance with established safe work practices and procedures; and,
 - c. being committed to continually applying health and safety measures.
12. The *Health and Safety Law Poster* shall be displayed on the Bulletin Board in the Agency Office. Employees may request a copy to take to their individual job-sites.

GUIDELINES

- 1. The safety information in this policy does not take precedence over the *Occupational Health and Safety Act (OSHA)*.
- 2. Employees should familiar with the *Occupational Health and Safety Act (OSHA)*.

REFERENCES

- 1. *Occupational Health and Safety Act (OHSA)*

Signatures

Signature of Agency Manager


Health & Safety Committee Members

Signature & Job Title

Signature & Job Title

Signature & Job Title



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Section 5: Health and Safety	
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Employee Personal Safety

PURPOSE

To minimize risk to staff when traveling to and from the job site, while working in the client's home or when working in the office.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the welfare of its employees by educating them on how to recognize personal safety hazards and on what protective actions to take to reduce risk, prevent injury and promote safety.

PROCEDURES

General Safety


1. Before going into a new Client's home, employees shall:
 - a. scout out the area where the home is located;
 - b. travel the safest route and know the locations of safe places such as hospitals and local law enforcements;
 - c. carry a cell phone or determine the locations of public pay phones. (if the pay phone is in a potentially dangerous area, do not use it.)
 - d. carry a list emergency numbers (e.g.. police detachment, paramedics, fire station, search and rescue); and,
 - e. carry transportation schedules and numbers of taxi companies.
2. When traveling to the job site/client's home, employees shall:
 - a. dress safely (e.g. unrestrictive clothing, non-skid shoes, limited jewelry);
 - b. stand in the designated waiting area of a subway;
 - c. ensure a taxi driver's picture and identification are displayed in the cab;
 - d. not park in underground parking lots or in out-of-the-way areas;
 - e. keep car doors locked and windows rolled up;
 - f. not leave items lying around in the car. (e.g. medications, purse);
 - g. avoid any parked cars, which have people sitting in them;
 - h. be alert for anyone following them;
 - i. stick to well-traveled and lit streets; and,
 - j. walk quickly and try to avoid walking through crowds.
3. When leaving the jobsite/client's home, employees shall:
 - a. place their vehicle keys in their hands before leaving the home;
 - b. if necessary, have someone walk them to their vehicle;



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- c. check the inside and outside of the vehicle before getting in;
 - d. lock the car doors as soon as they get in;
 - e. watch for vehicles following them;
 - f. not use bank machines in the evening or during the night;
 - g. head for a police/fire/gas station if they think they are being followed;
 - h. not hitchhike or pick up hitchhikers;
 - i. in regards to attempted robbery, not resist – instead, shout “fire”;
 - j. in regards to attempted assault near their vehicle, roll under the vehicle; and,
 - k. in regards to attempted placement into another vehicle, fight back (e.g. holler and kick).
4. When working in a client’s home, employees shall:
 - a. make a note of where the telephone and exit are located;
 - b. be alert for changes in the behavior of people in the home, as they could be indicative of impending danger; and,
 - c. not make promises they are not able to keep.
 5. When a client lives in a condominium apartment or other multi-residence complex, employees shall:
 - a. be cautious in elevators (e.g. stand close to the control panel with their backs against the wall; and get out immediately, if feeling uneasy.)
 - b. walk down the middle of the hallway & avoid alcoves; and,
 - c. keep count of floors when using stairways.
 6. When making a home visit, where there is possibility of being at risk, employees shall:
 - a. go in pairs;
 - b. ask the local law enforcement/security to accompany them;
 - c. try to visit when other people are in the home;
 - d. have the client go first, when moving around the house;
 - e. avoid the kitchen and other rooms where potential items such as knives/weapons are kept, if somebody in the home appears to be dangerous or unbalanced; and/or,
 - f. be on guard at all times.
 7. When working in the office alone or during non-office hours, employees shall:
 - a. notify security (if building has security);
 - b. ensure doors are locked;
 - c. be alert for possible dangers;
 - d. know where closest phones and exits are;
 - e. listen to their “gut” feelings and use good judgment; and,



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8. Where possible, provide the service in a safer environment (e.g. provide bath in a facility).

9. Upon arrival at a client's home, employees should not remain when it appears:
 - a. their safety may be at risk (e.g. weapons, drugs, alcohol, guard dogs);
 - b. people are inebriated;
 - c. people are abusive;
 - d. sexual comments/gestures are made;
 - e. verbal or gestured threats are made;
 - f. there is suspected illegal activity; and/or,
 - g. someone is dressed inappropriately; e.g. an individual is not wearing clothing, or is deliberately wearing only underwear, unless there is a valid reason such as that person has a dementia or has dressing/undressing difficulties.

Threats and/or Abuse


1. If an employee is already working in the home and is threatened/abused by a Client/another in the home, he/she shall:
 - a. leave the situation immediately;
 - b. contact the local law enforcement, if immediate assistance is required, e.g. an assault or illegal activity is occurring;
 - c. notify the Supervisor or Agency Administrator from a safe location as soon as possible;
 - d. provide details of the threat or abuse;
 - e. inform others who provide care to the Client; and,
 - f. initiate an incident report using the Agency's form: *Incident Report*
2. If an employee, being threatened or abused, is not able to leave the home he/she should:
 - a. avoid antagonizing the abuser;
 - b. remain calm and speak in a quiet manner;
 - c. not challenge the abuser with issues. Instead, collaborate with him/her, in a respectful and non-judgmental manner, to facilitate a resolution.
 - d. advise the abuser that the Agency is expecting him/her to be at a certain place at a certain time;
 - e. leave immediately, if an opportunity presents itself;



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- f. contact the authorities, if able; and,
 - g. notify Supervisor or Agency Manager as soon as possible.
3. If employees become aware of a potential risk situation, they should notify the Supervisor immediately, even if they are only suspected risks.
 4. When the Supervisor is advised of a potential risk situation, he/she shall:
 - a. investigate all potential risk situations reported by employees;
 - b. initiate an incident report, using the appropriate Agency's form: *Incident Report*
 - c. contact local law authorities, if and when indicated;
 - d. ensure details of the risk incident are obtained and documented including:
 - i. what the incident was;
 - ii. who was involved e.g. employee, client family/other;
 - iii. where it occurred;
 - iv. when it occurred;
 - v. what actions were taken and by whom; and,
 - vi. follow-up actions performed and/or follow-up actions scheduled;
 - e. cease service to the Client temporarily (for no more than 24-hours) while a review team consisting of the employee involved, Supervisor and other essential individuals (e.g. Social Worker) meet to evaluate staff safety and ongoing service;
 - f. document the outcome of the meeting with copies being placed in the client's file and being given to the Owner/Manager/Administrator;
 - g. determine how similar risks can be minimized/eliminated; and,
 - h. if required, ensure employee involved in the risk situation receives medically recommended treatment and/or counseling.
 5. Should the Agency Administrator and/or Supervisor determine that it is no longer appropriate for the Agency to continue delivering services in a home wherein an employee has been threatened or abused, then:
 - a. Services to that Client shall be discharge/terminated. Refer to *Policy #3.30 Discharge/Termination or Reduction of Agency Services*. Or,
 - b. Client may be referred to another Service Provider or program that is able to meet the his/her needs. Refer to *Policy #3.31 Transfer/Referral of Agency Clients*. Prior to referral, the Client shall be asked to sign the Agency's form: *Consent for Referral & Release of Information*.
 6. Supervisor will act as liaison between the Agency and the Receiving Service provider. Refer to *Policy #3.31.10 Coordination of Client Transfers/Referrals*.



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GUIDELINES

1. Supervisor shall:
 - a. ensure that training is provided to employees during orientation and then annually; and that it includes:
 - i. a review of the employer's safety policies;
 - ii. risk factors for assault;
 - iii. techniques for dealing with hostile clients/families;
 - iv. techniques for calming irate individuals;
 - v. hazard control strategies; and,
 - vi. reporting policies.
 - b. assess a client's potential for violence when he/she is referred through observation, consultation with others and/or record review.
 - c. advise employees of client risk levels for violence.
2. In-home workers shall:
 - a. check in regularly with the office;
 - b. take their cell phones to work;
 - c. request that pets be restrained before they enter the home;
 - d. be alert for weapons in the home;
 - e. be aware of high crime areas.
3. Owner/Manager/Administrator shall include:
 - a. devote resources for the promotion of staff safety;
 - b. be accountable for staff safety; and,
 - c. establish a Health and Safety Committee.


CROSS-POLICY REFERENCES

1. Discharge/Termination or Reduction of Agency Services
2. Transfer/Referral of Agency Clients
3. Coordination of Client Transfer

FORMS

1. Incident Report
2. Discharge Summary




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3. Transfer Summary
4. Client Consent for Referral & Release of Information
5. Coordination of Client Transfer Checklist

REFERENCE

1. Occupational Safety and Health Administration (OSHA)



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Home Environment Safety

PURPOSE

To reduce risk, prevent injury and promote safety in the home, for the protection of clients/families/employees, by identifying potential home safety hazards and by educating them about home safety in order to eliminate/minimize:

1. the need for clients/families/employees to seek emergency hospital care;
2. the need for clients to move into an assisted living complex or other care facility; and/or,
3. employees being unable to work, either temporarily or permanently.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees in the home environment.

PROCEDURES

Supervisor shall:

1. when doing the initial in-home assessment:
 - a. complete the “*Home Safety Checklist*” to identify hazards and use it as a tool to educate client/family/other relevant individuals, about potential dangers.
 - b. review the following safety factors with client/family/other relevant individuals:
 - i. bathroom safety: e.g. water temperature, grab-bars, slippery surfaces, non-skid mats, etc.
 - ii. environmental and mobility safety: e.g. fall prevention techniques, wheelchair safety, walker safety, exits/passageways, use of handrails stairway safety, adequate lighting, emergency medical plan and disaster plan.
 - iii. electrical safety: e.g. electrical appliances, grounding, light bulbs, outlets, overloaded circuits, electrical cords, extension cords, etc.
 - iv. fire safety: e.g. flammable liquids, cooking safety, space heaters, oxygen therapy precautions, heating pads, electric blankets, burns, fire escape routes, smoke detectors, smoking, etc.
 - c. take an inventory of hazardous products that are in the home and advise clients how to handle them safely, if they don’t already know;
 - d. ensure the safety checklist is placed in the in-home client file;
 - e. ensure that uncorrected hazards are documented in the in-home client file;



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- f. ensure employees, who provide service, are informed about the hazards; and,
- g. identify the client/family/other relevant individual's learning needs.


Employees shall:

1. ensure they review the safety checklist and uncorrected hazard notes in the in-home, client file;
2. continually assess the client/family/relevant individual's compliance to home safety and re-instruct, as necessary;
3. each time they go into a client's home:
 - a. be alert for new hazards;
 - b. advise client/family of any new hazards detected;
 - c. make a note of new hazard in the client's in-home file;
 - d. follow-up with client/family, if hazards are not corrected; and,
 - e. advise Supervisor, if hazards remain uncorrected.
4. when working in the home:
 - a. read the labels before using a product;
 - b. clean up spills as soon as they occur;
 - c. ensure that all weapons are kept out of view and preferably locked up; and,
 - d. ensure that pets are restrained (if necessary) when they are working. If an animal does bite, the affected area should be washed with soap and water and medical attention sought.

Supervisor and/or Employee shall:

1. assess the client's or other resident's potential for violence:
 - a. history of violence;
 - b. violence fantasies or plans of violence;
 - c. level of support from significant other;
 - d. signs & symptoms:
 - i. staring and eye contact;
 - ii. tone & volume of voice;
 - iii. pacing
 - iv. anxiety; and,
 - v. mumbling.
2. conduct a neighborhood safety audit to assess problematic areas and determine possible actions to correct these features. Components to review include whether:



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- a. there is sufficient lighting;
- b. individuals would be heard if they called for help;
- c. there are people nearby who can help;
- d. there are improvements that could be made to enhance safety.

GUIDELINES

- 1. Clients/families are obligated to provide a safe working environment for employees.
- 2. Employees have the right to work in a safe environment.
- 3. All employees should be familiar with risks in the physical environment and know how to handle them.

CROSS-POLICY REFERENCE

- 1. Environmental Emergencies/Disasters
- 2. Oxygen Therapy
- 3. Hazardous Household materials


FORMS

- 1. Home Safety Checklist

REFERENCE

- 1. Occupational Safety and Health Administration (OSHA)



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Hazardous Household Materials

PURPOSE

To reduce risk, prevent injury and promote safety in the home by educating employees/clients/families on the identification of hazardous materials and the application of safety precautions to take to prevent:

1. employees/clients/families from requiring emergency care at hospitals/ hospitalization; and/or,
2. employees from being temporarily or permanently unable to work.


DEFINITIONS

1. Hazardous Materials

A hazardous material is any item or agent (biological, chemical, radiological, and/or physical), which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors. Hazard Materials commonly found in the home include:

- | | | |
|---------------------------|---|------------------------------|
| – chlorine bleach | – scouring powder | – aerosol spray cans: |
| – bleach-based cleaner | – ammonia-based cleaner | -- air freshener |
| – batteries | – glass cleaner | -- hair spray |
| – disinfectant | – oven cleaner | -- bug killer |
| – drain opener | – rug and upholstery cleaner | – paint and varnish |
| – floor polish | – spot remover | – automotive products |
| – furniture polish | – toilet bowl cleaner | – pesticides and fertilizers |
| – mothballs | – silver polish | – insecticides |
| – nail polish and remover | – medicines | – roach & rodent killer |
| – shoe polish | – syringes (sharps), in sealed, heavy plastic or metal containers | – art supplies |
| – abrasive cleanser | | – photography supplies |
| | | – pool chemicals |



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POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring that employees/clients/ families are kept safe when exposed to household hazardous materials, in accordance with Occupational Safety and Health Administration (OSHA) and U. S. Environmental Protection Agency guidelines.


PROCEDURES

1. Hazardous materials shall:
 - a. only be used in well ventilated areas;
 - b. not be stored with food products;
 - c. not be transferred to containers that once held food;
 - d. be kept in their original containers unless they are placed in other containers, which are properly labeled and compatible with the hazardous material;
 - e. be kept away from children and pets; and,
 - f. not be disposed on in the garbage, on the ground or in storm drains.
2. Empty containers shall not be refilled unless the label recommends it.
3. Only enough hazardous material shall be purchased to complete the task-at-hand.
4. Flammable liquids and gases shall not be stored in the home.
5. Employees shall:
 - a. familiarize themselves with each product, know where it is and what it is used for;
 - b. handle each product carefully;
 - c. read the labels twice;
 - d. not remove labels from the containers;
 - e. follow directions vigilantly; and,
 - f. wash their hands after handling hazardous materials.
 - g. Educate clients/families about these procedures.

GUIDELINES

1. Emergency contact telephone numbers shall be posted by the phone and should include the fire department, police, ambulance, doctor and Poison Control Center
2. Less hazardous products such as like vinegar, lemon juice, baking soda, salt, borax, olive oil and cedar chips, used alone or in various combinations, can be used for common household chores.
3. All employees should be familiar with risks hazardous materials pose and, consequently, should know how to handle them.




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4. Policies, practices and techniques for handling household hazardous materials shall be reviewed regularly.
5. Employees shall be trained on safe procedures for handling household hazardous materials.
6. Clients/families shall be educated about this policy's procedures.
7. Records should be maintained on employee participation in orientation and training on handling household hazardous materials.

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. U. S. Environmental Protection Agency
3. Poison Control Center



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Oxygen Therapy

PURPOSE

To ensure that employees are provided with information and guidelines about oxygen usage to enable them to work safely with clients/family who are undergoing oxygen therapy.

DEFINITIONS

1. Oxygen Concentrator

An oxygen concentrator is an electric, oxygen-delivery system, which extracts air from the room, separates the oxygen, and delivers it to an individual via a nasal cannula.

2. Oxygen Cylinder

An oxygen cylinder is a canister, containing oxygen, which serves as a backup in the event of a power failure,

3. Portable Oxygen Tank

A portable oxygen tank is a small canister, which is used during trips outside the home.

4. Nasal Cannula

A nasal cannula is a piece of flexible, plastic tubing with two small clamps that fit into the nostrils for purposes of delivering oxygen to the body.

5. Oxygen Mask

An oxygen mask is a mask-like device, placed over the mouth and nose, through which oxygen is supplied from an attached storage tank.

6. p.s.i.

p.s.i. refers to pounds per square inch.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its employees/clients/families by having a policy in place which outlines the precautions to take and procedures to follow when working in environments where oxygen is utilized.

PROCEDURES

Employees shall monitor the following safety measures when working in environments where oxygen is in use:

1. There shall be no smoking in a room that contains oxygen equipment.
2. At least one “*No Smoking*” sign shall be placed in a prominent place.
3. Oxygen equipment shall not be stored near any heat source or open flame.




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4. Electrical equipment shall not be used within 5 feet of the oxygen cylinder, which includes the tubing and nasal cannula/mask.
5. Electrical appliances shall not be exposed to oxygen equipment.
6. All electrical equipment, located near the oxygen, shall be properly grounded.
7. Extensions cords shall not be used with oxygen equipment.
8. The concentrator shall be plugged into a separate, grounded circuit, if possible.
9. The oxygen system shall be:
 - a. kept away from aerosol cans/sprays;
 - b. clean and free from dust;
 - c. stored in a well ventilated area; and,
 - d. positioned to prevent it from being knocked over.
10. The length of tubing shall not exceed 50 feet, to prevent dilution of oxygen.
11. To prevent tripping, secure the following:
 - a. loose cords;
 - b. extra tubing;
 - c. floor mats; and,
 - d. throw rugs.
12. Functioning smoke detectors and fire extinguishers shall be kept in the home at all times.
13. All grease, oil, petroleum products and flammable materials shall be kept away from oxygen equipment.
14. Equipment shall be cleaned twice a week to reduce the possibility of infection.
15. Tubing shall be kink resistant.
16. Only trained persons shall operate the equipment.
17. The manufacturer's instructions shall be followed when operating the equipment.
18. Oxygen equipment shall not be disassembled or repaired.
19. Cylinders shall always be secured prior to use.
20. The cylinder valve shall be turned off when the cylinder is not in use.
21. Full and empty cylinders shall not be stored together.
22. A back-up supply of oxygen shall be kept in case of an emergency.
23. The oxygen flow rate shall not be changed without a physician's authorization.

GUIDELINES

1. Manufacturer hotlines shall be kept accessible both at home and away from home for 24-hour emergency assistance with the oxygen equipment.




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2. The electric company shall be notified so they can make the home a priority during a power outage.
3. Employees must be educated and trained on oxygen therapy, including purpose, handling, care and cleaning.
4. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
Records are to be maintained for 3 years from the date of training.
5. Safe storage and transportation practices will be followed by staff, and clients and family will be educated on the risks if safe practices are not followed.
6. All risks associated with the use of oxygen in the home will be identified and discussed with the client.
7. If clients choose to smoke in an unsafe manner (e.g. when oxygen is in use or too close to the oxygen equipment) after being told the dangers, staff will leave the home for their own safety. The worker will document the incident and notify the supervisor.

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS)
2. American Association for Home Care
3. Council for Quality Respiratory Care



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Violence & Threats of Violence

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a violent act is conducted, or a threat of violence is made by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

DEFINITION

1. Violence

Violence is the attempted, threatened or actual conduct of a person which causes, or is likely to cause injury, and includes any threatening statement or behavior that gives any person reasonable cause to believe that they are at risk of injury.


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when violence and threats of violence develop by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

1. Procedures, outlined in the employer's individual policies for the following violent situations, shall be followed:
 - a. threats;
 - b. assaults;
 - c. weapons;
 - d. bomb threats;
 - e. hostage situations; and,
 - f. suicide attempts.
2. Violent situations shall be handled as follows:
 - a. Employees providing service in the home shall take a leadership role.
 - b. Supervisor/management shall assume the leadership role in the office.
 - c. Supervisor/management will keep a current, electronic copy of client lists in a locked cabinet at their residence.




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- d. Management/employees shall work with outside community resources, applicable to the current emergency, by contacting and consulting with them and/or by following their instructions.
- e. Priority attention, during the emergency, shall be given to clients who are in the most danger i.e. High danger, medium danger, followed by lowest danger.
- f. The care needs of clients, following the acute stage of the emergency, will be prioritized according to their assessed risk level with high risk first, medium risk second, and low risk third.
- g. A list of telephone numbers for emergency assistance shall be given to employees/clients/families and posted throughout the office
- h. A current list of names and contact methods of individual staff members, who have training for emergencies, (e.g. all levels of first aid) shall be kept at the office.
- i. During an emergency, employees working in the home shall attempt to communicate or receive communication by:
 - i. using the phone (cell or land);
 - ii. social media;
 - iii. using email, if the client has a computer/laptop; (Client computers/laptops may be used during emergencies only.) and;
 - iv. listening to radio/television broadcasts.
- j. A list of names and contact information, on who to contact, for each employee shall be kept at the office.
- k. Employees shall carry with them, their personal list of names and contact numbers.

GUIDELINES

- 1. The employer places as much importance on employee safety and health as on serving the client.
- 2. Every effort to prevent and minimize violence shall be attempted by if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - c. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - d. being alert for individual(s) who obtain or practice with weapons; and,




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- e. consulting with local law enforcement when an individual makes a threat of violence or shows a potential for violence.
- 3. Employees, who have not already received instruction on how to deal with violence, shall be trained to do so.
 - a. Training records shall include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training; and,
 - iv. names and positions of people attending the training sessions.
 - b. Records are to be maintained for 3 years from the date of training.
- 4. Supervisor/management is responsible for:
 - a. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - b. ensuring that local law enforcement is notified of any acts or threats of violence they become aware of, whether by observing the violence firsthand or receiving the information from employee/others.
- 5. Employees are responsible for:
 - a. reporting to the supervisor/management all violence or threats they observe or are involved in;
 - b. calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the supervisor/management; and,
 - d. following the policy guidelines.
- 6. Anytime there is an incident, the situation shall be documented, providing as many details as possible.

REFERENCES

- 1. Occupational Safety and Health Administration (OSHA)
- 2. National Institute Occupational Safety and Health (NIOSH)



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Threats

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a threat is made by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/ families/employees.

DEFINITION

1. Threat

A threat is words or actions that a person(s) uses to intimidate another/others by threatening them with injury.


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when threats are made by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (OSHA) guidelines.

PROCEDURES

1. Take all threats seriously.
2. Phone the emergency number or ask somebody else to do so.
3. Give as much information as possible e.g.:
 - a. number and description of person(s) involved;
 - b. who the person(s) is, if known;
 - c. location of person(s) involved;
 - d. why the threat is being made, if known;
 - e. what is happening; and,
 - f. how serious the threat(s) appear.
4. Assure the safety of others.
5. Do not put your own safety at risk.
6. Disengage yourself from the situation if you have a choice.
7. If you have no choice and become involved:
 - a. encourage others to get out of the area;
 - b. remain calm and talk quietly and slowly;
 - c. do not threaten or try to hold the person making threats;
 - d. do not threaten legal action to the person making threats;




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- e. do not laugh, joke or kibitz with the person making threats;
- f. monitor the location of the person making threats until Emergency Response Team arrives; and,
- g. attempt to bring the incident under control, if safely possible.

GUIDELINES

1. The employer places as much importance on employee safety and health as on serving the client.
2. Every effort to prevent and minimize threats shall be attempted by supervisor/management/employees, if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - c. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - d. being alert for individual(s) who obtain or practice with weapons; and,
 - e. consulting with local law enforcement when an individual makes a threat of violence.
3. Employees, who have not already received instruction on how to deal with threats, shall be trained to do so.
4. Supervisor/management is responsible for:
 - a. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - b. ensuring that local law enforcement is notified of any threat situations they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.
5. Employees are responsible for:
 - a. reporting to the supervisor/management all threat situations they observe or are involved in;
 - b. calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the supervisor/management; and,
 - d. following the policy guidelines.
6. Anytime there is an incident, the situation shall be documented, providing as many details as possible.




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REFERENCES:

3. Occupational Safety and Health Administration (OSHA)
4. National Institute Occupational Safety and Health (NIOSH)



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Assaults

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when an assault occurs by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/ families/employees.

DEFINITION

1. Assault

An assault refers to the threat of violence caused by an immediate show of force.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when assaults are made by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (OSHA) guidelines.

PROCEDURES

1. Phone the emergency number or ask somebody else to do so.
2. Maintain telephone contact with emergency support until Emergency Response Team arrives.
3. Get a description of the aggressor, including approximate age, height, weight, race/color and clothing worn.
4. If you become involved:
 - a. do not put your own safety at risk;
 - b. tell the aggressor who you are;
 - c. demand that the aggressor stops immediately;
 - d. use his/her name; if name is not known, use sir or madam;
 - e. make it clear that his/her actions are not acceptable; and,
 - f. if you decide to intervene:
 - i. approach the aggressor from the side i.e. not from behind;
 - ii. do not come between the aggressor and the victim.
5. Remain with the victim(s) until Emergency Response Team arrives.

GUIDELINES




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1. The employer places as much importance on employee safety and health as on serving the client.
2. Every effort to prevent and minimize assaults shall be attempted, if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - c. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - d. being alert for individual(s) who obtain or practice with weapons; and,
 - e. consulting with local law enforcement when an individual makes an assault. Employees, who have not already received instruction on how to deal with assaults, shall be trained to do so.
3. Supervisor/management is responsible for:
 - a. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - b. ensuring that local law enforcement is notified of any assault situations they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.
4. Employees are responsible for:
 - a. reporting to the supervisor/management all assault situations they observe or are involved in;
 - b. calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the supervisor/management; and,
 - d. following the policy guidelines.
5. Anytime there is an incident, the situation shall be documented, providing as many details as possible.

REFERENCES:

5. Occupational Safety and Health Administration (OSHA)
6. National Institute Occupational Safety and Health (NIOSH)



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Weapons

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a weapon is used in a threatening manner by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/ families/employees.

DEFINITIONS

1. Weapons

Weapons are instruments used in fighting either to injure/kill someone/something or to protect oneself from an aggressor. E.g. gun, knife, sword, etc..


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees, when being threatened with a weapon(s), by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (OSHA) guidelines.

PROCEDURES

1. If the person(s), with the weapon, is in the same room:
 - a. call emergency number, or have somebody else phone, as soon as possible;
 - b. remain calm and composed;
 - c. give the person(s) with the weapon whatever property he/she wants;
 - d. calm the situation down by saying whatever the person(s) with the weapon wants you to say, (even if it's upsetting and untrue);
 - e. when possible, get out of the house/office; and,
 - f. if evacuation is not possible, move to a safer location in the house/office such as another room or under/behind furniture.
2. If the person(s), with the weapon, is outside the room:
 - a. call emergency number;
 - b. remain calm and composed;
 - c. stay away from windows and doors;
 - d. when possible, get out of the house/office; and,
 - e. if evacuation is not possible, move to a safer location in the house/office such as another room or under/behind furniture.



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GUIDELINES

1. The employer places as much importance on employee safety and health as on serving the client.
2. Every effort to prevent and minimize assaults shall be attempted, if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - c. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - d. being alert for individual(s) who obtain or practice with weapons; and,
 - e. contacting local law enforcements when a weapon is used in a threatening manner.
3. Employees, who have not already received instruction on how to deal with weapons shall be trained to do so.
4. Supervisor/management is responsible for:
 - a. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - b. ensuring that local law enforcement is notified of any weapon situations they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.
5. Employees are responsible for:
 - a. reporting to the supervisor/management all weapon situations they observe or are involved in;
 - b. calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the supervisor/management; and,
 - d. following the policy guidelines.
6. Anytime there is an incident, the situation shall be documented, providing as many details as possible.

REFERENCES:

1. Occupational Safety and Health Administration (OSHA)
2. National Institute Occupational Safety and Health (NIOSH)



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Bomb Threats

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a bomb threat is made by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/ families/employees.

DEFINITION

1. Bomb

A bomb is an explosive device that blows up under certain conditions resulting in an extreme, sudden and violent release of energy.


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when bomb threats are made by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (OSHA) guidelines.

PROCEDURES

1. Do not disregard a bomb threat or take it lightly.
2. If the threat is made in writing:
 - a. keep it as well as the envelop or container that it came in;
 - b. avoid unnecessary handling; and,
 - c. make every effort to retain possible evidence such as fingerprints, handwriting, paper and postmarks.
3. If the threat is made by telephone:
 - a. try to keep the caller on the phone as long as possible;
 - b. do not transfer call;
 - c. do not interrupt the caller; and,
 - d. fill in the “*Bomb Threat Checklist*” while still on the phone -- if impossible, fill in as soon after the call as possible.
4. People responsible for answering the phone shall keep a “*Bomb Threat Checklist*” next to the phone for immediate and easy access.
5. Call the emergency number as soon as the call terminates.
6. Do not touch or go near unusual or suspicious objects.
7. Follow the specific directions of the Emergency Response Team.




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8. Provide information about objects and articles in the area.
9. Evacuate the area immediately if there is even the slightest indication of pending danger such as a suspicious object(s), etc.
10. Direct whoever else is there to help search the premises for any suspicious object. If any object(s) is found:
 - a. do not touch it;
 - b. evacuate immediately; and,
 - c. once in a safe spot, call the emergency number.

GUIDELINES

7. The employer places as much importance on employee safety and health as on serving the client.
8. Every effort to prevent and minimize assaults shall be attempted, if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - c. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
 - d. being alert for individual(s) who obtain or practice with weapons; and,
 - e. contacting local law enforcement when an individual makes a bomb threat.
9. Employees, who have not already received instruction on how to deal with bomb threats shall be trained to do so.
10. Supervisor/management is responsible for:
 - a. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - b. ensuring that local law enforcement is notified of any bomb threats they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.
11. Employees are responsible for:
 - a. reporting to the supervisor/management all bomb threats they observe or are involved in;
 - b. calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the supervisor/management; and,
 - d. following the policy guidelines.



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12. Anytime there is an incident, the situation shall be documented, providing as many details as possible.


FORMS

1. Bomb Threat Checklist

REFERENCES:

1. Occupational Safety and Health Administration (OSHA)
2. National Institute Occupational Safety and Health (NIOSH)



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Hostage Situations

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a hostage situation develops by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/ families/employees.

DEFINITION

1. Hostage Situation

A hostage situation is one in which one or more individuals are unlawfully abducted or restrained with the intent to restrict their freedom.


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when a hostage situation develops by handling the situation with composure, effectiveness and speed, in accordance with Occupational Safety and Health Administration (OSHA) guidelines.

PROCEDURES

1. If witnessing a hostage:
 - a. get out of the area;
 - b. call emergency number;
 - c. provide as many details as possible on the following:
 - i. the location of the incident;
 - ii. the number of hostage takers;
 - iii. a physical description of the captor(s) takers;
 - iv. the name of the captor(s), if known;
 - v. the number of people taken hostage;
 - vi. the types and number of weapons the captor(s) has; and,
 - vii. your name and phone number.
 - d. lock all doors and windows and close blinds;
 - e. stay inside unless directed to do something else;
 - f. wait for direction from Emergency Response Team; and,
 - g. allow only Emergency Response Team in.
2. If you are the hostage:
 - a. attempt to convey what is going on;




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- b. do not try to take any weapons from the captor;
 - c. remain calm and quiet and be polite to the captors;
 - d. be submissive and follow the kidnapper's directions;
 - e. do not complain or be belligerent;
 - f. comply with all commands;
 - g. do not attempt to escape unless there is a high chance of survival;
 - h. do not draw attention to yourself by making sudden body movements, making comments or projecting hostile looks;
 - i. attempt to establish a relationship with the captor(s) and get to know them;
 - j. do not get into political or ideological discussions with the captor(s);
 - k. note the captor's physical traits, clothing or any other details that can be used in providing a description later;
 - l. if made to state the captor's demands, advise that the demands are from the captor(s) and avoid making pleas on your own behalf;
 - m. stay close to the ground and away from windows and doors;
 - n. be aware that the Emergency Response Team may be able to hear what is going on; and,
 - o. be aware that the Emergency Response Team may try to break into the premises.
3. In a rescue attempt:
- a. do not run - drop to the floor and remain still.; if impossible, cross arms, bow head, and remain still;
 - b. do not make any sudden moves, which may be misinterpreted by the rescuer(s);
 - c. wait for directions and obey all given;
 - d. do not get anxious, resist, or argue if a rescuer(s) isn't sure whether you are a captor or a hostage; and,
 - e. do not resist if handcuffed and searched – there will be time for clarification later.

GUIDELINES

1. The employer places as much importance on employee safety and health as on serving the client.
2. Every effort to prevent and minimize assaults shall be attempted, if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;




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- c. being alert for individual(s) who show a compulsive or excessive interest in a possible target;
- d. being alert for individual(s) who obtain or practice with weapons; and,
- e. contacting local law enforcement, if possible, when a hostage situation develops
- 3. Employees, who have not already received instruction on how to manage a hostage situation, shall be trained to do so.
- 4. Supervisor/management is responsible for:
 - a. ensuring that safe working environments exist for employees (as much as practically possible); and,
 - b. ensuring that local law enforcement is notified of any hostage situation they become aware of, whether by observing the situation firsthand or by receiving the information from employee/others.
- 5. Employees are responsible for:
 - a. reporting to the supervisor/management all hostage situations they observe or are involved in;
 - b. calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the supervisor/management; and,
 - d. following the policy guidelines.
- 6. Anytime there is an incident, the situation shall be documented, providing as many details as possible.

REFERENCES:

1. Occupational Safety and Health Administration (OSHA)
2. National Institute Occupational Safety and Health (NIOSH)



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Suicide Situations

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when an assault occurs by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/ families/employees.

DEFINITION

1. Suicide

Suicide is the act of intentionally taking one's own life.


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when a suicide situation arises by handling the situation with composure, effectiveness and speed.

PROCEDURES

1. If an individual is threatening to commit suicide:
 - a. If possible, remove means, such as weapons, pills, rope etc.
 - b. Be supportive and show interest.
 - c. Speak openly and directly about the suicide threat.
 - d. Be sympathetic, non-judgmental, patient and calm.
 - e. Listen to what he/she is saying.
 - f. Allow him/her to express his/her feelings.
 - g. Acknowledge and accept his/her feelings.
 - h. Don't categorize his/her feelings as being right or wrong.
 - i. Don't make him/her feel that he/she has to justify their suicidal feelings.
 - j. Don't debate whether suicide is acceptable or not.
 - k. Don't preach about the value of life.
 - l. Don't argue or give advice.
 - m. Don't try to solve his/her problems
 - n. Don't dare him/her to follow through on his/her suicide threat.
 - o. Don't act surprised.
 - p. Don't promise to keep the suicide threat confidential.
 - q. Advise him/her that options, other than suicide, are available.



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- r. Seek help. E.g. crisis intervention person/agency or suicide prevention person/individual.
2. If an individual has attempted suicide or appears to have attempted suicide:
 - a. Phone the emergency number.
 - b. Make sure the person is not left alone.
 - c. Do not leave the person unattended until Emergency Response Team arrives.
 - d. Do not allow others to come into the area.
 - e. Avoid touching weapons, containers or other items, which could be evidence.
 - f. Provide first aid, as required, and if trained to do so.
 - g. If individual is conscious, follow the procedures outlined in “1” when interacting with him/her.

GUIDELINES

1. The employer places as much importance on employee safety and health as on serving the client.
2. Every effort to prevent and minimize assaults shall be attempted, if possible, by:
 - a. being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures;
 - b. determining the coping skills of potentially violent individual(s) during stress, including any thoughts or attempted violence against others or self;
 - c. being alert for individual(s) who show a compulsive or excessive interest in a possible target; and,
 - d. being alert for individual(s) who obtain or practice with weapons.
3. Employees, who have not already received instruction on how to deal with suicide situations, shall be trained to do so.
4. Employees are responsible for:
 - a. reporting to the supervisor/management all suicide situations they observe;
 - b. calling the emergency number if they believe/feel there is an immediate danger to someone's safety.
 - c. participating in all training courses arranged by the supervisor/management; and,
 - d. following the policy guidelines.
5. Anytime there is an incident, the situation shall be documented, providing as many details as possible.


REFERENCES:



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1. U.S Department of Health and Human Services (DHHS)
2. American Association of Suicidology (AAS).



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Emergency Preparedness

PURPOSE

To reduce risk, prevent injury and protect the lives and health of employees, clients and their families in order to mitigate damages when an Emergency arises by identifying and responding to the situation quickly, efficiently and responsibly.

DEFINITIONS:

For purposes of the Preparedness Plan, the following definitions shall be applied:

1. Emergency

An Emergency is a real or anticipated event or an unforeseen combination of circumstances which necessitates the immediate action or prompt coordination of actions, in accordance with state, local and federal regulations.

2. Disaster

A disaster is any situation, which seriously overburdens or threatens to seriously overburdens the routine capabilities of delivering care to clients in their homes.

3. Environmental Disaster

An environmental disaster is defined as a specific event, which is:

- a. caused by movements of the earth with a minimum amount of warning such as earthquakes, tsunamis and volcanic eruptions; and,
- b. caused by weather variations including hurricanes, tornadoes, extreme heat and extreme cold such as floods, mudslides, landslides. Or,
- c. caused by human activity that results in a seriously negative effect on the environment;


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when an Emergency situation develops by developing and implementing plans and procedures to follow in emergency situations.

PROCEDURES


- 1. The Governing Body shall ensure emergency preparedness is addressed at the Agency by:
 - a. authorizing the creation of an Emergency Preparedness Committee;
 - b. appointing an Emergency Preparedness Coordinator; and,



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- c. allocating financial resources to support emergency preparedness.
2. At least one member of the Agency Management Team shall become part of the Emergency Planning Committee to:
 - a. oversee the development of the Emergency Preparedness Plan;
 - b. ensure that the plan is updated regularly; and,
 - c. ensure that appropriate individuals have been selected for the plan’s development.
3. The Agency Manager, a member of the Agency Management Team or a staff member who has received training in emergency preparedness should be appointed the Emergency Preparedness Coordinator. That individual must also be familiar with Agency operations.
4. The responsibilities of the Emergency Preparedness Coordinator include, but are not limited to:
 - a. advising the Governing Body, the Agency Management Team, staff and clients, where indicated, of any changes or up-dates to the plan;
 - b. coordinating all Agency’s operations, which are concerned with the disaster;
 - c. acting on behalf of the Governing Body;
 - d. coordinating emergency planning and response; and,
 - e. directing operations.
5. The Emergency Planning Committee shall be in charge of creating the Agency's Emergency Preparedness Plan. It is the responsibility of each committee member to assist the Coordinator to develop the plan, in accordance with his/her area of responsibility and/or expertise.
6. The Emergency Preparedness Coordinator shall gather the required data and create a working Emergency Preparedness Plan for Agency operations..
7. The Emergency Planning Committee shall submit the draft Emergency Preparedness Plan to the Agency's Governing Body, which will:
 - a. review the plan and suggest revisions, as indicated; or.
 - b. review the plan and make appropriate changes, if required.
8. The Agency shall educate clients and staff on disaster preparedness by distributing and reviewing its Emergency Preparedness Plan with them.
9. When changes are made to the Agency's Emergency Preparedness Plan:
 - a. each person/organization that has a copy of the plan shall be given all updates; and/or,
 - b. they shall be advised about all updates.



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PROCEDURE HIGHLIGHTS


Procedures for Emergency Preparedness in the Agency Office shall include, but not be limited to the following:

1. Assign the Owner/Manager/Administrator, a Supervisor or an employee with Emergency Preparedness training as the Emergency Preparedness Coordinator.
2. Develop a plan of action with staff.
3. Determine the location of the escape routes.
4. Determine an outside, assembly location.
5. Determine who to call, in case of separation.
6. Maintain a current, electronic client list in a secure, off-site location.
7. Work with outside community resources, applicable to the current emergency, by contacting and consulting with them.
8. Give a list of telephone numbers for emergency assistance to employees.
9. Post a list of telephone numbers for emergency assistance in the office.
10. Prepare a list of names and contact information for each employee, to be kept in the Agency office.
11. Ensure that each employee carries with them his/her own personal list of names and contact information.
12. Develop and maintain a current list of names and contact details for individual staff members, who have training for emergencies (e.g. All levels of first aid and emergency preparedness);
13. Ensure there is enough food and water for 3 days for each employee, (allowing 1 gallon of water per day per employee);
14. Provide emergency survival kits for each employee in the office. And,
15. Keep a stocked and accessible First Aid Kit in the Agency Office.

Procedures for Emergency Preparedness in Clients' Homes shall include, but not be limited to:

1. Assign the leadership role to an Agency employee.
2. Give priority attention to clients who are in the most danger i.e. High danger first, medium danger second, lowest danger third.




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3. Prioritize client care, for the acute stage of the emergency, according to the assessed risk level, with high risk first, medium risk second, and low risk third.
4. Develop a plan of action in consultation with the client/family.
5. Determine the location of the escape routes.
6. Establish an outside assembly location.
7. Determine who to call, in case of separation.
8. Ensure there is enough food and water for 3 days for each person, (allowing 1 gallon of water per day per person).
9. Encourage clients/families to stock and maintain an emergency survival kit with enough supplies for all members of the household. Basic items such as water, food, medications, clothing, bedding, and first-aid supplies should be stored.

Procedures for Environmental Emergency shall include but not be limited to the following:

1. Ensure client/family/employees discuss what needs to be done.
2. Make sure everyone knows the location of the assembly site, in case of separation.
3. Determine which client/family/employees may need help.
4. Ensure utilities are cut off at the main valves, if instructed to do so.
5. If evacuating, and there is time, tell others where you are going.
6. Follow the procedures and guidelines in the employer's individual policies on environmental emergencies/disasters for:
 - a. fire;
 - b. earthquake;
 - c. hurricane;
 - d. tornado;
 - e. tsunami;
 - f. power outages; and,
 - g. chemical spills.
7. Attempt to communicate or receive communication via:
 - a. phone (cell or land);
 - b. social media;
 - c. email, if the client has a computer/laptop; (client computers/laptops may used during emergencies only.) and/or,
 - d. listening to radio/television broadcasts.



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GUIDELINES

1. Practice and test the action plan regularly.
2. Ensure everyone knows their roles and responsibilities.
3. Common Directives for office and clients' homes:
 - a. be alert – observe and listen;
 - b. follow instructions;
 - c. remain calm;
 - d. reassure clients;
 - e. know exits routes;
 - f. avoid tying up phone systems; and,
 - g. ensure doorways and windows are unobstructed
4. Provide instruction and training employees on how to handle environmental disasters/emergencies during orientation and annually thereafter.
 - a. Training records shall include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training; and,
 - iv. names and positions of people attending the training sessions.
 - b. Records are to be maintained for 3 years from the date of training.


CROSS-POLICY REFERNCES

1. Fire
2. Earthquake
3. Hurricane
4. Tornado
5. Tsunami
6. Power Outages
7. Chemical Spills

FORMS

1. Emergency Preparedness Plan
2. The *National Association of Home Care & Hospice* (NAHC)
NOTE: The *National Association of Home Care & Hospice* (NAHC) has a great Emergency Preparedness Packet, which Home Care Agencies may use to develop their Emergency Preparedness Plans providing author credits are given to the NAHC. This packet can be found at: http://www.nahc.org/regulatory/ep_binder.pdf
It contains the following templates:




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- a. Role of Home Health in Emergency Planning
- b. Hazard Vulnerability Assessment
- c. HHA Emergency Preparedness Assessment
- d. Incident Command System
- e. HHA Preparedness Plan
- f. Items to Consider for Admission
- g. Abbreviated Assessment
- h. Abbreviated OASIS Assessment
- i. Memorandum of Understanding
- j. Patient emergency Preparedness Plan
- k. Family Emergency Preparedness Plan
- l. Staff Emergency Preparedness Plan
- m. Business Continuity Plan
- n. First Aid Kit –Appendix A
- o. Emergency Supply Kits – Appendix B
- p. Supply List – Appendix C

REFERENCES

1. National Association of Home Care & Hospice (NAHC)
2. Federal Emergency Management Agency (FEMA)
3. Center for Disease Control and Prevention (CDC)
4. Red Cross



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Fire

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a fire breaks out by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

DEFINITION

1. Fire

Fire comes from a chemical reaction between oxygen in the atmosphere and some sort of fuel such as wood or gasoline. For the combustion reaction to occur, the fuel must be heated to its ignition temperature.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when fire erupts by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

The Plan

1. In the office environment, employer shall prepare for a possible fire by:
 - a. assigning Owner/Manager/Administrator or Supervisor the leadership role;
 - b. developing a plan of action with staff;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. maintaining a current, electronic client list in a secure, off-site location.
 - g. giving a list of telephone numbers for emergency assistance to employees, clients/families;
 - h. posting a list of telephone numbers for emergency assistance in the office;
 - i. preparing a list of names and contact information for each employee, to be kept in the office;
 - j. ensuring that each employee carries with them their own personal list of names and contact information; and,



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- k. developing and maintaining a current list of names and contact details for individual staff members, who have training for emergencies (e.g. all levels of first aid and emergency preparedness);
2. In the home,, employees/clients/families shall prepare for a possible fire by:
 - a. assigning the employee, the leadership role;
 - b. developing a plan of action;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to; and,
 - e. determining who to call, in case they are separated from one another.

When fire erupts:


Employees shall adhere to the following and advise clients/families to do the same:

1. If a fire is small, close all doors and use the fire extinguisher to put it out.
2. Determine which client/family member(s) may need help.
3. If the fire is not small, get out of the house/office immediately.
4. If there is a fire alarm, pull it.
5. Avoid stopping to gather items.
6. If caught in smoke, crawl along the floor and “*stop, drop and roll*”, if clothing catches on fire.
7. Do not go back inside for any reason.
8. Avoid using elevators.
9. Contact the fire department using a cell phone once outside or use a neighbor’s telephone.

GUIDELINES

1. Practice and test the action plan regularly.
2. Ensure everyone knows their roles and responsibilities.
3. Provide instruction and training to employees on how to handle fires during orientation and annually thereafter.
 - a. Training records shall include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training; and,
 - iv. names and positions of people attending the training sessions.
 - b. Records are to be maintained for 3 years from the date of training.



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CROSS POLICY REFERENCES

- 1 Emergency Preparedness


FORMS

1. Emergency Preparedness Plan

REFERENCES

1. Federal Emergency Management Agency (FEMA)
2. Center for Disease Control and Prevention (CDC)



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Earthquake

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when an earthquake occurs by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

DEFINITION

1. Earthquake

An earthquake is the release of stored energy in the Earth as one rock surface moves against another one.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when an earthquake occurs by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

The Plan

1. In the office environment, employer shall prepare for a possible earthquake by:
 - a. assigning Owner/Manager/Administrator or Supervisor the leadership role;
 - b. developing a plan of action with staff;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. maintaining a current, electronic client list in a secure, off-site location.
 - g. working with outside community resources, applicable to earthquakes, by contacting and consulting with them;
 - h. giving priority attention to clients who are in the most danger i.e. high danger first, medium danger second, lowest danger third.
 - i. prioritizing client care, for the acute stage of the emergency, according to the assessed risk level, with high risk first, medium risk second, and low risk third.
 - j. giving a list of telephone numbers for emergency assistance to employees, clients/families;
 - k. posting a list of telephone numbers for emergency assistance in the office;



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- l. preparing a list of names and contact information for each employee, to be kept in the office;
 - m. ensuring that each employee carries with them their own personal list of names and contact information;
 - n. developing and maintaining a current list of names and contact details for individual staff members, who have training for emergencies (e.g. all levels of first aid and emergency preparedness);
 - o. ensuring there is enough food and water for 3 days for each employee, (allowing 1 gallon of water per day per employee);
 - p. providing emergency survival kits for each employee in the office; and,
 - q. providing a first aid kit, which is stocked and accessible.
2. In the home environment, employees/clients/families shall prepare for a possible earthquake by
- a. assigning the employee, the leadership role;
 - b. developing a plan of action;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. ensuring there is enough food and water for 3 days for each person, (allowing 1 gallon of water per day per person);
 - g. preparing an emergency survival kit; and,
 - h. ensuring a first aid kit is on-site, stocked and accessible.

When an earthquake occurs:

Employees shall adhere to the following directions and advise clients/families to do the same:

1. If indoors:
 - a. Duck or drop down to the floor.
 - b. Take cover under a sturdy piece of furniture.
 - c. Stay clear of windows, fireplaces, woodstoves, and heavy furniture/appliances that may fall over.
 - d. Stay inside to avoid being injured by falling glass or building parts.
 - e. Ensure utilities are cut off at the main valves, if instructed to do so
 - f. Determine which client/family/employees may need help.



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- g. If evacuating, and there is time, tell others where you are going.
- h. During an emergency, employees working in the home shall attempt to communicate or receive communication via:
 - i. phone (cell or land);
 - ii. social media;
 - iii. email, if the client has a computer/laptop; (client computers/laptops may used during emergencies only.) and/or,
 - iv. listening to radio/television broadcasts.
- 2. If outdoors, get into the open, away from buildings and power lines.

GUIDELINES

- 1. Practice and test the action plan regularly.
- 2. Ensure everyone knows their roles and responsibilities.
- 3. Provide instruction and training to employees on what to do if any earthquake occurs during orientation and annually thereafter.
- 4. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
- 5. Records are to be maintained for 3 years from the date of training.

CROSS POLICY REFERENCES

- 1. Emergency Preparedness


FORMS

- 1. Emergency Preparedness Plan

REFERENCES

- 1. Federal Emergency Management Agency (FEMA)
- 2. Center for Disease Control and Prevention (CDC)



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Hurricane

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a hurricane occurs by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when a hurricane occurs by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

The Plan

1. In the office environment, employer shall prepare for a possible hurricane by:
 - a. assigning Owner/Manager/Administrator or Supervisor the leadership role;
 - b. developing a plan of action with staff;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. maintaining a current, electronic client list in a secure, off-site location.
 - g. working with outside community resources, applicable to hurricanes, by contacting and consulting with them;
 - h. giving priority attention to clients who are in the most danger i.e. high danger first, medium danger second, lowest danger third.
 - i. prioritizing client care, for the acute stage of the emergency, according to the assessed risk level, with high risk first, medium risk second, and low risk third.
 - j. giving a list of telephone numbers for emergency assistance to employees, clients/families;
 - k. posting a list of telephone numbers for emergency assistance in the office;
 - l. preparing a list of names and contact information for each employee, to be kept in the office;
 - m. ensuring that each employee carries with them their own personal list of names and contact information;



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- n. developing and maintaining a current list of names and contact details for individual staff members, who have training for emergencies (e.g. all levels of first aid and emergency preparedness);
 - o. ensuring there is enough food and water for 3 days for each employee, (allowing 1 gallon of water per day per employee);
 - p. providing emergency survival kits for each employee in the office; and,
 - q. providing a first aid kit, which is stocked and accessible.
2. In the home environment, employees/clients/families shall prepare for a possible hurricane by
- a. assigning the employee, the leadership role;
 - b. developing a plan of action;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. ensuring there is enough food and water for 3 days for each person, (allowing 1 gallon of water per day per person);
 - g. preparing an emergency survival kit; and,
 - h. ensuring a first aid kit is on-site, stocked and accessible.

When a hurricane occurs:

Employees shall adhere to the following directions and advise clients/families to do the same:

1. If instructed to evacuate, follow instructions as to where to go and which routes to take.
2. If evacuating, and there is time, tell others where you are going.
3. If in a mobile home or at a low lying/beach front location, leave the home/area immediately to avoid being marooned.
4. If not instructed to evacuate:
 - a. stay indoors during the hurricane and away from stay clear of windows, fireplaces, woodstoves, and heavy furniture/appliances that may fall over;
 - b. go to the basement or storm cellar. if there is no basement, go to an interior room on the lower level such as closets and interior hallways; or,
 - c. if in a high-rise building, go to a small, interior room or hallway on the lowest floor possible - be sure not to be directly under heavy appliances on an upper floor.
5. Ensure utilities are cut off at the main valves, if instructed to do so
6. Determine which client/family/employees may need help.



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7. Attempt to communicate or receive communication via:
 - a. phone (cell or land);
 - b. social media;
 - c. email, if the client has a computer/laptop; (client computers/laptops may be used during emergencies only.) and/or,
 - d. listening to radio/television broadcasts.

GUIDELINES

1. Practice and test the action plan regularly.
2. Ensure everyone knows their roles and responsibilities.
3. Provide instruction and training to employees on what to do if a hurricane during orientation and annually thereafter.
 - a. Training records shall include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training; and,
 - iv. names and positions of people attending the training sessions.
 - b. Records are to be maintained for 3 years from the date of training.

CROSS POLICY REFERENCES

1. Emergency Preparedness


FORMS

1. Emergency Preparedness Plan

REFERENCES

1. Federal Emergency Management Agency (FEMA)
2. Center for Disease Control and Prevention (CDC)



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Tornado

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a tornado occurs by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

DEFINITION

Tornado

Tornadoes are violent storms that strike as a powerful rotating mixture of wind and thunderstorm clouds, extending from the clouds to the ground in a funnel shape. They are the most powerful and destructive wind systems.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when a tornado occurs by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

The Plan

1. In the office environment, employer shall prepare for a possible tornado by:
 - a. assigning Owner/Manager/Administrator or Supervisor the leadership role;
 - b. developing a plan of action with staff;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. maintaining a current, electronic client list in a secure, off-site location.
 - g. working with outside community resources, applicable to tornados, by contacting and consulting with them;
 - h. giving priority attention to clients who are in the most danger i.e. high danger first, medium danger second, lowest danger third.
 - i. prioritizing client care, for the acute stage of the emergency, according to the assessed risk level, with high risk first, medium risk second, and low risk third.
 - j. giving a list of telephone numbers for emergency assistance to employees, clients/families;



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- k. posting a list of telephone numbers for emergency assistance in the office;
 - l. preparing a list of names and contact information for each employee, to be kept in the office;
 - m. ensuring that each employee carries with them their own personal list of names and contact information;
 - n. developing and maintaining a current list of names and contact details for individual staff members, who have training for emergencies (e.g. all levels of first aid and emergency preparedness);
 - o. ensuring there is enough food and water for 3 days for each employee, (allowing 1 gallon of water per day per employee);
 - p. providing emergency survival kits for each employee in the office; and,
 - q. providing a first aid kit, which is stocked and accessible.
2. In the home environment, employees/clients/families shall prepare for a possible tornado by
- a. assigning the employee to assume the leadership role;
 - b. developing a plan of action;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. ensuring there is enough food and water for 3 days for each person, (allowing 1 gallon of water per day per person);
 - g. preparing an emergency survival kit; and,
 - h. ensuring a first aid kit is on-site, stocked and accessible.

When a tornado occurs:

Employees shall adhere to the following directions and advise clients/families to do the same:

1. If in a mobile home, get out and find shelter elsewhere.
2. If inside:
 - a. if there is a tornado safe room or engineered shelter, go there immediately;
 - b. go at once to a windowless, interior room; storm cellar; basement; or to the lowest level of the building;
 - c. if there is no basement, go to an inner hallway or a smaller inner room without windows, such as a bathroom or closet; and,



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- d. stay away from stay clear of windows, fireplaces, woodstoves, and heavy furniture/appliances that may fall over;
- e. Ensure utilities are cut off at the main valves, if instructed to do so.
- f. Determine which client/family/employees may need help.
- g. If evacuating, and there is time, tell others where you are going.
- h. Attempt to communicate or receive communication via:
 - i. phone (cell or land);
 - ii. social media
 - iii. email, if the client has a computer/laptop; (client computers/laptops may used during emergencies only.) and/or,
 - iv. listening to radio/television broadcasts.
- 3. If outside,
 - a. if possible, get inside a building; or,
 - b. if shelter is not available or there is no time to get indoors, lie in a ditch or low-lying area or crouch near a strong building.
- 4. Be aware of the potential for flooding.

GUIDELINES

- 1. Practice and test the action plan regularly.
- 2. Ensure everyone knows their roles and responsibilities.
- 3. Provide instruction and training to employees on what to do if a tornado occurs during orientation and annually thereafter.
 - a. Training records shall include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training; and,
 - iv. names and positions of people attending the training sessions.
 - b. Records are to be maintained for 3 years from the date of training.


CROSS POLICY REFERENCES

- 1. Emergency Preparedness

FORMS

- 1. Emergency Preparedness Plan




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REFERENCES

1. Federal Emergency Management Agency (FEMA)
2. Center for Disease Control and Prevention (CDC)



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Tsunami

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office when a Tsunami occurs by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

DEFINITION

1. Tsunami

A Tsunami is a mass of sea waves that is usually caused by an earthquake in the floor of the sea. The waves travel rapidly in the open ocean, reaching speeds that exceed 600 miles per hour. When a Tsunami hits shallow water, the height of the Tsunami can rise rapidly, which causes devastation to the land near the shore where it hits.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when a Tsunami strikes by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

1. Develop a Tsunami Action Plan


- a. In the office environment, the employer shall prepare for a possible Tsunami by:
 - i. assigning a Owner/Manager/Administrator or Supervisor the leadership role;
 - ii. developing a plan of action with staff;
 - iii. determining the location of the escape routes;
 - iv. determining an outside location to go to;
 - v. determining who to call, in case they are separated from one another;
 - vi. maintaining a current, electronic client list in a secure, off-site location.
 - vii. working with outside community resources, applicable to Tsunamis, by contacting and consulting with them;
 - viii. giving priority attention to clients who are in the most danger i.e. high- danger first, medium-danger second, lowest-danger third.



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- ix. prioritizing client care, for the acute stage of the emergency, according to the assessed risk level, with high-risk first, medium-risk second, and low- risk third.
 - x. giving a list of telephone numbers for emergency assistance to employees, clients/families;
 - xi. posting a list of telephone numbers for emergency assistance in the office;
 - xii. preparing a list of names and contact information for each employee, to be kept in the office;
 - xiii. ensuring that employees carry with them, their own personal list of names and contact information;
 - xiv. developing and maintaining a current list of names and contact details for individual staff members, who have undergone training for emergencies (e.g. all levels of first aid and emergency preparedness);
 - xv. ensuring there is enough food and water for 3 days for each employee, (allowing 1 gallon of water per day per employee);
 - xvi. providing emergency survival kits for each employee in the office;
 - xvii. providing a first aid kit, which is stocked and accessible; and,
 - xviii. establishing a common meeting place for all staff, clients and other individuals who are present when the Tsunami hits.
- b. In the home environment, employees/clients/families shall prepare for a possible Tsunami by:
- i. assigning the employee, the leadership role;
 - ii. developing a plan of action;
 - iii. determining the location of the escape routes;
 - iv. determining an outside location to go to;
 - v. determining who to call, in case they are separated from one another;
 - vi. ensuring there is enough food and water for 3 days for each person, (allowing 1 gallon of water per day per person);
 - vii. preparing an emergency survival kit that contains enough provisions to care for the number of people and employee(s) in the home for a period of no less than 3 days. This kit should include food, medical supplies, a flashlight, batteries, clothing, a blanket and photos of each family member;
 - viii. ensuring that a first aid kit is on-site, stocked and accessible; and,



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- ix. establishing a common meeting place for clients, families, employees and other individuals who are present when the Tsunami hits.
- 2. When a Tsunami occurs:
 - a. Employees shall adhere to the following and advise clients/families to do the same:
 - i. be aware that there is often little warning that a Tsunami is going to hit. When earthquakes occur way out in the ocean, there may be an opportunity for authorities to issue a Tsunami warning. When earthquakes occur close to shore, it may be a matter of minutes between the start of the earthquake and the first wave hitting shore; thus, there may be no opportunity for authorities to issue a warning.
 - ii. evacuate to higher ground, which is at least 50 feet above sea level, if the ground is shaking and it is evident that an earthquake has occurred; or, if they notice that the sea level has suddenly changed.
 - iii. be aware that successive waves are often stronger than the first one. They can occur minutes apart and can continue for several hours, after the first wave strikes.


GUIDELINES

- 1. Separate survival kits are needed for the home, car and workplace.
- 2. Don't be tempted to watch a Tsunami from the shoreline.
- 3. Be aware that Tsunamis can travel faster than humans can run.
- 4. Never assume that it is safe to return to the shore after the first wave hits. Always, wait for clearance from authorities before heading back.
- 5. Practice and test the action plan regularly.
- 6. Ensure everyone knows their roles and responsibilities.
- 7. Provide instruction and training to employees on what to do if a Tsunami occurs during orientation and annually thereafter.
 - a. Training records shall include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training; and,
 - iv. names and positions of people attending the training sessions.
 - b. Records are to be maintained for 3 years from the date of training.

CROSS POLICY REFERENCES

- 1. Emergency Preparedness



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FORMS

2. Emergency Preparedness Plan

REFERENCES

1. Federal Emergency Management Agency (FEMA)
2. Center for Disease Control and Prevention (CDC)



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Power Outages

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office, when there is a power outage, by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

DEFINITION

1. Power Outage

A power outage (also known as power failure/blackout) is a short or long-term state of electric power loss in a given area or section of a power grid. It can affect a single house, building or an entire city, depending on the extent of the damage or cause of the outage.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees when there is a power outage by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

The Plan

3. In the office environment, the employer shall prepare for a possible power outage by:
 - a. assigning Owner/Manager/Administrator or Supervisor the leadership role;
 - b. developing a plan of action with staff;
 - c. determining an outside location to go to;
 - d. determining who to call, in case they are separated from one another;
 - e. maintaining a current, electronic client list in a secure, off-site location.
 - f. working with outside community resources, applicable to the power outage, by contacting and consulting with them;
 - g. giving priority attention to clients who are in the most danger i.e. high danger first, medium danger second, lowest danger third.
 - h. prioritizing client care, for the acute stage of the emergency, according to the assessed risk level, with high risk first, medium risk second, and low risk third.
 - i. giving a list of telephone numbers for emergency assistance to employees, clients/families;
 - j. posting a list of telephone numbers for emergency assistance in the office;



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- k. preparing a list of names and contact information for each employee, to be kept in the office;
 - l. ensuring that each employee carries with them their own personal list of names and contact information;
 - m. developing and maintaining a current list of names and contact details for individual staff members, who have training for emergencies (e.g. all levels of first aid and emergency preparedness);
 - n. ensuring there is enough food and water for 3 days for each employee, (allowing 1 gallon of water per day per employee);
 - o. having equipment such as flashlights, candles, batteries readily available for light and communication (e.g. radio);
 - p. purchasing a generator, if feasible;
 - q. providing emergency survival kits for each employee in the office; and,
 - r. providing a first aid kit, which is stocked and accessible.
4. In the home environment, employees/clients/families shall prepare for a possible power outage by
- a. assigning the employee, the leadership role;
 - b. developing a plan of action;
 - c. determining an outside location to go to;
 - d. determining who to call, in case they are separated from one another;
 - e. ensuring there is enough food and water for 3 days for each person, (allowing 1 gallon of water per day per person);
 - f. having equipment such as flashlights, candles, batteries readily available for light and communication (e.g. radio);
 - g. purchasing a generator, if client's wants or needs warrant it e.g. client is on oxygen;
 - h. preparing an emergency survival kit; and,
 - i. ensuring a first aid kit is on-site, stocked and accessible.

When there is a power outage:

Employees shall adhere to the following directions and advise clients/families to do the same:

- 1. Determine if the problem is just your premises by checking to see if neighboring buildings have power.




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2. If the problem appears to be just yours, check to see if a fuse has been blown or a circuit breaker tripped.
3. If the problem is not just yours, contact the utility company.
4. If problem is going to be long-term or is widespread:
 - a. set up the generator, if client has one;
 - b. collect flashlights and emergency kits;
 - c. shut off the switches on all electrical items to prevent damage to appliances and equipment when power is turned back on;
 - d. turn off stove burners and oven, even if they are gas;
 - e. turn off the lights;
 - f. keep refrigerator and freezer doors closed;
 - g. limit phone usage;
 - h. stay put and limit driving as traffic light outages may cause hazardous driving conditions; and,
 - i. dress appropriately for weather conditions;
5. Ensure utilities are cut off at the main valves, if instructed to do so
6. Determine which client/family/employees may need help.
7. If leaving the premises, tell others where everyone is going.
8. Attempt to communicate or receive communication via:
 - a. phone (cell or land);
 - b. social media;
 - c. email, if the client/has a computer/laptop, which has a battery backup; and/or,
 - d. listening to radio/television broadcasts, if they have battery backup.
9. If in an elevator, press the alarm button.

GUIDELINES

1. Practice and test the action plan regularly.
2. Ensure everyone knows their roles and responsibilities.
3. Provide instruction and training to employees on what to do if a power outage occurs during orientation and annually thereafter.
4. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
5. Records are to be maintained for 3 years from the date of training.



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CROSS POLICY REFERENCES

1. Emergency Preparedness


FORMS

1. Emergency Preparedness Plan

REFERENCES

1. Federal Emergency Management Agency (FEMA)
2. Department of Agriculture (USDA)
3. Department of Energy (DOE)



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Chemical Spills

PURPOSE

To reduce risk, prevent injury and promote safety in the home and/or office, when a chemical spill takes place, by identifying and responding to the situation quickly and by taking immediate actions for the protection of clients/families/employees.

DEFINITION

1. Chemical Spills

A chemical spill is the uncontrolled release of a hazardous chemical, either as a solid, liquid or a gas.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its clients/ families/employees, when there is a chemical spill, by having a harmonized plan to handle the situation with composure, effectiveness and speed.

PROCEDURES

The Plan

5. In the office environment, employer shall prepare for a possible chemical spill by:
 - a. assigning Owner/Manager/Administrator or Supervisor the leadership role;
 - b. developing a plan of action with staff;
 - c. determining an outside location to go to;
 - d. determining who to call, in case they are separated from one another;
 - e. maintaining a current, electronic client list in a secure, off-site location.
 - f. working with outside community resources, applicable to the chemical spills, by contacting and consulting with them;
 - g. giving priority attention to clients who are in the most danger i.e. high danger first, medium danger second, lowest danger third.
 - h. prioritizing client care, for the acute stage of the emergency, according to the assessed risk level, with high risk first, medium risk second, and low risk third.
 - i. giving a list of telephone numbers for emergency assistance to employees, clients/families;
 - j. posting a list of telephone numbers for emergency assistance in the office;



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- k. preparing a list of names and contact information for each employee, to be kept in the office;
 - l. ensuring that each employee carries with them their own personal list of names and contact information;
 - m. developing and maintaining a current list of names and contact details for individual staff members, who have training for emergencies (e.g. all levels of first aid and emergency preparedness);
 - n. ensuring there is enough food and water for 3 days for each employee, (allowing 1 gallon of water per day per employee);
 - o. providing emergency survival kits for each employee in the office; and,
 - p. providing a first aid kit, which is stocked and accessible.
6. In the home environment, employees/clients/families shall prepare for a possible chemical spill by:
- a. assigning the employee, the leadership role;
 - b. developing a plan of action;
 - c. determining the location of the escape routes;
 - d. determining an outside location to go to;
 - e. determining who to call, in case they are separated from one another;
 - f. ensuring there is enough food and water for 3 days for each person, (allowing 1 gallon of water per day per person);
 - g. preparing an emergency survival kit; and,
 - h. ensuring a first aid kit is on-site, stocked and accessible.

When a chemical spill takes place:

Employees shall adhere to the following directions and advise clients/families to do the same:

1. Do not touch the spilled substances.
2. Should someone become debilitated, as a result of being exposed to the substances, do not go into a contaminated area to assist them.
3. Direct unaffected people to leave the area and provide assistance to those needing help to get out of the area.
4. Take a position that is upwind from the spill.
5. If it is safe to do so, leave the area.
6. If instructed to evacuate, follow instructions as to where to go and what routes to take.
7. If evacuating, and there is time, tell others where you are going.



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8. Ensure utilities are cut off at the main valves, if instructed to do so.
9. Determine which client/family/employees may need help.
10. Attempt to communicate or receive communication via:
 - a. phone (cell or land);
 - b. social media;
 - c. email, if the client has a computer/laptop; (client computers/laptops may be used during emergencies only.) and/or,
 - d. listening to radio/television broadcasts.

GUIDELINES

1. Practice and test the action plan regularly.
2. Ensure everyone knows their roles and responsibilities.
3. Provide instruction and training to employees during orientation and annually thereafter if there is a chemical spill:
4. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
5. Records are to be maintained for 3 years from the date of training.

CROSS POLICY REFERENCES

1. Emergency Preparedness


FORMS

1. Emergency Preparedness Plan

REFERENCES

1. Environmental Protection Agency
2. Poison Control Center



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Infection Control

PURPOSE

To ensure employees/ clients/families are protected against infectious diseases and infections by providing guidelines for their investigation, control and prevention.

DEFINITIONS

1. Infectious Diseases

Infectious/Communicable Diseases are those that are capable of being transmitted from one person or species to another. They include, but are not limited to:

- Malaria
- Strep Throat,
- Influenza (the flu)
- HIV/Aids
- Measles
- Mumps
- Rubella
- SARS
- Tuberculosis
- Common Cold
- Chicken Pox
- Conjunctivitis
- Hepatitis (A,B,C)
- Lice
- Ringworm
- Scabies
- Scarlet Fever
- Sexually Transmitted Diseases
- Yeast Infections


2. Universal Precautions

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. *Universal Precautions* include:

- a. hand washing;
- b. personal protective equipment;
- c. sharp objects;
- d. body specimens;
- e. blood and body fluid spills;
- f. household waste;
- g. laundry; and,
- h. hygienic measures in the home.

POLICY



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Infinity of Page Home Health Services, LLC practices infection control measures, when providing service to its clients in order to minimize the risk of infections to employees/clients/families and the community-at-large in accordance with Occupational Safety and Health Administration (OSHA) regulations.

PROCEDURES


Employee Responsibilities:

1. Employees shall submit immunization records, signed by their Health Care Providers, when they are hired.
2. Employees shall submit medical documentation, attesting to their suitability for the position, within two weeks of being hired.
3. Employees shall apply *Universal Precautions* in the performance of duties, which may expose them to infectious and blood-borne diseases.
4. Employees shall demonstrate their ability to utilize infection control measures before they assume responsibility for care.
5. Employees, who notice that another employee is not following *Universal Precautions* for infection control shall report the details to Supervisor/ Supervisor.
6. Employees shall practice high levels of hygiene for infection control.
7. Employees shall follow the employer's policy on "*Immunizations*" to control contracting and transmitting infectious diseases.
8. Employees shall recognize work restrictions based on infection control concerns.
9. Employees shall follow the employer's individual policies specific to personal protective equipment: "*Gloves*", "*Gowns and Aprons*", "*Masks and Protective Goggles*".
10. Employees shall follow the employer's policies on "*Blood-borne Diseases*" and "*Exposure Control Plan for Blood-borne Diseases*".
11. Employees shall report health symptoms and/or exposure to any communicable or infectious disease to Supervisor.
12. Infected employees shall consult with their Health Care Provider regarding when they should be removed from client contact and when client contact can once again be resumed.

Supervisor Responsibilities:

1. Supervisor shall ensure that employees are provided with or know the location of the employer's Policies and Procedures Manual.
2. Supervisor shall ensure that employees are familiar with, and apply, the employer's policies on infection control.




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3. Supervisor shall ensure employees are given the necessary personal protective equipment and supplies for infection control.
4. Supervisor shall obtain signed consent forms from every employee prior to any immunization.
5. Supervisor shall ensure that any employee exposed to high risk infections and infectious diseases is screened immediately.
6. Supervisor shall ensure that a “*Post Exposure Incident Report for Blood-borne Diseases*” is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties.
7. Supervisor shall notify the appropriate health authorities and, if necessary to community leadership, whenever employees/clients/families are exposed to high risk infections and/or communicable diseases.
8. Supervisor shall ensure the details of any exposure incident are placed in an employee’s personnel file.
9. Supervisor shall ensure that employees are applying effective *Universal Precaution* measures, on a regular basis.
10. Supervisor shall monitor the health status of all employees regularly.

GUIDELINES

1. All people shall be considered potentially infectious.
2. Supervisor/employees have a responsibility to protect the health and well-being of clients/families.
3. Supervisor/employees have a responsibility to protect themselves and each other.
4. An employee’s Health Care Professional shall determine if and when an infected employee is removed from client contact and when client contact can once again be resumed.
5. Eating, drinking, smoking, handling contact lenses and applying make-up shall not be permitted in work areas where there is a potential for exposure to infectious diseases.
6. There shall be no discrimination against employees/co-workers/clients/families, who have an infectious virus or who have positive antibodies to an infection.
7. All medical information about employees/clients/families shall be kept confidential.
8. Training and/or annual refreshers shall be provided to employees about:
 - a. how infections are contacted, transmitted and how to control their spread.
 - b. Occupational Safety and Health Administration (OSHA) standards;
 - c. Universal Precautions
 - d. employer’s policies and procedures;



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- e. employer’s exposure control plan;
 - f. personal protective equipment; and,
 - g. engineering and work practice controls.
9. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
 10. Records are to be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Universal Precautions
2. Aseptic Techniques
3. Blood Born Diseases
4. Exposure Control Plan for Blood-borne Diseases
5. Gloves
6. Gowns and Aprons
7. Masks and Protective Goggles
8. Hand Washing
9. Sharp Objects
10. Handling and Transporting Specimens
11. Laundry
12. Blood and Body Substance Spills
13. Household Wastes
14. Care and Handling of Equipment
15. Immunizations
16. Hygienic Measures in the Home


FORMS

1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES


1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)
3. State Health Department
4. Center for Infectious Diseases
5. United States Public Health Service (USPHS)



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6. Department of Health and Human Services (HHS)



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Tuberculosis Control

PURPOSE

To prevent the transmission of Tuberculosis (TB) from infected persons to Health Care Workers, clients/families and members of the community by:

1. identifying Home Care Workers, who have TB Disease to prevent its transmission to clients/families/friends and other members of the community;
2. identifying Home Care Workers, who have TB Infection to prevent its progression to TB Disease;
3. evaluating the effectiveness of TB exposure control measures to determine if corrective actions are required; and,
4. complying with federal, state, and local regulations and guidelines

DEFINITIONS

1. Tuberculosis (TB)

Tuberculosis is a potentially fatal bacterial infection caused by a germ, which attacks the lungs, although it can damage other parts of the body as well. TB of the lungs is spread by coughing sneezing and/or talking. Its symptoms may include a bad cough that lasts 3 weeks or longer, coughing up blood or mucus, fever and chills, night sweats, weakness, fatigue and weight loss.

2. Tuberculin Tests

a. Tuberculin Skin Test.

The most commonly used TB test is the Mantoux skin test. PPD tuberculin is injected just below the skin inside the forearm. Within 48 to 72 hours, a Health Care Professional checks the injection site. If a TB infection is present, a hard, raised, red bump may be seen.

b. Blood Tests

Blood tests may be used to confirm or rule out inactive or active Tuberculosis. These tests are often used in situations in which there is a high risk of TB infection, but the skin test shows a negative response.


c. Chest X-ray

X-rays are usually ordered if a skin test is positive. X-rays may show white spots in the lungs, where the immune system walled off TB bacteria, or they may show changes in the lung, caused by active Tuberculosis.

d. Sputum Tests

If x-rays reveal signs of TB, mucous samples may then be evaluated for TB



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bacteria. Various medications can then be tested on those bacteria to determine which drug(s) will be effective in destroying the bacteria.

3. BCG Vaccination

Bacille Calmette-Guerin (BCG) is a live, bacterial vaccine given as a protection against Tuberculosis. It is used in many countries with a high prevalence of TB. The vaccine is not generally recommended for use in the United States due to the country’s low risk of TB infection, the vaccine’s inconsistent effectiveness, and the vaccine’s potential interference with reactions to the Tuberculin Skin Test. Many foreign-born persons have been BCG-vaccinated.

4. Probationary Employee

A Probationary Employee is a new employee being considered for permanent status. He/she has no seniority privileges or status and may be discharged without cause, except where the discharge violates affirmative action laws.

5. Regular Employee

A Regular Employee is an employee that is hired by an organization/person, worked for at least 90 days and, upon, hiring, had no specific end date of employment.

POLICY


Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of employees/clients/families and community, in accordance with federal, state and licensing regulations by:

1. requiring screening of its employees for the presence of active or inactive Tuberculosis, when commencing employment and at regular intervals thereafter;
2. implementing infection control procedures to prevent/reduce the transmission of TB;
3. reporting TB cases to local or State Health Departments; and,
4. providing case management for those in need of TB services.

PROCEDURES

1. All Agency employees shall respect and adhere to this Tuberculosis Control Policy, which is in accordance with OSHA, CDC and State Health Departments regulations.
2. The Agency Manager shall designate the Supervisor or other individual to be responsible for ensuring that TB Control Measures are established, enforced and monitored, according to this policy and applicable regulations.
3. When Agency home care workers come into contact with an individual infected with TB, the following job descriptions shall be deemed to be at risk for:
 - a. High Risk: Nurses, as they provide direct hands-on care to clients in their homes.




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- b. High Risk: Home Care Aids, as they perform their duties in client's homes, are in their clients/families' presence and/or provide direct hands-on care to clients.
- c. High Risk: Supervisors, as they monitor services in clients' homes and demonstrate procedures to staff by applying hands-on techniques to clients in their homes.
- d. Low Risk: Agency Manager, as he/she has direct contact with Nurses, Supervisors, and Home Care Aids who have delivered services in clients' homes. However, should the Agency Manager visit an infected home, he/she is deemed to be at High Risk.
- e. Low Risk: Clerical Staff, as they have direct contact with Nurses, Supervisor, and Home Care Aids who delivered services clients' homes.
- f. Low Risk: Maintenance Staff, as they clean the Agency premises and are exposed to an environment wherein Nurses, Supervisors and Home Care Aids, who have delivered services in clients' homes.

The Agency shall review and update this rating annually or more frequently, if indicated.


4. Tuberculin Screening for Probationary Employees.
 - a. During orientation, Probationary Employees shall be advised that, if hired, they will be required to have the Mantoux Skin Test for TB.
 - b. Probationary Employees must ensure their Skin Test results are received within 365 days before they are employed or 7 days after they are employed.
 - c. Probationary Employees are responsible for ensuring their skin tests are read within 48-72 hours. If they fail to have them read during this period, any repeat testing or additional testing required, as a result, shall be at the Probationary Employee's expense.
 - i. If Probationary Employees' TB tests are negative, no further testing shall be required.
 - ii. If Probationary Employees' TB tests are positive, they shall undergo any recommended, additional testing to determine the presence of active TB, in accordance with regulations.
 - iii. Probationary employees, who have previously received the BCG Vaccine, shall be deemed infected with TB and shall be managed accordingly.
 - iv. Probationary employees, who have previously had severe, positive reactions to TB Skin Tests, shall not be required to have the skin test again, providing there is written documentation of:
 - a previous positive reaction; or,



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- adequate preventative therapy being received; or,
 - adequate therapy for active TB disease being administered, unless State Health Departments regulations dictate otherwise.
 - v. Probationary Employees, who are diagnosed with Active TB, will not be eligible for employment unless, and until, they undergo treatment and, subsequently, no longer test positive for active TB, at which time they may reapply.
 - vi. Probationary Employees, who are diagnosed as having TB infection, but do not have the disease, shall be advised to have preventative therapy and be informed of the signs/symptoms of active TB.
 - d. The Agency will be financially responsible for pre-employment skin testing but will not be financially responsible for any preventative therapy or treatment for its Probationary Employees.
5. Tuberculin Screening for Regular Employees
- a. The Agency follows OSHA, CDC and State Health Departments’ regulations for TB screening and retesting.
 - b. Regular Employees, who have not had a TB Skin Test within the last 12 months, shall have a two- step baseline test. This involves being tested with repeat testing being done in two weeks, if it is negative or vague.
 - c. Regular Employees, with a documented positive PPD skin test, do not have to have the test repeated.
 - d. PPD retesting shall be done every 3-12 months depending on the level of risk and exposure history of the individual employee. Employees with a low risk of exposure may be retested yearly.
 - e. Employees, who have had direct exposure to TB, shall be retested immediately and be tested, again, in 3 months.
 - f. Regular Employees, who have had positive Skin Tests in the past, shall not be required to have the test conducted again if there is written documentation of:
 - i. a previous positive reaction to the Mantoux Skin Test, or,
 - ii. completion of adequate preventative therapy, or
 - iii. completion of adequate treatment for active disease
unless State Health Departments regulations dictate otherwise.
 - g. Employees with positive TB tests shall show documented evidence that they have received appropriate follow-up and treatment.




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- h. Regular Employees, who in the past, have had a positive skin test(s), followed by a documented negative chest x-ray shall not be required to undergo another chest x-ray unless they are displaying signs/symptoms of TB.
- i. Employees, who have tested positive for TB, shall undergo repeat screenings, at regulated intervals.
- j. Regular Employees, who refuse the Mantoux Skin Test or chest x-ray when indicated, shall have their continued employment assessed.
- k. Regular Employees, who have previously received the BCG Vaccine, shall be deemed infected with TB and shall be managed accordingly.
- l. Regular Employees, who are otherwise healthy, and are receiving preventative treatment for TB, shall be permitted to continue with their regular work activities.
- m. Regular Employees, infected with TB, who cannot take or do not accept/complete a full course of preventative treatment, shall have their work situation assessed to determine if they need reassignment. They shall be counseled about TB risks and directed to see their Health Care Professional if TB-like symptoms surface.

6. Exposure to Tuberculosis

- a. Employees, who come into contact with TB, shall report this incident immediately to their Supervisor/Agency individual responsible for TB Control Measures.
- b. Supervisor/Agency individual in charge of TB Control Measures shall ensure that the employee exposed receives and completes the *“Post Exposure to Tuberculosis Incident Report”*.
- c. Supervisor/Agency individual in charge of TB Control Measures shall immediately refer employees, who were exposed to Tuberculosis, to their Health Care Professional for TB screening and follow-up.
- d. When employees/clients/families advise they have been exposed to TB, the Agency individual responsible for TB Control Measures shall:
 - i. identify all persons (employees/clients/families/others) who came into direct contact with the infected person;
 - ii. advise all individuals, who were exposed to TB, to consult with their Health Care Professional for TB screening and, if indicated, undergo any additional testing and/or treatment; and,
 - iii. ensure that the appropriate local health authorities have been notified about all positive screening tests, in accordance with State Health Departments, CDC and OSHA regulations.



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- e. Infected employees shall consult with their Health Care Professional regarding when they should be removed from client contact and when client contact can once again be resumed.
- f. Employees, who have developed active TB and have undergone treatment, must be deemed “non-infectious” before being permitted to return to work.


7. Agency Manager Responsibilities

- a. The Agency Manager is responsible for ensuring that this Tuberculosis Control Policy is adhered to effectively, efficiently and timely.
- b. The Agency Manager is responsible for ensuring that CDC, OSHA and State Health Department guidelines and regulations are applied.

8. Supervisor/Agency Individual Responsible for TB Control Measures Responsibilities

- a. Supervisor/Agency individual responsible for TB Control Measures shall monitor the TB screening status of all employees to ensure the currency of TB testing.
- b. Supervisor/Agency individual responsible for TB Control Measures shall remind employees when it is time for routine TB screening.
- c. Supervisor/Agency individual responsible for TB Control Measures shall ensure employees are given the necessary personal protective equipment and supplies for Tuberculosis control, when needed.
- d. Supervisor/Agency individual responsible for TB Control Measures shall investigate all incidents of TB exposure.
- e. Supervisor or Agency individual responsible for TB Control shall ensure that a “*Post Exposure to Tuberculosis Incident Report*” is completed for any employee who comes into contact with TB.
- f. Supervisor or Agency individual responsible for TB Control Measures shall ensure the details of any exposure incident are not placed in an employee’s personnel file but are kept confidential in a secure place within the Agency.
- g. If Supervisor/Agency individual responsible for TB Control Measures, shall ensure that the appropriate health authorities and community leadership, have been notified whenever employees/clients/families are exposed to Tuberculosis.
- h. Supervisor/Agency individual Responsible for TB Control, shall:
 - i. review the employee tuberculin testing program annually;
 - ii. advise employees of the Agency’s Tuberculosis Exposure Policy and issue copies as indicated; and,
 - iii. provide TB infection control training to employees assigned to known cases or where exposure is possible.



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- i. Supervisor has a responsibility to protect the health and well-being of clients/families/community.
- j. Supervisor has a responsibility to protect themselves and each other.


9. Employee Responsibilities

- a. At the time of employment, employees, who have had TB screening within the previous 12 months, shall submit dated documentation of the test results to the Agency for placement in a secure location in the Agency Office. Copies of all follow-up TB screening tests shall also be submitted.
- b. Employees shall demonstrate their ability to utilize infection control measures before they assume responsibility for care.
- c. Employees, who notice that another employee is not following standard infection control practices, shall report the details to Supervisor.
- d. Employees shall recognize work restrictions based on infection control concerns.
- e. Employees delivering services in homes, where there is suspected or confirmed TB, shall apply the following precautions:
 - i. instructing the infected individual to cover his/her mouth and nose with a tissue when coughing or sneezing;
 - ii. offering the infected individual, a surgical mask
 - iii. wearing respiratory protection approved for TB exposure during high risk procedures, such as entering the infected person’s room.
- f. Employees shall utilize all personal protective equipment issued for protection against Tuberculosis.
- g. Employees shall follow the Agency’s policies specific to personal protective equipment: “Gloves”, “Gowns and Aprons”, “Masks and Protective Goggles.
- h. Employees have a responsibility to protect the health and well-being of clients/families/community.
- i. Employees have a responsibility to protect themselves and each other.
- j. Nurses, providing care, shall also educate the infected person about the importance of taking medications, as prescribed, and by administering directly observed therapy.

GUIDELINES

- 1. The Agency shall ensure that all staff follows the procedures, outlined in this Tuberculosis Control Policy.
- 2. The Agency shall provide medical care and follow-up when employees become infected with active or silent TB, which was detected on skin testing, unless the State recognizes such infection as a compensable injury under Workers’ Compensation.




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3. Signage should be posted at the entrance to:
 - a. rooms/areas, wherein individual with suspected or confirmed infectious TB, is being cared for in; and,
 - b. rooms/areas wherein procedures or services are being performed on an individual with suspected/confirmed infectious TB.
4. Agency staff shall not discriminate against co-workers/clients/families/others, who have active or inactive Tuberculosis.
5. Employees, working in homes in which a TB infected person resides, shall inform the client/family/visitors about the following:
 - a. It is not necessary to install special ventilation in the home.
 - b. TB is transmitted through the air when an untreated, infected person coughs or sneezes.
 - c. Disinfectants, which kill TB bacteria, should be used to eliminate TB germs on work surfaces.
 - d. All persons must cover their mouths and noses with disposable tissues when coughing or sneezing.
 - e. Individuals, who have not been exposed to TB before, shall not be permitted to visit during the infectious period, which is especially true for infants, children and persons with suppressed immune systems.
 - f. It is very important to take all TB medications prescribed to reduce its contagiousness.
6. Agency staff shall use Universal Precautions when providing care and/or services to clients with TB including:
 - a. applying proper hand hygiene techniques and/or use of gloves;
 - b. using tissues to cover the mouth and nose when coughing and sneezing;
 - c. discarding tissues appropriately; and,
 - d. minimizing contact with other family members and visitors, especially the elderly, young children, and individuals with upper respiratory infections.
7. Tuberculosis precautions shall be applied until the infected person has been medically classified as non-infective.
8. Tuberculosis is a reportable disease in every state.

RECORDKEEPING

1. The Agency shall establish and maintain accurate records of each employee with occupational exposure to TB. This record shall include:



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- a. The name, employee social security number and job classification of the employee;
 - b. A copy of all results of examinations; medical testing, including the employee's Tuberculin skin test status; and follow-up procedures;
 - c. The Agency's copy of the Physician's or other licensed Health Care Professional's written opinion(s); and,
 - d. A copy of the information the Agency has provided to the Physician or other licensed Health Care Professional.
2. These records shall be kept in a secured location in the Agency's Office.
 3. These records shall be confidential and shall not be released without the written consent of the employee involved, except when required by law.


TRAINING

1. General Training on Tuberculosis shall be given during orientation.
2. Refresher training shall be provided to employees when they are assigned to a case wherein TB is present. This training shall include:
 - a. signs and symptoms of TB;
 - b. modes and dancers of TB transmission;
 - c. procedures for medical observance;
 - d. treatment & therapy for TB;
 - e. controls to curtail the spread of TB; and,
 - f. procedures to follow if exposed to TB.
3. Training records shall include:
 - a. dates when training was given;
 - b. summary on training contents;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
4. Records are to be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Universal Precautions
2. Aseptic Techniques
3. Gloves
4. Gowns and Aprons
5. Masks and Protective Goggles
6. Hand Washing
7. Sharp Objects
8. Handling and Transporting Specimens
9. Laundry



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- 10. Household Wastes
- 11. Care and Handling of Equipment
- 12. Hygienic Measures in the Home


FORMS

- 1. Post Exposure to Tuberculosis Incident Report

REFERENCES

- 1. Occupational Safety and Health Administration (OSHA)
- 2. Center for Disease Control and Prevention (CDC)
- 3. State Health Departments
- 4. Center for Infectious Diseases
- 5. United States Public Health Service (USPHS)
- 6. Department of Health and Human Services (HHS)



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Blood-borne Diseases

PURPOSE

To provide guidelines to clients/families/employees for investigating, controlling and preventing blood-borne diseases; and, to reduce or remove employee occupational exposures to blood or other potentially infectious material (OPIM).

DEFINITIONS

1. Blood-borne Pathogens

Blood-borne pathogens are germs (bacteria, virus etc.) that can cause a blood-borne disease. These pathogens are found in infected human blood and certain other body fluids, particularly semen and vaginal secretions. They may be passed from person-to-person, with any exposure to infected blood or infected body fluid. Blood-borne pathogens include, but are not limited to, the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV).

2. Hepatitis B (HBV)

Hepatitis B is a serious disease usually caused by a virus, although it can also be caused by abuse of alcohol or other toxins. The virus can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. It can be transmitted from person to person through blood and other bodily fluids.

3. Hepatitis C (HCV)

HCV is a virus carried in blood, which causes liver inflammation and can lead to cirrhosis, liver cancer, and death. Infection occurs when infected blood enters another person's bloodstream through broken skin or through mucous membranes.


4. Human Immunodeficiency Virus (HIV)

HIV is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. Some people with HIV may develop AIDS as a result of their HIV infection.

5. Acquired Immune Deficiency Syndrome (AIDS)

AIDS is caused by the HIV virus, which damages the immune system. It results in a loss of ability to defend against diseases caused by bacteria, viruses, and other microscopic organisms. It also leaves the body vulnerable to certain cancers. There is no cure, but medical treatments can slow down the rate at which HIV weakens the immune system



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6. Engineering Controls

Engineering controls refer to methods of isolating hazards or removing hazards from the home environment by using containers for disposing sharp objects. e.g. Appropriate containers are used for discarding insulin syringes.

7. Work Practice Controls

Work Practice Controls are practical techniques that reduce the likelihood of exposure by performing tasks in a way that promote safety. Controls include such things as correctly washing hands, correctly handling sharp objects and correctly handling/transporting specimens.

POLICY


Infinity of Page Home Health Services, LLC practices *Universal Precautions* and other infection control measures in accordance with guidelines established by the Occupational Safety and Health Administration (OSHA), the Center for Disease Control and Prevention (CDC) and the State Health Department when providing direct care to clients to minimize the chance of contracting and transmitting infections to employees/clients/families and the community-at-large.

PROCEDURES

Employees shall:

1. utilize *Universal Precautions* in the performance of their duties;
2. follow the employer's policies on *Universal Precautions* when performing duties that may expose them to blood-borne diseases;
3. report the details to the Supervisor whenever they notice another employee is not following *Universal Precautions*;
4. follow the employer's individual policies specific to personal protective equipment: "*Gloves*", "*Gowns and Aprons*", "*Masks and Protective Goggles*";
5. follow employer's policy on "*Exposure Control Plan for Blood-borne Diseases*", whenever they come into direct contact with a blood-borne disease;
6. know their individual status regarding HIV, HBV and HCV;
7. understand and follow the employer's policy on "*Immunizations*";
8. treat all body fluids and materials as if they are infectious;
9. make every effort to protect themselves from splashes, sprays and other means that could expose them to infectious diseases;
10. apply established engineering controls;
11. follow the controls for good work practices;



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12. recognize and adhere to work restrictions based on infection control concerns;
13. report health symptoms and/or exposure to any blood-borne or infectious disease to their Supervisor immediately;
14. not keep food and beverages in areas where blood and other potentially infectious materials are present such as cabinets, refrigerators, countertops or benches;
15. not handle blood or other potentially infectious substances, if they have skin sores, which are actively seeping.

Supervisor shall:

1. ensure that employees are knowledgeable about, and have access to, the employer's *Policy and Procedure Manual*;
2. ensure that employees adhere to the employer's policies on "*Infection Control*" and "*Blood-borne Diseases*";
3. ensure that employees know the employer's policies for "*Hand Washing*", "*Sharp Objects*", "*Handling and Transporting Specimens*", "*Laundry*", "*Blood and Body Spills*", "*Household Medical Waste*", *Care and Handling of Equipment*.
4. ensure employees are provided with the necessary personal protective equipment and supplies for protection against blood-borne diseases, at no cost to them;
5. ensure personal protective equipment is cleaned, repaired and/or replaced when necessary;
6. ensure employees know the benefits of immunization;
7. ensure employees know, understand and follow the employer's policy on "*Immunizations*";
8. ensure employees are educated about the risks exposure to blood-borne diseases presents;
9. ensure employees know how to minimize/prevent exposure to blood-borne diseases;
10. ensure employees are educated about work practice controls and use of safety devices;
11. ensure that input is obtained from employees when evaluating safety devices;
12. ensure that employees adhere to the employer's policy "*Exposure Control Plan for Blood-borne Diseases*" whenever an exposure incident occurs;
13. ensure that a "*Post Exposure Incident Report for Blood-borne Diseases*" is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties; and,
14. regularly assess employees' application of effective *Universal Precautions*.


GUIDELINES



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1. All individuals shall be considered to be potentially infected with a blood-borne disease.
2. Eating, drinking, smoking, handling contact lenses and applying make-up shall not be permitted in work areas where there is a potential for exposure to blood-borne diseases.
3. Supervisor/employees have a responsibility to protect the health and well-being of clients/families.
4. Supervisor/employees have a responsibility to protect themselves and each other from contacting and transmitting blood-borne diseases.
5. Supervisors/employees shall recognize that work restrictions are necessary for the control of blood-borne diseases.
6. Supervisors/employees shall not discriminate against co-workers/clients/families who have a blood-borne disease or who have positive antibodies to a blood-borne disease.
7. Supervisors/employees shall keep medical information about co-workers/ clients/families confidential.
8. Training shall be provided to employees as follows:
 - a. Employees shall receive training on blood-borne diseases upon initial assignment and annually thereafter.
 - b. Training for blood-borne diseases shall include a review and understanding of:
 - i. what they are, how they are contacted, how they are transmitted and how they are controlled;
 - ii. Occupational Safety and Health Administration (OSHA) standards;
 - iii. employer's policies and procedures;
 - iv. employer's exposure control plan;
 - v. personal protective equipment;
 - vi. engineering and work practice controls;
 - vii. Hepatitis B vaccine;
 - viii. how to handle exposure incidents;
 - ix. post-exposure evaluation and follow-up, and,
 - x. labels, signs and color coding for hazardous materials.
 - c. Training shall be conducted by knowledgeable people.
 - d. Training program shall include a session for questions and answers.
 - e. Supervisor shall maintain training records which include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training;
 - iv. names and positions of people attending the training sessions; and,
 - v. date when refresher training is due.



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f. Records shall be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Universal Precautions
2. Infection Control
3. Aseptic Techniques
4. Gloves
5. Gowns and Aprons
6. Masks and Protective Goggles
7. Exposure Control Plan for Blood-borne Diseases
8. Hand Washing
9. Sharp Objects
10. Handling and Transporting Specimens
11. Laundry
12. Blood and Body Substance Spills
13. Household Wastes
14. Care and Handling of Equipment
15. Immunizations


FORMS

1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)
3. United States Public Health Service (USPHS)
4. State Health Department



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Exposure Control Plan for Blood-borne Diseases

PURPOSE

To protect employee’s health and safety by limiting their occupational exposure to blood and other potentially infectious materials, which could result in the transmission of blood-borne pathogens.

DEFINITIONS

1. Occupational Exposure

Occupational exposure means an employee can reasonably anticipate coming into contact with blood or other potentially infectious material during the performance of their duties.

2. Exposure Incident

An exposure incident is one wherein an employee has come in direct contact with a potentially infectious disease through the skin, eye, mouth or mucous membrane by being splashed with blood/other body substances or by being pricked with a sharp object.

3. Exposure Control Plan

An exposure control plan is a set of procedures to follow when the health and safety of employees are threatened during the performance of their job duties, should they become exposed to blood or potentially infectious substances.

4. Source Individual

A source individual is a person, whose blood or other potentially infectious substances may be a source of occupational exposure to the employee.

5. Other Potentially Infectious Materials (OPIM)

Other Potentially Infectious Materials refers to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva, body fluid, which is contaminated with blood, any human unfixed tissue/organ (other than intact skin) and any tissues affected with HIV or HBV.


6. Mucous Membrane

Mucous membrane refers to the wet, thin tissue found in certain openings to the human body including the mouth, eyes, nose, vagina, rectum, and opening of the penis.

POLICY

Infinity of Page Home Health Services, LLC is committed to reducing and handling employee exposure to blood-borne diseases through the establishment of procedures and



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responsibilities, which are in accordance with Occupational Safety and Health Administration (OSHA) standards and regulations.

PROCEDURES


Employee Responsibilities for Exposure Incidents:

1. When an exposure incident has occurred, employees shall:
 - a. remove any clothing, which has become soiled by blood or other potentially infectious body substances;
 - b. in the case of contamination to the skin, mucous membrane, eye and/or mouth, flush the area with water for at least 5 minutes;
 - c. in the case of contamination with a sharp object, the exposed area shall:
 - i. immediately be washed with soap and water;
 - ii. be encouraged to bleed; and,
 - iii. be covered with a waterproof bandage.
 - d. report the incident immediately to Supervisor.
 - e. follow-up with a post exposure evaluation by:
 - i. consulting with a licensed Physician/Health Care Professional, as soon as possible, but within 24 hours of exposure (unless it is a medical emergency, in which case call 911); or,
 - ii. visiting a Hospital Emergency within one hour of exposure, if the Supervisor is not available.
 - f. protect others from exposure by cleaning the contaminated area, in accordance with the employer’s policy for “*Blood and Body Spills*”; and,
 - g. wash hands.

Supervisor Responsibilities for Exposure Incidents:

1. Supervisor shall immediately offer all employees, who experience an exposure incident, a post exposure evaluation and follow-up, which includes:
 - a. investigating the incident and completing the “*Post Exposure Incident Report for Blood-borne Diseases*”;
 - b. recording the incident on a post exposure incident log;
 - c. identifying the source individual unless it is prohibited by state/local law or it is not possible;
 - d. obtaining consent from the source individual to be tested for HBV and HIV, as soon as possible:
 - i. If the source individual refuses to give consent, and consent is legally required, the employer’s request and the source individual’s refusal shall be documented.
 - ii. If the source individual’s consent is not required by law, his/her blood sample (if available) shall be tested and the results documented.




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- iii. If the source individual is already known to be infected, it is not necessary to re-test for HBV and/or HIV.
- e. providing the exposed employee with the results of the source individual’s test;
- f. informing the exposed employee any about laws/regulations regarding disclosing the identity and infectious status of the source individual;
- g. obtaining consent from the exposed employee to have his/her blood tested for HBV and/or HIV, as soon as possible. If the exposed employee consents to a baseline blood collection but declines an HIV test, request that his/her blood sample be retained for 90-days in case he/she changes his/her mind. In the employee changes his/her mind, ensure that the test is done as soon as possible.
- h. ensuring that all exposures to blood-borne diseases are referred to the appropriate health authorities and, if necessary, to community leadership;
- i. providing information to the Physician/ Health Care Professional, in accordance with the employer’s policy “*Reporting and Recording Exposures to Blood-borne Diseases*”;
- j. obtaining and providing the exposed employee with a copy of the evaluating Health Care Professional’s written opinion, within 15 days of completion of the evaluation;
- k. ensuring the exposed employee receives any medically recommended post-exposure treatments and/or counseling in a timely manner; and,
- l. ensuring exposed employee is offered the vaccination series for HBV, if required, in accordance with the employer’s policy on “*Immunizations*”.

GENERAL GUIDELINES

1. Post exposure evaluations and follow-ups shall be performed by, or under the supervision of, a licensed Physician/Health Care Professional.
2. Laboratory tests shall be conducted by an accredited lab, at no cost to the employee.
3. Exposure incidents shall be recorded and reported promptly.
4. The exposure control plan shall be reviewed and updated annually unless work changes require that it be amended more frequently.
5. Engineering controls and work practices shall be monitored regularly to ensure compliance with regulations.
6. Employees shall be provided with the necessary personal protective equipment, at no cost.
7. Employees shall have access to the proper hand washing facilities, antiseptic towelettes or antiseptic cleansers in conjunction with clean cloths/paper towels.
8. If regulated waste is present that appropriate receptacles, which are properly labeled, or color coded as containing biohazards, shall be provided.



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9. Employees shall be familiar with the employer’s “*Exposure Control Plan for Blood-borne Diseases*” and clearly understand the plan details plan and the delegated responsibilities.
10. When there is a risk of exposure to blood-borne or other infectious diseases, personal protective equipment shall be used.
11. When there is a risk of exposure to blood-borne or other infectious diseases, good engineering and work practice controls shall be applied.
12. Employees/clients/families, who have an infectious virus or who have positive antibodies to an infection, shall not be discriminated against.
13. Medical information about employees/clients/families shall be kept confidential.
14. Employees shall be knowledgeable about, and have access to, the employer’s *Policy and Procedure Manual*;
15. Employees shall receive training on the “*Exposure Control Plan for Blood-borne Diseases*”:
 - a. during orientation;
 - b. prior to an initial assignment where exposure is possible;
 - c. when any revisions in tasks or procedures occur;
 - d. when new tasks or procedures are implemented; and/or
 - e. as an annual refresher.
16. Training records shall be maintained and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training;
 - d. names and positions of people attending the training sessions; and,
 - e. date when refresher training is due.
17. Training records are to be maintained for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Blood and Body Spills
2. Reporting and Recording Exposures to Blood-borne Diseases
3. Immunizations


FORMS

1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES


1. Occupational Safety and Health Administration (OSHA)



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2. Center for Disease Control and Prevention (CDC)
3. U.S. Public Health Service (USPHS)
4. State Health Department



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Reporting and Recording Exposure to Blood-borne Disease

PURPOSE

To ensure that measures are taken to minimize the risk of infection caused by exposures to blood-borne diseases; to investigate and document the circumstances surrounding exposures; and, if necessary, to see that exposed employees receive medical consultation, follow-up and treatment in a timely manner.

DEFINITIONS

1. Licensed Health Care Professional

A licensed Health Care Professional, for purposes of this policy, is a person whose legally permitted scope of practice allows him/her to independently perform the activities required for Hepatitis B Vaccination and post exposure evaluation and follow-up, in accordance with OSHA standards.

2. Assistant Secretary

Assistant Secretary, for purposes of this policy, means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

3. Director

Director, for purposes of this policy, means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.


POLICY

Infinity of Page Home Health Services, LLC is committed to limiting employee occupational exposure to blood and Other Potentially Infectious Materials (OPIM) by establishing procedures and responsibilities for reporting and recording exposures, in accordance with Occupational Safety and Health Administration (OSHA) standards.

REPORTING PROCEDURES

1. Supervisor shall ensure that the Physician/Health Care Professional(s), responsible for the exposed employee's Hepatitis B vaccination and/or post exposure evaluation, are provided with:
 - a. a copy of the OSHA's Blood-borne Pathogen standard;
 - b. a copy of the exposed employee's duties, as they relate to the exposure incident;
 - c. details on the route(s) of exposure and circumstances under which the exposure occurred;




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- d. results of the source individual’s testing, if available, and,
 - e. all medical records relevant to the appropriate treatment of the exposed employee, including vaccination status.
2. Licensed Physician/Health Care Professional(s) shall:
- a. advise and counsel the exposed employee about the risk of infection from blood-borne pathogens, as a result of exposure;
 - b. advise the exposed employee to report and seek medical evaluation from a licensed Physician/Health Care Professional should they develop any acute illness during the follow-up period, especially the first 12 weeks following exposure;
 - c. inform the exposed employee of his/her baseline test results and provide post-test counseling;
 - d. offer the exposed employee repeat testing at 6 weeks, 3 months, 6 months and 12 months;
 - e. limit his/her written opinion for Hepatitis B vaccination to whether the exposed employee:
 - i. should receive the Hepatitis B vaccination; and/or,
 - ii. has received the Hepatitis B vaccination.
 - f. limit his/her written opinion for post-evaluation and follow-up to confirmation that the exposed employee was advised about:
 - i. the results of the examination; and,
 - ii. any medical conditions caused by exposure to blood or other potentially infectious material that needs further evaluation and/or treatment.
 - g. keep all other findings or diagnoses confidential and leave them out of the written report.

RECORDKEEPING PROCEDURES


1. Medical Records
- Owner/Manager/Administrator shall ensure that:
- a. medical records are established and maintained for every employee who has been exposed to an occupational hazard. These records shall include:
 - i. name;
 - ii. social security number;
 - iii. dates and status of Hepatitis B vaccination, including any records relative to the employee’s ability to receive the vaccination;
 - iv. results of any examinations, medical testing and follow-up procedures;
 - v. a copy of the Health Care Professional’s written opinion; and,



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- vi. a copy of information provided to the Health Care Professional.
 - b. medical records are kept confidential;
 - c. medical records are not disclosed, without the employee’s express written consent, to any person within or outside the workplace except in accordance with this policy or as required by law;
 - d. medical records are maintained for at least the duration of employment plus 30 years;
2. Training Records
Owner/Manager/Administrator shall ensure that:
- a. employee training records for blood-borne diseases, and exposure to them, include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training;
 - iv. names and positions of people attending the training sessions; and,
 - v. date when refresher training is due.
 - b. employee training records for blood-borne diseases, and exposure to them, are maintained for 3 years from the date of training.
3. Sharps Records
Owner/Manager/Administrator shall ensure that:
- a. a log for recording injuries from sharps is established and maintained;
 - b. the confidentiality of the injured employee is protected; and,
 - c. details recorded in the log include:
 - i. the type and brand of device involved in the accident;
 - ii. where the incident occurred, and,
 - iii. a description of how the incident occurred.
4. Availability of Records
Owner/Manager/Administrator shall ensure that records are made available for examination and copying as follows:
- a. All records, identified in this policy, shall be made available, upon request, to Assistant Secretary and Director.
 - b. Employee training records, identified in this policy, shall be made available, upon request, to employees, employee representatives and Assistant Secretary and Director.
 - c. Employee medical records, identified in this policy, shall be made available, upon request, to the subject employee, to anyone having written consent from the subject employee and Assistant Secretary and Director, in accordance with OSHA standards.



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5. Disposal of Records


Owner/Manager/Administrator shall ensure that whenever he/she ceases to do business:

- a. he/she transfers all records to the successor employer, who subsequently receives and maintains these records.
- b. if there is no successor employer, he/she shall notify the affected, current employees of their right to access records at least three months prior to the cessation of the business;
- c. if there is no successor employer or if the Owner/Manager/Administrator intends to dispose of any records required to be preserved for at least thirty (30) years, he/she shall:
 - i. transfer the records to the Director of the National Institute for Occupational Safety and Health (NIOSH) if required; or,
 - ii. notify the Director of NIOSH, in writing, of the impending disposal of records at least three months prior to the disposal of the records.

REFERENCES

- 1. Occupational Safety and Health Administration (OSHA)
- 2. Center for Disease Control and Prevention (CDC)



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Universal Precautions

PURPOSE

To control infections by treating and handling all human blood, human blood components, products made from human blood and Other Potentially Infectious Materials (OPIM) as if they are known to be infectious for HIV, HBV and other blood-borne pathogens.

DEFINITIONS

1. Universal Precautions

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. *Universal Precautions* include:

- a. hand washing;
- b. personal protective equipment;
- c. sharp objects;
- d. body specimens;
- e. blood and body fluid spills;
- f. household waste;
- g. laundry; and,
- h. hygienic measures in the home.

2. Blood-borne Pathogens


Blood-borne pathogens are germs (bacteria, virus etc.) that can cause a blood-borne disease. These pathogens are found in infected human blood and certain other body fluids, particularly semen and vaginal secretions. They may be passed from person-to-person, with any exposure to infected blood or infected body fluid. Blood-borne pathogens include but are not limited to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV).

3. Other Potentially Infectious Materials (OPIM)

Other Potentially Infectious Materials consist of:

- a. certain human body fluids including:
 - i. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures;
 - ii. body fluid that is visibly contaminated with blood; and,
 - iii. all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- b. any unfixed tissue or organ (other than intact skin) from a human (living or dead); and,



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c. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

4. **Engineering Controls**

Engineering controls refer to methods of isolating hazards or removing hazards from the home environment by using containers for disposing sharp objects. e.g. Appropriate containers are used for discarding insulin syringes.

5. **Work Practice Controls**

Work Practice Controls are practical techniques that reduce the likelihood of exposure by performing tasks in a way that promote safety. Controls include such things as correctly washing hands, correctly handling sharp objects and correctly handling/transporting specimens.

POLICY


Infinity of Page Home Health Services, LLC uses *Universal Precautions* for infection control purposes as an approach to infection control, in accordance with Occupational Safety and Health Administration (OSHA) and Center of Disease Control and Prevention (CDC) guidelines.

PROCEDURES

Employees shall:


1. consider an individual's body fluids/substances (i.e. urine, faeces, vomit, mucus and blood) to be potentially infectious material;
2. ensure they are informed and protected from potentially infectious materials.
3. use *Universal Precautions* when contact can be anticipated with:
 - a. blood;
 - b. body fluids, secretions, and excretions (except sweat), regardless of whether or not they contain visible blood;
 - c. non-intact skin; and,
 - d. mucous membranes.
4. follow the employer's policy and related policies on "*Infection Control*".
5. practice *Universal Precautions* for infection control by:
 - a. taking the designated training at orientation, as an annual refresher and for job-specific/situation-specific purposes;
 - b. washing hands in accordance with the employer's policy on "Hand Washing";



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- c. using personal protective equipment, in accordance with the employer’s policies on “Personal Protective Equipment”;
 - d. cleaning contaminated surfaces, in accordance with the employer’s policy on “Blood and Body Spills”;
 - e. handling and disposing of contaminated material, in accordance with the employer’s policies on:
 - i. “*Sharp Objects*”;
 - ii. “*Handling and Transporting Specimens*”
 - iii. “*Laundry*”;
 - iv. “*Blood and Body Spills*”; and,
 - v. “*Household Waste*”.
 6. follow the employer’s policy: “*Exposure Control Plan for Blood-Borne Diseases*”, should they be exposed to a blood-borne diseases and/or other potentially infections materials;
 7. be aware of engineering controls in the work place and the proper use of those controls; and,
 8. follow established work practice controls to eliminate or minimize occupational exposure.
- Supervisor shall:
1. be familiar with “*Universal Precautions*” and ensure employees comply with Occupational Safety and Health Administration (OSHA) guidelines;
 2. ensure employees adhere to the employer’s policies and procedures on “*Infection Control*” and “*Universal Precautions*”;
 3. ensure that *Universal Precautions* are understood and executed by employees with occupational exposure;
 4. promote practices, procedures, and methods that conform to the concept of *Universal Precautions*;
 5. regularly assess employees proper application of “*Universal Precautions*”;
 6. ensure employees have proper facilities/materials for hand washing;
 7. ensure employees are provided with the appropriate protective equipment;
 8. ensure employer’s first aid kits contain a disposable mouth-piece for resuscitation purposes;
 9. ensure that a “*Post Exposure Incident Report for Blood-borne Diseases*” is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties.
 10. encourage clients to place such devices in their own first aid kits; and,
 11. ensure employees, who suffer an exposure incident, follow the employer’s “*Exposure Control Plan for Blood-borne Diseases*”.



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GUIDELINES

1. Supervisor/employees:
 - a. have a responsibility to protect the health and well-being of clients/families;
 - b. have a responsibility to protect themselves and each other;
 - c. shall maintain their general health through proper rest, exercise and nutrition; and,
 - d. shall consult with their Physician/Health Professional re any condition that may interfere with the conduction of their job responsibilities
2. Supervisor shall:
 - a. ensure employees receive training on *Universal Precautions*
 - b. maintain training records which include:
 - i. dates when training was given;
 - ii. summary on what training was given;
 - iii. names and credentials of person(s) providing the training;
 - iv. names and positions of people attending the training sessions; and,
 - v. date when refresher training is due.
 - c. ensure records are maintained for 3 years from the date of training

CROSS-POLICY REFERENCES

1. Infection Control
2. Blood Born Diseases
3. Aseptic Techniques
4. Exposure Control Plan for Blood-borne Diseases
5. Gloves
6. Gowns and Aprons
7. Masks and Protective Goggles
8. Hand Washing
9. Sharp Objects
10. Handling and Transporting Specimens
11. Laundry
12. Blood and Body Substance Spills
13. Household Wastes
14. Food Safety
15. Care and Handling of Equipment



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16. Immunizations


FORMS

1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)



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Personal Protective Equipment

PURPOSE

To prevent occupational diseases and injury by appropriately using Personal Protective Equipment (PPE) to lessen or eliminate exposure to blood and Other Potentially Infectious Materials (OPIM).

DEFINITIONS

1. Personal Protective Equipment (PPE)

PPE is specialized clothing or equipment that provides protection against exposure to blood-borne pathogens. For example:

- gloves
- face shields
- eye protection
- resuscitation bags
- plastic aprons
- masks
- mouthpieces
- pocket masks

PPE is effective only when blood or Other Potentially Infectious Materials (OPIM) are not able to penetrate into an employees' clothing, skin, eyes, mouth or mucous membranes.

2. Pathogen

A pathogen is a "germ" that causes disease in another organism.

3. Blood-borne pathogens

Blood-borne pathogens are disease-causing germs (bacteria, virus etc.), which are found in infected human blood and certain other body fluids, particularly semen and vaginal secretions. These pathogens may be passed from person-to-person with any exposure to infected blood or infected body fluid. Pathogens include the Hepatitis B Virus (HBV), Hepatitis C (HCV) and the Human Immunodeficiency Virus (HIV).


POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees, who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM), by requiring them to wear Personal Protective Equipment, in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES


1. Employees shall always practice standard, precautionary measures including:
 - a. staying away from the jobsite when they have an infection;
 - b. utilizing proper hygiene and cough techniques when they have a respiratory infection
i.e.:



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- i. cover nose and mouth when coughing or sneezing;
 - ii. use a Kleenex or the sleeve of clothing to cough or sneeze into;
 - iii. use a Kleenex to blow the nose;
 - iv. dispose of used Kleenexes immediately;
 - v. avoid touching the eyes and mouth after the hand has been in contact with high traffic areas, such as doorknobs or handrails;
 - vi. wash hands with regular soap and hot water or with an alcohol-based hand rub:
 - after having contact with respiratory secretions;
 - after contact with contaminated objects; and,
 - before handling or eating food.
2. Employees shall be provided with PPE either before they get to the client’s home or once they arrive at the client’s home.
3. If PPE is necessary, they must be used correctly.
 - a. Gloves - Follow the policy on “*Gloves*”
 - b. Gowns and Aprons, - Follow the policy on “*Gowns and Aprons*”.
 - c. Masks and Protective Goggles – Follow the policy on “*Masks and Protective Goggles*”.
4. PPE should be put on in the following order, when they are needed:
 - a. mask
 - b. protective goggles
 - c. gown
 - d. gloves
5. PPE should be removed in the following order when they are used:
 - a. gloves
 - b. protective goggles
 - c. gown
 - d. mask
6. Each employee shall demonstrate their knowledge of training received and their ability to use PPE appropriately, before being permitted to conduct job duties, which require the use of PPE.
7. Employees are not required to wear PPE when conducting routine client care providing they only conduct activities, which involve touching the client’s skin e.g. assisting a client to walk.
8. Employees are responsible for wearing PPE to prevent infections in themselves/clients/families/other individuals.
9. Should employees ever decline to use PPE, they must do so only when, in their professional judgment, and in that particular situation only, the use of PPE would:



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- a. prevent the delivery of health care or public safety services; or,
 - b. present an enhanced danger to their safety or another individual's safety.
10. Wash hands thoroughly with soap and water as soon as possible after removing any PPE.


GUIDELINES

1. A thorough assessment of the hazards in the workplace shall be conducted and documented.
2. When workplace hazards **cannot be removed or controlled adequately**, PPE must be used if work processes are to continue.
3. The appropriate PPE must be chosen to meet the challenges of the existing or potential hazard.
4. PPE must minimize or eliminate exposure to disease or injury.
5. PPE must meet regulated standards and/or certification.
6. Defected or damaged PPE shall not be used.
7. PPE must properly fit each affected employee.
8. To ensure that PPE continues to be effective, ongoing maintenance and inspections must be conducted, including inspection, care, cleaning, repair and proper storage.
9. Policies, practices, techniques and standards for using PPE must be audited regularly.
10. Employees must be educated and trained on PPE usage including:
 - a. when PPE is necessary;
 - b. what PPE is necessary;
 - c. how to properly put on, take off, adjust, and wear PPE;
 - d. what the limitations of the PPE are; and,
 - e. the proper care, maintenance, useful life and disposal of the PPE.
11. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
12. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains the name of each employee trained, the date(s) of training and the subject of the certification.
13. Training Records are to be kept for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Gloves
2. Gowns and Aprons




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3. Masks and Protective Goggles

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)



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PPE: Gloves

PURPOSE

To provide guidelines for using gloves as Personal Protective Equipment to lessen or eliminate exposure to blood and Other Potentially Infectious Materials (OPIM).

DEFINITIONS

1. Gloves

Gloves are fitted coverings for the hands, which have separate sheaths for each finger and the thumbs. They are usually made from latex, nitrile rubber or vinyl and are worn by health care workers as hygiene and contamination measures against blood or other potentially infectious materials.


POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees, who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM), by requiring them to wear gloves in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. Employees shall be provided with gloves either before they get to the client's home or once they arrive at the client's home
2. Employees, who provide personal care to clients shall wear disposable gloves during the performance of, but not limited to, the following duties:
 - a. providing assistance with toileting;
 - b. providing assistance with incontinence pads, adult diapers, and child diapers;
 - c. providing bladder care;
 - d. providing bowel care;
 - e. bathing the rectal or groin area;
 - f. handling items dirtied with blood, body fluids, secretions and excretions;
 - g. handling dirtied dressings bedding, and clothing;
 - h. handling feminine hygiene products;
 - i. cleaning or caring for urinary catheters;
 - j. coming into contact with draining wounds, broken skin, secretions, excretions blood, body fluids, or mucous membranes;
 - k. cleaning up blood or body fluid spills;
 - l. cleaning/disinfecting areas exposed to blood, stool, urine or body fluids;

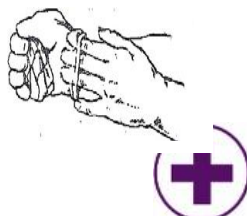



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- m. cleaning toilets, commodes, or soiled equipment;
 - n. having open skin lesions on their hands; and,
 - o. bagging materials soiled with blood or other potentially infectious materials.
3. Employees are not required to wear gloves when conducting routine client care providing they only conduct activities, which involve touching the client’s skin e.g. assisting a client to walk.
 4. Gloves shall be changed when:
 - a. they become soiled;
 - b. they are torn; and,
 - c. delivering service to a different client.
 5. Normally, non-latex, disposable gloves shall be provided to employees.
 6. Latex gloves shall be:
 - a. un-powdered;
 - b. low protein;
 - c. water-proof; and,
 - d. strong enough not to tear.
 7. Employees, who have allergies to latex or vinyl gloves, are responsible for advising the supervisor/management of this sensitivity.
 8. Supervisors/management shall be responsible for ensuring that employees with glove allergies are provided with hypo-allergenic gloves, gloves liners, un-powdered gloves or other suitable alternatives.
 9. When removing disposable gloves, ensure that the hands do not come in contact with any blood or body fluids, which may be left on the gloves.
 10. Procedures for removing gloves:
 - a. Grasp glove cuff with opposite gloved hand and peel off.



- b. Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist.

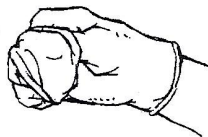


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c. Peel the glove from wrist to fingertips.



d. Turn the glove inside out leaving the first glove inside the second.




e. Discard gloves into waste receptacle.

11. Wash hands thoroughly with soap and water:
 - a. as soon as possible after removing gloves; and,
 - b. immediately after exposure to infectious material and before touching any non-contaminated objects and surfaces.
12. Used gloves, soiled pads, paper towels, rags, and hygiene products shall be placed directly into a garbage receptacle.
13. These soiled products shall be placed in a plastic garbage bag, which is subsequently closed tightly.
14. Place the garbage bag out to be picked up with the regular garbage.

GUIDELINES

1. Gloves shall not be considered a substitute for proper hand washing.
2. Gloves must be of proper size for the hand, so they do not slip off easily.
3. Disposable gloves will be removed and discarded:
 - a. after contact with each person, fluid item or surface,
 - b. if torn or punctured, or,
 - c. when they are no longer impervious.
4. Gloves may not be washed or disinfected for reuse.



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5. When utility gloves are used, they may be decontaminated for reuse providing they can still effectively perform their function.
6. Utility gloves must be discarded if they are cracked, peeled, torn, punctured, or are deteriorating.
7. Employees are responsible for wearing gloves to prevent infections in themselves/clients/families/other individuals.
8. Should employees ever decline to use gloves, they must do so only when, in their professional judgment, and in that particular situation only, their use would:
 - a. prevent the delivery of health care or public safety services; or,
 - b. present an enhanced danger to their or another individual's safety.
9. Policies, practices and standards for using gloves techniques shall be reviewed regularly.
10. Employees must be educated and trained on glove usage including:
 - a. when glove usage is necessary;
 - b. what gloves are to be used;
 - c. how to properly put on, take off, adjust, and wear gloves;
 - d. what the limitations of gloves are; and,
 - e. the proper care, maintenance, useful life and disposal of gloves.
11. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
12. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:
 - a. the name of each employee trained;
 - b. the date(s) of training; and,
 - c. the subject of the certification is gloves.
13. Training Records are to be kept for 3 years from the date of training


CROSS-POLICY REFERENCES

1. Personal Protective Equipment

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)



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PPE: Gowns & Aprons

PURPOSE

To provide guidelines for using gowns and aprons as Personal Protective Equipment to lessen or eliminate exposure to blood and Other Potentially Infectious Materials, in accordance with Occupational Safety and Health Administration (OSHA) standards.

DEFINITIONS

1. Gowns and Aprons

Gowns and aprons are types of specialized clothing, usually worn by health care workers, as hygiene and contamination measures against blood or other potentially infectious materials


POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees, who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM), by requiring them to wear gowns and aprons in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. Employees shall wear gowns/aprons when:
 - a. caring for clients with infectious diseases to reduce the possibility of transmission of organisms;
 - b. there is a possibility that clothing will become soiled as a result of blood and/or body substances being splashed; and,
 - c. it is difficult to properly contain blood and/or body substances.
2. Fluid repellent gowns shall be worn when:
 - a. the skin needs to be protected; and,
 - b. there is a possibility that clothing may become heavily soiled from blood, body fluids, secretions and/or excretions.
3. Gowns shall be donned as follows:
 - a. select the proper type and size of gown;
 - b. place the open side of the gown at the back -- if the gowns are too small, use two gowns -- tie one at the front and the other at the back;
 - c. slip the gown over the hands and arms by holding the arms forward, just above the head;
 - d. adjust the gown at the shoulders;
 - e. fasten the gown at the back of the neck; and,
 - f. tie the gown firmly at the waist;




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4. To remove a gown:
 - a. remove gloves;
 - b. untie the gown at the waist and neck;
 - c. pull the gown over the gloves;
 - d. hold the contaminated gown away from the clothing;
 - e. discard the gown or place in designated spot for cleaning
 - f. remove gloves; and,
 - g. wash hands thoroughly.

GUIDELINES

1. When gowns/aprons are required, employees shall be provided with them either before they go to a client's home or once they arrive at the client's home;
2. Gowns/aprons shall be full length and large enough to cover any clothing, which is at risk for being contaminated.
3. Gowns/aprons shall be changed and/or discarded or cleaned when:
 - a. they are torn;
 - b. care is going to be provided to a different client;
 - c. the employee has touched an object or area that has been contaminated by blood or body substances;
 - d. they are no longer impervious; and,
 - e. they are heavily soiled.
4. Once soiled, gowns/aprons shall be removed as quickly as possible and hands shall be washed thoroughly to prevent the spread of microorganisms.
5. After use, disposable gowns/aprons are disposed of by placing them in an appropriate receptacle.
6. After use, reusable garments are placed in a soiled linen container then cleaned, laundered and repaired.
7. When deemed necessary, employees are responsible for wearing gowns/aprons to prevent infections in themselves/clients/families/other individuals.
8. Should employees ever decline to use gowns/aprons, they must do so only when, in their professional judgment, and in that particular situation only, their use would:
 - a. prevent the delivery of health care or public safety services; or,
 - b. present an enhanced danger to their or another individual's safety.
9. Policies, practices and standards for using gowns/aprons techniques shall be reviewed regularly.



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10. Employees must be educated and trained on gowns and apron usage including:
 - a. when gowns and aprons usage are necessary;
 - b. what gowns and aprons are to be used;
 - c. how to properly put on, take off, adjust, and wear gowns and aprons;
 - d. what the limitations of gowns and aprons are; and,
 - e. the proper care, maintenance, useful life and disposal of gowns and aprons.
11. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
12. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:
 - a. the name of each employee trained;
 - b. the date(s) of training; and,
 - c. the subjects of the certification are gowns and aprons.
13. Training Records are to be kept for 3 years from the date of training


CROSS-POLICY REFERENCES

1. Personal Protective Equipment

REFERENCES

1. Occupational Safety and Health Administration (OSHA).
2. Center for Disease Control and Prevention (CDC)



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PPE: Masks & Protective Goggles

PURPOSE

To provide guidelines for using masks and protective goggles as Personal Protective Equipment to lessen or eliminate exposure to blood and Other Potentially Infectious Materials (OPIM) in accordance with Occupational Safety and Health Administration (OSHA) standards.

DEFINITIONS

1. Mask

A mask is a specialized piece of equipment worn over the nose and mouth to catch bacteria shed from the wearer's nose and mouth. They reduce the transmission of bacterial particles from the wearer into the environment and help protect the wearer from blood and body fluid splashes or spatter.

2. Protective Goggles

Protective goggles are specially designed eyewear worn to protect the wearer's eyes from splatters or aerosols, which may contain infectious diseases.

3. Aerosolization

Aerosolization is a fine mist or spray, which contains minuscule particles.


POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees, who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM), by requiring them to wear masks and protective goggles, in accordance with Occupational Safety and Health Administration (OSHA) standards

PROCEDURES

1. To put on a mask:
 - a. place mask so that it covers mouth and nose;
 - b. fasten ties above and below at back of head; and,
 - c. fit it snugly on the bridge of nose and under the chin.
2. To take off a mask:
 - a. ensure hands are clean;
 - b. undo the ties at the back of the head;
 - c. remove the mask by touching the ties only;
 - d. discard the mask in a designated waste receptacle; and,
 - e. wash hands.




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3. To put on protective goggles:
 - a. place the protective goggles on the face, covering both eyes; and,
 - b. maneuver them so they fit comfortably and effectively on the face.
4. To take off protective goggles:
 - a. ensure hands are clean;
 - b. touch the sides or back of the protective goggles only;
 - c. place the protective goggles in a designated area for discarding or sanitization; and,
 - d. wash hands.

GUIDELINES

1. When masks and protective goggles are required, employees shall be provided with them either before they go to a client's home or once they arrive at the client's home;
2. Masks shall be worn by employees who are in close contact with clients who are coughing or sneezing and harbor bloodborne pathogens such as Hepatitis B and HIV.
3. To be effective, masks need to be worn properly.
4. Masks should be discarded if they are crushed, wet or become contaminated by client secretions.
5. Protective goggles must protect the eyes from splashes in all directions.
6. Should employees ever decline to use masks and protective goggles, they must do so only when, in their professional judgment, and in that particular situation only, their use would:
 - a. prevent the delivery of health care or public safety services; or,
 - b. present an enhanced danger to their or another individual's safety.
7. Policies, practices and standards for using masks and protective goggles techniques shall be reviewed regularly.
8. Employees must be educated and trained on masks and protective goggles usage including:
 - a. when masks and protective goggles usage is necessary;
 - b. what masks and protective goggles are to be used;
 - c. how to properly put on, take off, adjust, and wear masks and protective goggles;
 - d. what the limitations of masks and protective goggles are; and,
 - e. the proper care, maintenance, useful life and disposal of masks and protective goggles.
9. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.



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10. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:
 - a. the name of each employee trained;
 - b. the date(s) of training; and,
 - c. the subjects of the certification are masks and protective goggles.
11. Training Records are to be maintained for 3 years from the date of training.


CROSS-POLICY REFERENCES

1. Personal Protective Equipment

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)



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Handwashing


PURPOSE

To prevent the spread of blood-borne pathogens and Other Potentially Infectious Material (OPIM), in accordance with Occupational Safety and Health Administration (OSHA) standards.

POLICY

1. **Infinity of Page Home Health Services, LLC** requires that its employees, who provide personal care, wash their hands:
 - a. when arriving on the jobsite;
 - b. before and after eating;
 - c. after using the bathroom;
 - d. before and after caring for individual clients;
 - e. between task and procedures on the same client to prevent cross-contamination of different body sites;
 - f. after handling bed pans, urinals, catheters and linens;
 - g. after changing tampons or sanitary pads;
 - h. after changing children's diapers;
 - i. after changing adult incontinence pads;
 - j. before and after assisting client with toileting;
 - k. before and after direct contact with blood, body fluids secretions, excretions and contaminated items;
 - l. after cleaning areas, which are contaminated with blood or body fluids.
 - m. before and after using gloves;
 - n. after disposal of gloves or other personal protective equipment;
 - o. before and after preparing food;
 - p. after blowing nose, sneezing or coughing; and,
 - q. when leaving the job site.
2. If available, the following shall be used for washing hands:
 - a. paper towels;
 - b. cloth towels; and,
 - c. liquid soap;
3. If these items are not available, the following shall be used:
 - a. bar soap (thoroughly drain between usages); and,
 - b. waterless handwashing products.



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PROCEDURES

1. Washing Hands with Water:
 - a. Turn tap on.
 - b. Run water until it reaches a warm temperature.
 - c. Hold hands under water flow.
 - d. Apply soap so that it totally covers both hands and work soap into a frothy lather, rubbing vigorously,
 - e. Clean thoroughly under nails, between fingers and on backs of hands.
 - f. Wash for at least 15 – 30 seconds.
 - g. Rinse hands thoroughly under running water starting at the fingertips and flowing towards the wrists, in order that the dirty water runs off the wrists.
 - h. If a bar of soap is used, it should be rinsed and placed on a drain.
 - i. Dry hands on a clean cloth towel or on a paper towel.
 - j. Use a dry section of the towel to turn off the tap.
 - k. Use a moisturizing cream on hands regularly to prevent skin from drying and cracking.

2. Step-by-Step Directions for Washing Hands:

- a. Rub palms of both hands together:




- b. Interlace fingers of one hand over palm of other hand; then switch hands:



- c. Rub palms of both hands together:



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- d. Place back of fingers of one hand to palm of other hand, interlacing hands; then switch hands:



- e. Rotate thumb of one hand in palm of other hand; then switch hands:



- f. Rotate fingertips of one hand into palm of other hand; then switch hands:




3. Washing Hands Without water:

- a. If hands are not visibly soiled, an alcohol-based hand rub may be used.
- b. When using alcohol-based hand rubs, apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
- c. When using an antiseptic hand cleanser or an antiseptic towelette:
 - i. use the antiseptic according to its instructions;
 - ii. dry hands with a clean towel or a paper towel;
 - iii. clean under the nails and between the fingers carefully; and,
 - iv. use this method only if water is not available.

GUIDELINES

1. Handwashing and hand care are the most important procedures for infection control.




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2. Personnel must wear disposable latex gloves when handling blood and body substances such as urine and feces. Non-latex disposable gloves may be used if individuals are allergic to latex.
3. When gloves are not available, paper towels or other comparable products can be used to prevent direct contact with body substances.
4. After use, gloves and other products should be placed in a sealable plastic bag and the hands washed.
5. A doctor should be consulted prior to resumption of work when an employee has hand/body lesions, cuts, sores, dermatitis or eczema, which cannot be covered.
6. When hands or other areas are contaminated with body substances, the areas shall be washed as soon as possible.
7. Handwashing facilities should not be used for disposing blood, body substances or chemicals.
8. Policies, practices and techniques for handwashing practices shall be reviewed regularly.
9. Employees shall be educated and trained on handwashing including:
 - a. why handwashing is necessary;
 - b. when handwashing is done;
 - c. what equipment and materials to use; and,
 - d. what handwashing techniques to use.
10. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
11. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:
 - a. the name of each employee trained;
 - b. the date(s) of training; and,
 - c. the subject of the certification is handwashing.
12. Training Records are to be kept for 3 years from the date of training

CROSS-POLICY REFERENCES

1. Universal Precautions
2. Infection Control
3. Blood-borne Diseases




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REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)
3. World Health Organization (WHO)



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Sharp Objects

PURPOSE

To protect employees/clients/families from sharp object injuries through the application of proper handling and disposal techniques.

DEFINITIONS

1. Sharp Objects

Sharp objects refer to items used for medical purposes and include:

- a. needles;
- b. syringes with needles attached;
- c. lancets;
- d. razor blades; and,
- e. other items that could cause a puncture, cut, or abrasion.


POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees/clients/families by providing guidelines on how to handle sharp objects, in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. Handling sharp objects shall be kept to a minimum.
2. Syringes shall always be picked up by their barrel.
3. Used needles and other sharp objects shall:
 - a. not be recapped, bent, sheared or broken;
 - b. be discarded immediately into an appropriate sharp object disposal container; and,
 - c. not be carried if they are uncapped.
4. Used needles shall be left attached to the syringes.
5. If a needle must be recapped:
6. If recapping a needle is necessary:
 - a. Put the needle on a flat surface.
 - b. Scoop cap with end of needle so the cap sits on needle.
 - c. Press the cap and needle onto the hard-surface, until cap snaps into place.
7. Safety devices, for sharp objects, shall always be used and must never be circumvented or disabled.
8. Sharp objects shall be discarded in puncture-resistant containers.




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9. If a commercial, sharp object, disposal container is not available, use a plastic, thick-walled, household container such as a bleach or vinegar bottle.
10. Clear plastic or glass containers shall not be used for sharp objects.
11. Sharp objects shall not be placed in any container that is going to be recycled or returned to a store.
12. All containers, with sharp objects, shall be kept out of reach of children and pets.
13. Caution shall be taken in situations where sharp objects may be hidden somewhere e.g. sharp objects are hidden in the laundry or garbage.
14. Used, sharp objects should be handled with care to prevent accidental cuts or punctures.
15. Contaminated, broken glassware or dropped sharp objects should be picked up by mechanical means such as with a broom and dustpan, tongs or forceps.
16. Hands should never be inserted into a container that contains sharp objects.
17. Whenever hazards, involving sharp objects, are noted, employees should report the danger to the supervisor who shall ensure the hazard is eliminated.
18. When an injury from a sharp object occurs, employees shall:
 - a. wash the wound immediately with soap and water;
 - b. encourage the wound to bleed;
 - c. report the injury to the supervisor;
 - d. see a doctor; and,
 - e. be referred to the appropriate service.
19. Any exposure to a sharp object shall be documented on a sharps injury log.
20. A “*Post Exposure Incident Report for Blood-borne Diseases*” shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with a needle/sharp object(s) while performing his/her duties.

GUIDELINES

1. Sharp object disposal containers shall:
 - a. be made of a puncture resistant material and not of glass or thin plastic;
 - b. be leak proof;
 - c. have a lid that will seal the container when it is full;
 - d. be designed to easily allow sharps to be placed into the container;
 - e. make removal of sharp objects from the container difficult;
 - f. be labeled “Hazardous Materials”;
 - g. be large enough to hold the number of sharp objects used; and,
 - h. not be overfilled.
2. Disposal containers for sharp objects should be disposed of according to local waste disposal laws and regulations.



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3. To determine where to obtain sharp object disposal containers and/or how to dispose of filled containers, consult with:
 - a. local pharmacies;
 - b. local hospitals;
 - c. local health units; or,
 - d. the Coalition for Safe Community Needle Disposal (1-800-643-1643).
4. Policies, practices and techniques for dealing with sharp objects shall be reviewed regularly.
5. Employees shall be trained on safe procedures for dealing with sharp objects, when appropriate.
6. Records shall be maintained on employee training on dealing with sharp objects and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
7. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:
 - a. the name of each employee trained;
 - b. the date(s) of training; and,
 - c. the subject of the certification is sharp objects.
8. Training Records are to be kept for 3 years from the date of training

CROSS-POLICY REFERENCES

1. Blood-borne Diseases
2. Exposure Control Plan for Blood-borne Diseases
3. Reporting and Recording Exposure to Blood-borne Disease


FORMS

1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES

1. Occupational Health and Safety Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)



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Handling & Transporting Specimens

PURPOSE

To protect employees/clients/families from blood-borne and Other Potentially Infectious Materials (OPIM) by ensuring proper techniques are practiced when handling and transporting body specimens.

DEFINITIONS

1. Biohazard Waste

Biohazard waste is waste that contains infectious material or which, because of its biological nature, may be harmful to humans, animals, plants or the environment. It includes:

- a. waste from infectious animals;
- b. body fluids;
- c. human blood or blood products; and,
- d. sharp objects.


POLICY

Infinity of Page Home Health Services, LLC is committed to maintaining the health and safety of its employees/clients/families by ensuring they are knowledgeable about handling and transporting specimens, in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. Precautions shall be taken for all clients, when handling blood and body fluids, regardless of their diagnoses.
2. Appropriate Personal Protective Equipment shall be used whenever contact with blood and other potentially infectious materials is anticipated.
3. Gloves shall be worn when specimen containers are handled.
4. A disinfectant shall be used to clean dirty containers before they are transported.
5. If outside cleaning cannot be done before transport, the specimen container should be put in a bag and labeled with a biohazard sticker.
6. Biohazard wastes must be transported in closed, leak-proof containers that are labeled "Biohazard".
7. Only trained employees shall transport biomedical waste.
8. Only corrugated, biomedical boxes and red plastic sharps containers shall be used to transport biological waste.



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9. A “*Post Exposure Incident Report for Blood-borne Diseases*” shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with a needle/sharp object(s) while performing his/her duties.

GUIDELINES

1. Policies, practices and techniques for handling and transporting specimens shall be reviewed regularly.
2. Employees should be trained on safe procedures for handling and transporting specimens, when appropriate.
3. Records shall be maintained on employee training on handling and transporting specimens and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
4. Training Records are to be kept for 3 years from the date of training

CROSS-POLICY REFERENCES

1. Blood-borne Diseases
2. Exposure Control Plan for Blood-borne Diseases
3. Reporting and Recording Exposure to Blood-borne Disease


FORMS

1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)
3. Department of Health and Human Services (HHS)



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Laundry

PURPOSE

To protect employees/clients/families from blood-borne and Other Potentially Infectious Materials (OPIM) by ensuring proper laundry techniques are practiced.


POLICY

Infinity of Page Home Health Services, LLC requires *Universal Precautions* be applied when handling soiled linens/clothing to prevent employees/clients/families from becoming contaminated, in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. Separate areas for clean and soiled laundry shall be used.
2. Laundry shall be sorted in the laundry room, not in the client's room.
3. Clothing/linen, soiled with blood or body fluids, shall be put into bags at the spot where the soiling occurred.
4. Dangerous objects shall not be thrown into the clothing/linen bags/hampers.
5. Disposable gloves shall be worn whenever any clothing/linen, soiled with blood (including menstrual blood) or body fluid, is handled.
6. Plastic aprons shall be worn, when indicated.
7. Clothing/linens that are to be transported shall be:
 - a. placed in leak proof bags e.g. plastic garbage bags;
 - b. closed securely;
 - c. placed loosely into bags; and,
 - d. placed into bags identified as being potentially infectious.
8. Protective gloves shall be worn when bagging clothing/linens that have been soiled with body substances/blood (including menstrual blood).
9. Wash hands with hot water and soap for 15 seconds after gloves are removed.
10. Other protective clothing shall be worn as necessary.
11. Paper towels and/or running water shall be used to remove solid materials from clothing/linens prior to laundering.
12. Urine, stool and vomit shall be flushed down the toilet.
13. Relevant cleaning methods shall be used when washing laundry, i.e.:
 - a. separation of items;
 - b. suitable water temperature; and,
 - c. appropriate machine cycle.




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14. Use a water temperature of at least 140° F. (60 °C) to ensure decontamination.
15. Control the risk of contaminated, slime building up in the washing machine by using a water temperature higher than 140°F. (60°C) at least once a week.
16. If washing in cooler water, use bleach or other laundry disinfectant.
17. Follow the instructions on the bleach/disinfectant container.
18. If clients have suppressed immunity systems or if clothing/linens are heavily soiled:
 - a. use higher water temperatures of at least 190° F. (90°C); or,
 - b. use a water temperature of at least 140° F. (60°C) with bleach
19. Ensure clothing/linens that are/may be contaminated with fecal material are not washed with items that may be used around food.
20. Dry laundry as soon as it is washed -- don't leave it sitting for long periods in the washing machine, as dampness can promote the growth of micro-organisms.
21. Clothing/linens shall be stored in a manner that prevents contamination.
22. Clean linens/clothing shall be stored separately from used linen/clothing.
23. Laundry equipment shall be maintained in sanitary condition.
24. Laundry baskets or other transport items shall be cleaned and sanitized after use.
25. Client's laundry shall not be taken home for laundering due to the increased risk of cross-infection.

GUIDELINES

1. Policies, practices and techniques for laundry practices shall be reviewed regularly.
2. Spot checks shall be conducted on clothing/linens to determine if laundry practices meet generally accepted industry practices.
3. Spot checks shall be conducted on linen storage areas to determine if there are any unsanitary conditions present.
4. Linens should be changed regularly to prevent any health issues.
5. Policies, practices and techniques for handling laundry shall be reviewed regularly.
6. Employees should be trained on safe procedures for handling laundry.
7. Records shall be maintained on training, which include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
8. Training Records are to be kept for 3 years from the date of training




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REFERENCES

1. Center for Disease Control and Prevention (CDC)
2. Occupational Safety and Health Administration (OSHA)



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Blood & Body Substance Spills

PURPOSE

To protect employees/clients/families from blood-borne and Other Potentially Infectious Materials (OPIM) by ensuring that blood and other body substance spills are cleaned up appropriately, effectively and in a timely manner.

DEFINITIONS

1. Body Substances

Body substances are human body substances, apart from blood, which are considered to be potentially infectious from blood-borne diseases and include feces, urine, vomit, nasal droplets, saliva, vaginal/penal secretions and any other material that oozes from body orifices.

2. Mucous Membranes

Mucous membranes are specialized membranes, which cover various passages and cavities exposed to the air such as the mouth, nose, inner portion of the eyelids and vagina.

3. Contamination

Contamination refers to the presence, or reasonably anticipated presence, of blood or other potentially infectious materials on a surface or item.

4. Disinfect

Disinfect refers to the process of killing germs.

POLICY


Infinity of Page Home Health Services, LLC requires blood and body substance spills, are cleaned up, in accordance with Occupational Safety and Health Administration (OSHA) standards, to prevent employees/clients/ families from becoming contaminated.

PROCEDURES

General Procedures

1. All blood/body substances shall be treated as potentially infectious.
2. Infection control precautions shall be taken whenever there is the possibility of exposure to:
 - a. blood;
 - b. body substances;
 - c. broken skin; and,




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- d. mucous membranes.
3. *Universal Precautions* shall be followed when handling blood and body spills.
4. Only individuals, who have been trained to clean up blood and other body substance spills, shall do so.
5. Care shall be taken, when handling blood, body substances and surfaces exposed to them, to protect the mouth, eyes, broken skin areas and other mucus membranes.
5. Personal Protective Equipment shall be worn, when appropriate.
6. Disposable latex gloves shall be worn whenever contact with blood or other body substances is probable.
7. When gloves are not available, other products such as paper towels shall be used to prevent direct contact with the blood/body substance.

Spillage Procedures

1. Put on protective eyewear and plastic aprons, if there is a chance of being splashed with blood/body substances.
2. Put on disposable gloves.
3. Confine and contain the spill as soon as possible.
4. Soak up as much of the spill as possible using absorbent, disposable materials.
5. Place the absorbent, contaminated materials into doubled-bagged, plastic, garbage bags.
6. Wash and disinfect contaminated surfaces with disposable sponges/cleaning cloths:
 - a. Use a solution of 1 part bleach to 10 parts water for disinfecting.
 - b. Use cold water on blood spills.
 - c. Use warm to hot water on non blood spills.
 - d. Dry the area, where the spill occurred, to prevent a slippery surface.
7. Discard disposable sponges/cleaning cloths in double-bagged, plastic, garbage bags.
8. Clean spillage area with water and detergent.
9. Wash hands thoroughly with soap and warm water.
10. If glass items break, sweep the broken pieces into a dust pan -- do not pick up the broken pieces with the fingers.
11. If a spill occurs on a carpet, avoid damaging the area with chlorine – instead, use a detergent and arrange for an industrial cleaning of the carpet as soon as possible.
12. If any part of the body has been in contact with blood/body substances, the exposed area(s) shall be washed immediately.
13. A “*Post Exposure Incident Report for Blood-borne Diseases*” shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood/body substances.



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14. Clean any contaminated equipment with cold water and detergent; then, disinfected.
15. Report any blood/body substance spills to the Supervisor.
16. Follow the employer’s policy on “*Exposure Control Plan for Blood-borne Diseases*” if directly exposed to blood/body substances and/or contaminated surfaces.

GUIDELINES

1. A 1:10 bleach ratio is the solution most often recommended for the decontamination of surfaces because it is effective, inexpensive and readily available.
2. Hot water will cause blood to stick to a surface.
3. Policies, practices and techniques for blood/body substance spills shall be reviewed regularly.
4. Employees shall be trained on safe procedures for handling blood/body substance spills
5. Records shall be maintained on employee training on dealing with blood/body substance spills and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
6. Training Records are to be kept for 3 years from the date of training

CROSS-POLICY REFERENCES

1. Blood-borne Diseases
2. Exposure Control Plan for Blood-borne Diseases
3. Reporting and Recording Exposure to Blood-borne Disease


FORMS

1. Post Exposure Incident Report for Blood-borne Diseases


REFERENCES

1. Center for Disease Control and Prevention (CDC)
2. Occupational Safety and Health Administration (OSHA)
3. World Health Organization (WHO)



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Household Wastes

PURPOSE

To outline procedures for the handling and disposal of medical waste in the home to protect:

1. the environment and following people from infection and/or injury;
2. employees/clients/families, who are exposed to or handle medical wastes in the home; and,
3. individuals, who handle household wastes, once it leaves the home.

DEFINITIONS

1. Household, Municipal, Solid Waste

Household, municipal, solid waste is regular garbage, which presents fewer health or environmental risks than medical waste presents. It can be disposed of into dumpsters.

2. Household Medical Waste

a. Household medical waste is any waste that is generated as a result of health care activities in the home. It includes paper towels, diapers, incontinence pads, hypodermic needles, bandages, dressing wrappers, old dressings and used intravenous tubing.

b. Used intravenous tubing is tubing that has been used to administer blood/blood products.

Note: Unused intravenous tubing has not been utilized and, therefore, is not considered to be medical waste.

c. Household medical waste does not include any hazardous waste, radioactive waste, or regular household waste.

d. Usually, medical wastes, produced in the home, do not pose a serious health concern unless the waste is infectious.


3. Infectious Waste

Infectious waste is medical waste that presents significant health risk, such as the possibility of causing disease in another human being, should that person come into contact with the waste. Infectious waste includes wastes that are contaminated with blood, body fluids, or sharp objects from people who have infectious diseases.

4. Regulated Medical Waste

Regulated medical waste is any waste material, which is generated during diagnostic treatment or immunization processes that have the potential of producing disease in healthy humans. This waste includes blood/blood products, tissue, body fluids,



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specimens, cultures, sharp objects, infectious waste spills, items covered with blood/body fluids and animal wastes.

5. Hazardous Wastes.

Hazardous wastes are wastes that contain specific toxic chemicals or have characteristics, which cause them to be a major risk to human health and/or the environment.

6. Chemotherapy Waste

4. Chemotherapy waste refers to all waste resulting from chemotherapy treatments, which are administered in the home. Some of it is considered to be hazardous.

7. Lancet

A lancet is a small pointed knife or a surgical instrument with a short, wide, sharp-pointed, two-edged blade. It is used to prick the skin (a finger, foot, ear lobe, etc.) to obtain a small quantity of capillary blood for testing e.g. testing blood sugar levels in individuals who have diabetes.

POLICY


Infinity of Page Home Health Services, LLC is committed to ensuring that wastes, generated in the home, are collected, stored, transported, and disposed of in a manner that will minimize potential health risks to employees/clients/families/other individuals in accordance with the governing body that has jurisdiction over the local area (e.g. federal, state, county or municipal), and/or in accordance with Occupational Safety and Health Administration (OSHA) standards.

GENERAL PROCEDURES

1. All wastes shall be:
 - a. sorted into correct categories at the spot where they are produced;
 - b. placed in proper containers; and,
 - c. kept in separate packaging during collection, storage and transportation to ensure waste material is not released.
2. Hands shall be washed with soap and hot water for 15 seconds after contact with garbage.
3. Soiled bandages, disposable sheets and medical gloves shall be placed in securely fastened plastic bags before being placed in garbage receptacles.

HOUSEHOLD WASTE PROCEDURES



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1. Regular, household wastes shall be handled in accordance with regulations established locally e.g. by the Municipality or Regional District etc.
2. Wastes shall be put into closed, plastic, garbage bags and:
 - a. placed inside hinged-lid, trash containers and taken to the curb; or,
 - b. put into a dumpster; or,
 - c. taken to the local landfill, if there is no garbage pick-up.
 - d. No yard wastes shall be placed inside household garbage bags.
3. Recyclable materials shall be properly separated, cleaned and placed in recyclable bins.


HOUSEHOLD MEDICAL WASTE PROCEDURES

1. Household medical waste shall be kept separate from regular household waste.
2. Household medical waste shall be placed in heavy-duty, garbage bags, which are securely fastened at the top.
3. Medical waste can be placed in regular garbage containers, providing it is bagged and securely fastened and can subsequently be either picked up by a garbage collector or taken, by other means, to a permitted, solid waste landfill.

INFECTIOUS WASTE PROCEDURES

1. All untreated infectious waste shall be placed immediately into appropriate collection bags and containers.
2. To package and transport infectious wastes produced in the home:
 - a. put the waste in a rigid/semi-rigid, leak-free container, which is puncture proof;
 - b. ensure the top of the container is securely fastened;
 - c. put the universal, bio-hazard symbol on the container;
 - d. mark the label as either “infectious waste” or “bio-hazard waste”, whether they are infectious or not;
 - e. seal the container; and,
 - f. ensure that the exterior of the container has not been contaminated.
3. Reusable containers may be used for waste collection and transportation providing they are rigid, unbreakable, tear resistant and are made of a solid material, which is smooth, easy to clean and rigid.
4. Reusable containers, which have been in direct contact with infectious material, shall be disinfected prior to reuse.
5. Collection containers for infectious medical wastes (other than sharp objects) shall be lined with disposable infectious waste collection bags.
6. Infectious waste collection bags shall be moisture resistant and strong enough to prevent tearing, ripping or breaking.



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7. Cardboard boxes shall not be used as containers for sharp objects.

REGULATED MEDICAL WASTE PROCEDURES

1. Personal protective equipment shall be worn when handling materials classified as Regulated Medical Waste.
2. Regulated medical waste (other than sharp objects) shall be placed in double-bagged, leak proof, heavy duty garbage bags, which are securely fastened at the top to prevent spillage or protrusion of the contents during handling, storage, transport or shipping.
3. Any contaminated containers shall be placed in a second container.
4. The bag shall be either labeled “Bio-hazardous” or color coded in red.
5. The following shall be disposed of as outlined:

urine, feces, secretions, excretions, suction and irrigation fluids	pour down the toilet
body fluids (less than 20 ml)	discard in a puncture proof container
surgical masks, Kleenex and other contaminated items, used by client to prevent spread infectious diseases such as Tuberculosis and Hepatitis	dispose of according to the state’s regulations
National Occupational Safety & Health (NOSA) certified respiratory devices, worn by employees	follow procedures for household medical waste


CHEMOTHERAPY WASTE PROCEDURES

1. Place all materials that were used during chemotherapy treatments in a container which has been labeled “*Chemotherapy Waste Only*” e.g. gloves, syringes, IV solution bags and tubing.
2. Keep chemotherapy waste separate from other wastes.
3. A licensed company for disposing of hazardous materials will pick up chemotherapy waste.

GUIDELINES

1. Employees/clients/families must be aware of the potential risks involved in handling infectious wastes and adhere to industry standards of disposal and transport.
2. Most homes generate medical waste, but little or no infectious medical waste.




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3. If medical waste has been treated by incineration, autoclaving or an alternative method approved by the solid waste management authority, it can be managed as ordinary solid waste with no special requirements.
4. Policies, practices and techniques for handling household medical waste shall be reviewed regularly.
5. Employees shall be trained on safe procedures for handling household wastes.
6. Records shall be maintained on employee training for handling household waste and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
7. Training Records are to be kept for 3 years from the date of training.

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control and Prevention (CDC)
3. Environmental Protection Agency (EPA)
4. Municipal, Regional District or other jurisdictional regulations for local waste management/disposal.



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Aseptic Techniques

PURPOSE

1. To maximize and maintain the absence of pathogenic organisms, in the home environment.
2. To protect the employee/client/family/other individuals from infection.
3. To prevent the spread of pathogens.

DEFINITIONS

1. Pathogenic Organism

A pathogenic organism is an organism capable of causing disease in its host. Human pathogens are capable of causing illness in humans. The main types of pathogenic organisms are viruses, bacteria, fungi, protozoa, and worms.

2. Asepsis

Asepsis is:

- a. the state of being free of pathogenic microorganisms; or,
- b. the process of removing pathogenic microorganisms or protecting against infection by such organisms.

3. Clean

To clean is to remove dirt and other impurities.

4. Sanitize

To sanitize is to reduce the number of microorganisms to safe levels.

5. Disinfect


To disinfect is to remove most microorganisms, except the highly resistant ones.

6. Universal Precautions

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. *Universal Precautions* include:

- a. hand washing;
- b. personal protective equipment;
- c. sharp objects;
- d. body specimens;
- e. blood and body fluid spills;
- f. household waste;
- g. laundry; and,
- h. hygienic measures in the home.



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POLICY

Infinity of Page home Health Services, LLC is committed to preventing cross-infections amongst employees/clients/families/other individuals by requiring that employees apply aseptic practices, in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. Employees shall:
 - a. be responsible for taking every precaution possible to prevent infections in themselves/clients/families/other individuals;
 - b. use *Universal Precautions* when:
 - i. providing direct care to clients;
 - ii. caring for individuals, regardless of their diagnosis;
 - iii. caring for individuals, regardless of whether or not infection is present; and,
 - iv. there is contact with:
 - blood;
 - body fluids;
 - broken skin; and/or,
 - mucus membranes.
 - c. apply standard, aseptic techniques in accordance with the following Agency policies:
 - i. Universal Precautions
 - ii. Blood Born Diseases
 - iii. Exposure Control Plan for Blood-borne Diseases
 - iv. Gloves
 - v. Gowns and Aprons
 - vi. Masks and Protective Goggles
 - vii. Hand Washing
 - viii. Sharp Objects
 - ix. Handling and Transporting Specimens
 - x. Laundry
 - xi. Blood and Body Substance Spills
 - xii. Household Wastes
 - xiii. Care and Handling of Equipment
 - xiv. Immunizations



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- xv. Hygienic Measures in the Home
 - xvi. Food Safety
2. Supervisor shall:
- a. ensure employees are trained on safe procedures for aseptic techniques.
 - b. ensure employees are given the appropriate Personal Protective Equipment to prevent exposure to infectious diseases and infections;
 - c. ensure employees are practicing proper aseptic techniques;
 - d. ensure a “*Post Exposure Incident Report for Blood-borne Diseases*” is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties;
 - e. monitor the health status of all employees; and,
 - f. regularly review the policies, practices and standards for aseptic techniques.


GUIDELINES

- 1. Records shall be maintained on employee training on aseptic techniques, which include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
- 2. Training Records shall be kept for 3 years from the date of training.

CROSS-POLICY REFERENCES

- 1. Universal Precautions
- 2. Blood Born Diseases
- 3. Exposure Control Plan for Blood-borne Diseases
- 4. Gloves
- 5. Gowns and Aprons
- 6. Masks and Protective Goggles
- 7. Hand Washing
- 8. Sharp Objects
- 9. Handling and Transporting Specimens
- 10. Laundry
- 11. Blood and Body Substance Spills
- 12. Household Wastes
- 13. Care and Handling of Equipment



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- 14. Immunizations
- 15. Hygienic Measures in the Home
- 16. Food Safety


FORMS

- 1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES

- 1. Center for Disease Control and Prevention (CDC)
- 2. Occupational Safety and Health Administration (OSHA)



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Care & Handling of Equipment

PURPOSE

1. To ensure items/special equipment, used for client care, are cleaned and disinfected according to standards.
2. To ensure that any disease-causing microorganisms are eliminated to prevent infections.
3. To define responsibilities for cleaning and disinfecting personal care items/special equipment.

DEFINITIONS

1. **Cleaning**

Cleaning is the process of making all objects/surfaces free of organic and inorganic material. Generally, detergents or products containing enzymes will successfully do the job. Objects/surfaces must be cleaned thoroughly, before they are disinfected or sterilized, because organic and inorganic materials, which stay on the objects/ surfaces, will influence the efficiency of disinfection and sterilization.

2. **Decontamination**

Decontamination is the destruction, removal or inactivation of blood-borne pathogens, on an object/surface, by physical or chemical measures, which renders them incapable of spreading infectious particles, thus making the object/surface safe for handling, disposal or usage.

3. **Disinfection**

Disinfection is a process for getting rid of most or all pathogenic microorganisms (other than bacterial spores) on inanimate objects/surfaces through the use of chemical sterilizers or disinfectants.

4. **Sterilization**

Sterilization is the total elimination and destruction of all microorganisms through the application of steam under pressure, dry heat, ETO gas and/or liquid chemicals.


5. **Personal Care Items**

Personal care items consist of items clients use for grooming and body hygiene such as toothbrush, razor, hair comb & brush, manicure and pedicure set, etc.

6. **Special Equipment**

Special equipment refers to items that clients use to assist with bathing, toileting, mobility, transportation and sleeping (e.g. bath bench, commode, raised toilet set, crutches, walking cane, walker, wheelchair, scooter, bed, etc.).



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POLICY

Infinity of Page Home Health Services, LLC ensures that measures are taken to remove organic residue and/or chemicals from personal care items and equipment; and, if applicable, to ensure they are disinfected/sterilized to kill any lingering, infection-causing microorganisms.

PROCEDURES

1. All items/equipment, used for client care, shall be kept clean and in proper running order.
2. Blood, fluid and tissue shall not be allowed to dry on any reusable item and shall be cleaned quickly.
3. All objects/equipment shall be thoroughly cleaned to remove blood, tissue, fluids/body secretions/excretions and other residue before they are disinfected or sterilized.
4. All special equipment, used for client care, shall be cleaned and disinfected before it is used for another individual.
5. All special equipment, used for one client, which could harbor disease-causing microorganisms (e.g. commodes, raised toilet seat, etc.), shall be wiped with a disinfectant at least once a day or whenever visible soiling is evident.
6. Items that come in contact with the skin only and not with mucous membranes, need to only be wiped down with a detergent or low-level disinfectant (e.g. crutches, canes, walkers, wheelchair, and blood pressure cuff).
7. Re-usable objects, which touch mucous membranes, can be cleaned and disinfected by soaking in:
 - a. a solution of 1 part bleach to 50 parts water for 3 minutes;
 - b. 70% isopropyl alcohol for 5 minutes; or,
8. Personal Protective Equipment shall be worn when handling contaminated equipment and when using chemical products.
9. Gloves shall be worn when handling and transporting used client special equipment.
10. Hands shall be washed immediately with soap and hot water for a minimum of 15 seconds after contacting contaminated items.
11. Items that are labeled “*Not for Re-use*” or “*Single-Use*” shall be discarded.
12. Personal care items used for grooming shall normally be cleaned using hot water and detergent.
13. Oxygen equipment shall be cleaned and handled as outlined in the policy on “*Oxygen Therapy*”.



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14. Catheterization equipment shall be cleaned and handled as outlined in the policy on “*Care of Urinary Catheters*”.

GUIDELINES

1. The employee, who has used the equipment, assumes responsibility for seeing it is cleaned and/or disinfected/sterilized.
2. If an item cannot be cleaned, it cannot be disinfected or sterilized.
3. Policies, practices, procedures and standards for the care and handling of equipment shall be reviewed regularly.
4. Records shall be maintained on employee training on the care and handling of equipment shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
5. Training Records shall be kept for 3 years from the date of training.


CROSS-POLICY REFERENCES

1. Oxygen Therapy
2. Care of Urinary Catheters

REFERENCES

1. Centers for Disease Control and Prevention's (CDC)
2. Occupational Safety and Health Administration (OSHA)



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Care of Urinary Catheters

PURPOSE

To provide guidelines to employees, who work with catheterized clients, to prevent urinary tract infections.

DEFINITIONS

1. Urinary Catheter

A urinary catheter is any tube system placed in the body to drain and collect urine from the bladder.

2. Indwelling Catheter

An indwelling catheter is a tube, usually made of rubber or silicone, which remains in the bladder, at all times, to drain urine.

3. Foley Catheter

A Foley catheter is a catheter held in the bladder by an inflatable balloon.


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring that employees are familiar with, and apply, proper cleaning/care procedures when working with clients who have catheters to protect them from developing urinary tract infections.

PROCEDURES


1. Only Registered Nurses shall insert or remove catheters.
2. Non medical employees shall be responsible for:
 - a. cleaning catheters; and,
 - b. emptying and cleaning drainage bags.
3. Cleaning the Catheter
 - a. Cleanse once per shift or more frequently, if required.
 - b. Wash hands and wear disposable gloves.
 - c. Ensure privacy and advise client what is being done and why.
 - d. Cover the client with a bath blanket and use a bed protector.
 - e. Perform peri-care prior to cleansing, after bowel movements, and/or when vaginal drainage is present.
 - f. Separate labia or retract foreskin. Check for crusts, abnormal drainage or secretions.



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- g. Cleanse the catheter using soap, water, and clean cloth. Wipe from the meatus (opening at the end of the urethra) downward about four inches. Repeat as necessary using a new cloth each time.
- h. Rinse well to ensure all soap is removed.
- i. Avoid pulling on catheter.
- j. Ensure catheter is secured properly. i.e.:
 - i. tape the catheter to the inner thigh leaving enough slack so it does not cause friction at the urethra;
 - ii. ensure urine flows freely, that there are no kinks in the tubing, and that the patient is not sitting or lying on the tubing;
 - iii. coil the tubing and attach securely to bed linens or chair;
 - iv. keep the drainage bag below the bladder to prevent urine from flowing backward into the bladder; and,
 - v. ensure there are no leaks where the catheter connects to the drainage bag.
- 4. Emptying the Drainage Bag
 - a. Empty the drainage bag at the end of each shift or as needed.
 - b. Wash hands and wear disposable gloves.
 - c. Place a paper towel on floor and set graduate container on it.
 - d. Open the clamp on the bottom of the drainage bag.
 - e. Allow all urine to drain into the graduate container being careful not to let the drain touch the inside of the container.
 - f. Close the clamp and replace the clamped drain in the holder on the bag.
 - g. Measure urine. Record amount of output (1 ounce = 30 ml.) and color of urine (e.g. “dilute”; “amber”; “concentrated”; “tea”; “cranberry” or other.) Note anything present in urine such as blood, crystals, stones, or particles. Note any foul odors.)
 - h. Be careful when changing the drainage bag to prevent urine from spilling.
 - i. Be alert for any leakage, particularly at the point where the catheter and drainage bag connect.
 - j. Do not place drainage bag directly onto the floor but instead put it on a stand that prevents contact with the floor.
- 5. Cleaning the Emptied Drainage Bag
 - a. Wash hands and wear disposable gloves.
 - b. Rinse emptied drainage bag with water. (Use syringe, if available, as it enables water to be inserted into bag more easily.) Insert 6 syringes (about 12 ounces) of water.
 - c. Discard “rinsing” water from bag.



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- d. Prepare a solution of water and soap (6 syringes of water and 2 squirts of soap) in one bowl. Insert into bag and swish around bag.
 - e. Discard soapy solution from bag.
 - f. Rinse bag with 6 syringes of water.
 - g. Discard rinsing water from bag.
 - h. Mix a solution of ½ cup vinegar and 6 syringes of water in second bowl.
 - i. Insert vinegar solution into drainage bag.
 - j. Gently swirl the vinegar solution around drainage bag to wet the entire inside.
 - k. Leave vinegar solution in drainage bag until the bag is to be used.
 - l. When drainage bag is needed, empty vinegar solution.
 - m. Change urinary bags when necessary and in accordance with the manufacturer's directions
6. Document all catheter care/cleaning in the client's record.


GUIDELINES

1. Ensure that the connection between the catheter and the drainage system is not broken.
2. Empty the urine bag frequently.
3. Ensure urine flows freely and that it does not back up into the bladder.
4. Change the urine bag, according to the manufacturer's instructions.
5. Wash hands and wear clean, non sterile gloves before handling a catheter.
6. Wash hands in accordance with employer's policy on "*Hand Washing*" after touching a catheter.
7. Educate clients/families about prevention of urinary catheter infections.
8. Regularly review policies, practices, procedures and standards for cleaning and caring for urinary catheters.
9. Employees shall be educated and trained on urinary catheter care, including their purpose, handling and cleaning.
10. Records shall be maintained on employee training on urinary catheter care and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
11. Training Records are to be kept for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Care and Handling of Equipment




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REFERENCES

1. Department of Health and Human Services (HHS)



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Hygienic Measures in the Home

PURPOSE

To employ high standards of sanitation in the home to ensure infections are controlled and clients/families/employees/other individuals do not become contaminated.

DEFINITIONS

1. Hygienic Measures

Hygienic Measures are processes taken to maintain health and prevent disease, especially by being clean and sanitary.


POLICY

Infinity of Page Home Health Services, LLC utilizes *Universal Precaution* standards, practices and techniques in clients' homes to prevent clients/families/employees/other individuals from becoming infected.

PROCEDURES


1. General Cleaning
 - a. Keep work areas in a clean and safe condition.
 - b. Wash work areas routinely.
 - c. Mop or wipe hard surfaces with disinfectant.
 - d. Wash soft surfaces with hot water and detergent.
 - e. Wear gloves when bleach or detergent are used.
 - f. Pay particular attention to items, which are handled during the provision of care.
 - g. Wear gloves when cleaning.
 - h. Wash hands with hot water and soap for 15 seconds after gloves are removed.
 - i. Use separate cleaning utensils and cloths for toilets, to prevent cross-infections.
 - j. If taps have not been used for a few days, allow the hot water to run for a few minutes to flush out the taps and showerheads.
2. Dishes
 - a. Clean, using standard methods i.e. either:
 - i. wash with hot water, soap and scrub brush as required -- then rinse thoroughly; or,
 - ii. wash in a dishwasher.
 - b. Wash cutlery thoroughly, with hot water and detergent, after every use.
 - c. Thoroughly clean cutlery after use and before it is used by a different person.



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3. Reservoirs
 - a. Toilets shall be flushed regularly, with a minimum to 15 – 17 liters to prevent the build-up of microbial contamination from the bowl and surface of the bowl.
 - b. Regularly clean the toilet and flushing rim with a cleaning disinfectant.
 - c. Clean toilet after each bout of diarrhea and/or vomiting, if client is infected.
 - d. If a client has a compromised immunity system:
 - i. water blocks may be used to continually maintain a low contamination level in the toilet; and,
 - ii. sinks and basins shall be disinfected regularly.
 - e. Drains on sinks, showers/tubs, basins shall be cleaned and disinfected regularly.
 - f. Humidifiers shall be re-filled daily and disinfected weekly using hydrogen or other suitable disinfectant.
 - g. Nebulizers shall be rinsed immediately with safe water after use and be thoroughly dried.
 - h. Personal Hygiene
 - i. All persons shall be given their own toothbrush, drinking glass, towels, wash cloths, razor, toothbrush, combs and other personal care items.
 - ii. Fingernails shall be clean, well cared for and not longer than ¼ inch.
 - iii. Artificial fingernails shall not be worn.
 - iv. Nail polish shall not be chipped.
 - v. Nail jewelry shall not be worn.
 - vi. Bathe, wash hair and brush teeth regularly.
 - vii. Cover the nose and mouth when coughing, sneezing and/or blowing.
4. Walls, Floors and Furnishings
 - a. Clean all surfaces regularly by vacuuming, sweeping and washing with detergent.
 - b. In most cases, clean with water and detergent.
 - c. Where mold is evident, use bleach.
 - d. Vacuum carpets regularly.
 - e. Keep household dampness to an acceptable level.
 - f. Surfaces which are prone to dampness shall be cleaned and disinfected.
 - g. Floors made of plastic materials (e.g. linoleum) should be sealed to prevent water from seeping through the cracks.
 - h. If blood, vomit or feces have come in contact with walls, floor and/or furnishings, clean and disinfect the area exposed unless that type of cleaning will be harmful – in that case, have it professionally cleaned.
5. First Aid and Accidents



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- a. Administer First Aid quickly, when required, and if trained to do so.
 - b. Administer first aid quickly, when required, and if trained to do so. Follow aseptic techniques as specified in First Aid training.
 - c. Mouthpieces shall be used when administering “mouth-to-mouth” resuscitation.
 - d. Resuscitation devices shall be discarded as soon as they are used.
 - e. Resuscitation devices, which are not disposable, shall be cleaned and disinfected as soon as they are used.
 - f. Feminine hygiene products and bandages or Kleenex used in self-administered first aid (bloody nose, small cut) shall be disposed of in the regular garbage.
6. Indoor Air Quality
- a. Maintain good ventilation throughout the home.
 - b. Keep surfaces free from dust and other contaminants.
 - c. Encourage clients/families to ensure their environments have acceptable humidity levels.
 - d. Clients/families who have immunity-compromised systems, are at potential risk because:
 - i. air conditioners may bring in contaminants from outside the home (e.g. fungal spores) and,
 - ii. renovation work may release particles and spores into the air.
7. Water Quality
- a. If water quality is not considered to be adequate for safe consumption and/or hygienic purposes, consult the Public Health Authority for directions.
 - b. If Public Health authority is not available, use bottled/commercial water until water can be tested for the presence and identity of contaminants.
 - c. If commercial water is obtained, ensure it is collected handled and stored properly:
 - i. avoid hand contact with water during collection and transport;
 - ii. avoid continually topping up water in storage vessels;
 - iii. when empty, storage vessels shall be thoroughly rinsed with safe water;
 - iv. store water in home for the shortest period possible;
 - v. If a storage vessel has been seriously contaminated:
 - thoroughly scrub and clean the surfaces; and,
 - rinse the surfaces with a solution of 26-53 mg of chlorine/quart (25–50 mg of chlorine/liter). The chlorine and water solution must have had a contact period of 24 hours.
8. Hand Washing
- Follow techniques in Agency policy on “*Hand Washing*”.



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9. Sharp Objects
Follow techniques in Agency policy on “*Sharp Objects*”.
10. Household Equipment
Follow techniques in Agency policy on “*Care and Handling of Equipment*”.
11. Clothing and Linen
Follow techniques in Agency policy on “*Laundry*”.
12. Blood and Body Substance Spills
Follow techniques in Agency policy on “*Blood and Body Substance Spills*”.
13. Food Preparation
Follow techniques in Agency policy on “*Food Safety*”.
14. Garbage
Follow techniques in Agency policy on “*Household Wastes*”.

GUIDELINES


1. Policies, practices and techniques for taking hygienic measures in the home shall be reviewed regularly.
2. Spot checks should be conducted to determine if sanitary practices meet industry standards.
3. Employees shall be educated and trained on home sanitation.
4. Records shall be maintained for employee training on home sanitation and shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
5. Training Records are to be kept for 3 years from the date of training.

CROSS-POLICY REFERENCES

1. Hand washing
2. Sharp Objects
3. Care and Handling of Equipment
4. Laundry
5. Blood and Body Substance Spills
6. Food Safety
7. Household Wastes


REFERENCES



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3. Center for Disease Control and Prevention (CDC)
4. Occupational Safety and Health Administration (OSHA)
World Health Organization (WHO)



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Food Safety

PURPOSE

To follow safe practices when handling, cooking and storing food to better prevent food borne illnesses, to ensure infections are controlled and to prevent clients/families/employees/other individuals from becoming contaminated.

DEFINITIONS

1. Food Safety Hazard

A food safety hazard is a physical, chemical or biological component, which may cause a food to be unsafe for human consumption.

2. Biological Hazard

A biological hazard includes microorganisms that are viral, bacterial or parasitic in origin.

3. Chemical Hazard

A chemical hazard may result when high levels of toxic chemicals are naturally occurring in food or are added during the processing of food.

4. Physical Hazard

A physical hazard can result from injury or illness when foreign objects are found in food. They can be caused by contamination or by substandard procedures, which are followed during the selling, processing or serving of food.

POLICY


Infinity of Page Home Health Services, LLC shall follow *Universal Precautions* and *US Food and Drug Administration* guidelines when handling, cooking, and chilling food when working in clients' homes.

PROCEDURES

1. Body Cleanliness:


- a. High standards of personal hygiene shall be maintained.
- b. Hands shall be washed with soap and hot water:
 - i. before working with food;
 - ii. frequently, when working with food;
 - iii. after touching poultry meat and fish;
 - iv. after using the bathroom;
 - v. after changing diapers;
 - vi. after assisting children with toileting activities; and,



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- vii. before eating.
 - c. If an injury occurs to the hand, the open wound shall be covered with a water-proof bandage(s).
 - d. Employees, who have infected wounds or sores, shall not work with food.
 - e. Employees, who have colds, shall not work with food.
 - f. Disposable gloves shall be worn when handling food.
 - g. Hair nets shall be worn when working with food.
 - h. Employees shall not smoke, eat or drink where there is unprotected food.
 - i. Employees shall never cough or sneeze over food.
 - j. Employees, who have gastric upsets or who have been overseas, shall see their doctor and not work with food until they are deemed to be healthy.
2. Surface and Utensil Cleanliness:
- a. Utensils, dishes, pots & pans and cooking equipment shall be clean before work is commenced.
 - b. Clean and sanitize when working.
 - c. Keep all equipment and surfaces clean.
 - d. Report any cleaning, sanitizing, pest control or maintenance matters to the Supervisor.
 - e. Cooking and eating utensils shall be washed with soap and hot water after usage.
 - f. Different utensils shall be used every time food is tasted during the cooking and serving process.
 - g. Cutting boards shall be cleaned by:
 - i. washing thoroughly with hot water and soap;
 - ii. scrubbing with a brush; and,
 - iii. sanitizing by either putting them through a dish washer cycle or by washing them with a solution of 1 teaspoon chlorine bleach to 1 liter of water.
3. Prevention of cross-contamination:
- a. Separate cutting boards shall be used for:
 - i. fruits/vegetables; and,
 - ii. meat/poultry/fish;
 - b. Smooth cutting boards that are made of hard maple or a non-porous material, such as plastic and free of cracks and crevices, shall be used.
 - c. Raw meat, poultry and fish must never come in contact with other foods.
4. Safe Cooking Temperatures:
- a. Food shall be cooked to a safe temperature:
 - Seafood 45° F. or 63° C.



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- Ground or Flaked Fish 155° F. or 68° C.
 - Stuffed Fish..... 165° F. or 74° C.
 - Lamb Beef, and Veal 145° F. or 63° C.
 - Ground Pork and Beef 160 ° F. or 71° C.
 - Ground Chicken or Ground Turkey 165° F. or 74° C.
 - Poultry Breasts 170 °F. or 77° C.
 - Whole Poultry and Thighs 180 °F. or 82° C.
 - Eggs..... 160° F or 71° C.
- b. Ready-to-eat food (ham, wieners, sausages, deli meats, etc.) shall be heated to a point where they are steaming before they are eaten.
 - c. Hot foods shall be kept at temperatures above 140° F. (60°C.)
 - d. Refrigerate hot foods, as soon as possible, but within two hours after cooking.
 - e. Food that has been out of the refrigerator for more than two hours shall be discarded.
 - f. Precautionary practices shall be utilized to ensure egg safety:
 - i. purchase only refrigerated eggs;
 - ii. keep eggs refrigerated until ready to use;
 - iii. cook eggs thoroughly until the yolk and white are firm and not runny;
 - iv. scramble eggs until all visible liquid egg has disappeared.
 - v. ensure that pasta dishes and stuffing, which contain eggs, are cooked thoroughly.
 - vi. use only pasteurized eggs for recipes that don't include cooking.
5. Safe Chilling Temperatures:
 - a. Cool foods shall be kept at temperatures of 40° F. (4.4° C.) or less.
 - b. Refrigerators shall be kept at 40° F. or less.
 - c. Food shall be refrigerated quickly but within 2 hours of cooking or obtaining.
 - d. Food requiring refrigeration, especially dairy products, meat, fish, and poultry shall not be left out of the refrigerator for long periods of time
 - e. Frozen foods shall be thawed in the refrigerator.
 - f. Leftovers shall be dated and consumed within three to five days after preparation.
 - g. Sink drains, and their connecting units, shall be sanitized periodically by pouring a solution of 1 teaspoon of chlorine bleach in 1 quart of water down the sink.
 6. Food shall be thawed:
 - a. in the refrigerator;
 - b. under cold running water; or,
 - c. in the microwave.



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7. When using a microwave:
 - a. cover the food;
 - b. flip the food half way through cooking;
 - c. rotate the food, if there is no turntable;
 - d. after cooking, let stand for recommended standing time; and
 - e. ensure there are no cold spots left in food before eating.
8. When marinating food, keep it in the refrigerator.
9. Clean raw produce by rinsing well in cold water.
10. Place meat, fish, poultry and seafood in the freezer unless they are going to be consumed within two days of purchase, in which case they may be refrigerated.


GUIDELINES

1. Employees handling and/or preparing food shall take a “*Food Safety*” course preferably prior to employment, or as soon after employment commences as possible.
2. Employees shall comply with these standards on food safety.
3. Policies, practices and techniques for food safety shall be monitored regularly.
4. Employees shall receive annual refreshers/in-services on food safety.
5. Records shall be maintained on employee refreshers/in-services on food safety, which shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
6. Training Records shall be kept for 3 years from the date of training.

REFERENCES

1. U.S. Food and Drug Administration (FDA)
2. Center for Disease Control and Prevention (CDC)
3. Occupational Safety and Health Administration (OSHA)



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Infectious Diseases in the Community

PURPOSE

To provide knowledge to employees/clients/families/other individuals on infectious/communicable diseases that arise in the community, which could threaten their health and safety and to give direction on how to effectively and efficiently control them.

DEFINITIONS

1. Infectious Diseases

An infectious disease is an illness caused by a specific infectious agent or its toxic produces, which can be passed on from one individual to another. It may be transmitted directly from one body to another, without the help of other objects such kissing, sexual contact, droplet spray from sneezing, coughing, spitting, singing or talking. It may be passed indirectly when an object transmits the organism. Objects of transmission could be utensils, food, water, milk, clothing, linens, air, soil or insects. They include, but are not limited to:

- Malaria
- Strep Throat,
- Influenza (the flu)
- HIV/Aids
- Measles
- Mumps
- Rubella
- SARS
- Tuberculosis
- Common Cold
- Chicken Pox
- Conjunctivitis
- Hepatitis (A,B,C)
- Lice
- Ringworm
- Scabies
- Scarlet Fever
- Sexually Transmitted Diseases
- Yeast Infections


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the safety of its employees/ clients/families/other individuals, by establishing procedures for responding to the infectious/communicable diseases and for protecting the privacy of infected persons, in accordance with federal/state and local laws.

PROCEDURES

1. Employees, who become aware of an infectious/communicable disease, shall:




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- a. report any confirmed occurrences of infectious diseases to supervisor/management;
- b. follow the policies and procedures for infection control; and,
- c. take recommended training or refresher training for infection control.
2. Upon becoming aware of the infectious/communicable disease, Supervisor shall:
 - a. report it to the Local Health Authority, in accordance with Center for Disease Control and Prevention’s (CDC) mandate;
 - b. follow all medical advice from the appropriate health authority;
 - c. advise employees about its existence; and, review measures for dealing with it;
 - d. remind employees about the infectious/communicable disease policy including:
 - i. an overview of the policy; and,
 - ii. the location of the written policy.
 - e. provide general information and infections control measures to clients/families; and,
 - f. ensure that infection control practices are followed.
3. Should exposure to a blood-borne disease occur, Supervisor and employees shall follow the procedures outlined in *Reporting and Recording Exposure to Blood-borne Diseases*.
4. Supervisor shall ensure a “*Post Exposure Incident Report for Blood-borne Diseases*” is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties.
5. Supervisor and employees shall respect the privacy rights of individuals who have contacted an infectious/communicable disease.
6. Supervisors and employees shall not discriminate against individuals who have contracted an infectious/communicable disease or who have positive antibodies to a blood-borne disease.

GUIDELINES

1. Supervisor is responsible for ensuring the policy is followed.
2. Employees shall be given information on infectious/communicable diseases and their control measures.
3. Employees shall receive training on infectious/contagious diseases upon initial assignment and annually thereafter.
4. Training for infectious/contagious diseases shall include:
 - a. what infectious/contagious diseases are, how they are contacted, how they are transmitted and how they are controlled;



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- b. Occupational Safety and Health Administration (OSHA) standards;
 - c. Universal Precautions
 - d. employer’s policies and procedures;
 - e. employer’s exposure control plan;
 - f. personal protective equipment;
 - g. engineering and work practice controls.
5. Training records shall include:
- a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
6. Records are to be maintained for 5 years from the date of training.
7. Clients/families/other individuals who have/been exposed to infectious/contagious diseases shall be given basic information including what infectious/contagious diseases are, how they are contacted, how they are transmitted and how they are controlled.

CROSS-POLICY REFERENCES

- 1. Infection Control
- 2. Universal Precautions
- 3. Blood-borne Diseases
- 4. Exposure Control Plan for Blood-borne Diseases
- 5. Recording and Reporting Exposure to Blood-borne Diseases


FORMS

- 1. Post Exposure Incident Report for Blood-borne Diseases

REFERENCES

- 1. Center for Disease Control and Prevention (CDC)
- 2. Department of Health and Human Services (HHS)



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Employees with Infectious Diseases

PURPOSE

To protect employees/clients/families/other individuals, as much as possible, from the effects of infectious/communicable diseases and to minimize the exposure of susceptible persons to contagious individuals.

DEFINITIONS

2. Infectious/Communicable Diseases

An infectious/communicable disease is a disease that can be spread directly or indirectly from one living thing to another. They include, but are not limited to:

- Malaria
- Strep Throat,
- Influenza (the flu)
- HIV/Aids
- Measles
- Mumps
- Rubella
- SARS
- Tuberculosis
- Common Cold
- Chicken Pox
- Conjunctivitis
- Hepatitis (A,B,C)
- Lice
- Ringworm
- Scabies
- Scarlet Fever
- Sexually Transmitted Diseases
- Yeast Infections

POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees/clients/families/other individuals by educating them about infectious/communicable diseases and by establishing guidelines and procedures for their management, in accordance with federal, state and local law authorities.


PROCEDURES

1. Employees, who have potentially contagious conditions, shall comply with the following work restrictions:
 - a. Diarrhea

Employees shall avoid providing direct client care if they have an acute illness, which:


 - i. is severe;



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- ii. presents with other symptoms including abdominal cramps, bloody stools or fever; or,
- iii. lasts longer than 24 hours.
- b. Salmonella
 - Employees should not care for high risk clients until stool cultures, on two consecutive specimens, indicate that Salmonella-is not present.
- c. Group A Streptococcal Disease
 - i. Employees, who have a sore throat shall:
 - consult with a doctor; and,
 - if the doctor suspects strep throat, shall have a throat culture, if recommended.
 - ii. Employees, suspected of having a group A strep infection, shall not be involved in direct client care until infection is ruled out by test or until 24 hours after commencing effective therapy.
- d. Infectious Conjunctivitis
 - i. Employees shall avoid direct contact with clients until the discharge stops.
- e. Respiratory Infections
 - i. Employees, who have respiratory infections and are producing large amounts of secretions, shall not work.
 - ii. Employees, who have milder respiratory infections, and work shall:
 - wash their hands every time they touch their own secretions and before providing direct care to a client; and,
 - wear a mask and change it at least every half hour or if it becomes wet.
- f. Varicella (chickenpox) or Zoster (shingles)
 - i. Employees who do not have immunity to either of these infections shall not provide care to the client during the incubation period.
 - ii. Employees, who don't know whether or not they have immunity, can be checked for antibodies by having a blood test.
- g. Genital Lesions
 - i. Employees, who have lesions on their genitals, shall not have work restrictions.
- h. Hand Lesions
 - i. Employees, who have lesions on their hands, shall not provide direct client care until all the lesions have healed.
- i. Mouth & Face Lesions
 - i. Employees, who have multiple facial lesions, shall not provide client care until all the lesions have healed.




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2. Employees shall:
 - a. see their doctor if they are not feeling well;
 - b. obtain advice from their doctor;
 - c. report any suspected infectious/communicable diseases to the Supervisor.
 - d. before returning to work, provide the Supervisor with a doctor's certificate, which certifies that the employee poses no risk to co-workers/ clients/families, as a result of the communicable disease;
 - e. obtain recommended immunizations (unless prohibited for personal/legitimate reasons);
 - f. maintain strict personal hygiene;
 - g. not harass or victimize infected co-workers, with current or previous contagious diseases.
 - h. follow the policies and procedures for infection control; and,
 - i. take recommended training for infection control.
3. Supervisor shall:
 - a. determine if the infectious/communicable disease has been reported to the local Health Authority, in accordance with the Center for Disease Control and Prevention's (CDC) mandate; and, if not, ensure that it is reported;
 - b. follow medical direction and practice based on current information;
 - c. consider the well-being of the community;
 - d. respect the confidentiality and requirements of the employee;
 - e. conform to local health laws concerning reporting, testing and immunization;
 - f. ensure that appropriate documentation of current immunizations for all employees is on file/submitted.
 - g. not compromise the occupational health and safety of other employees/clients/families;
 - h. make notations in the infected employee's file;
 - i. ensure infected employees are not discriminated against, should the condition(s) become known;
 - j. protect the infected employees' privacy; and,
 - k. ensure a "*Post Exposure Incident Report for Blood-borne Diseases*" is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties.

GUIDELINES



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1. Employees/clients/families should have a knowledge of risk factors for the presenting infectious/communicable disease, which includes:
 - a. The nature of the risk, i.e. how the disease is transmitted;
 - b. The duration of the risk, i.e. how long the carrier is infectious;
 - c. The severity of the risk, i.e. the degree the potential harm to third parties; and,
 - d. The probability that the disease will be transmitted and will cause varying degrees of harm.
2. Employees shall receive training on infectious/contagious diseases during orientation, upon initial assignment, as required and as annual refreshers.
3. Training for infectious/contagious diseases shall include:
 - a. what infectious/contagious diseases are, how they are contacted, how they are transmitted and how they are controlled;
 - b. Occupational Safety and Health Administration (OSHA) standards;
 - c. Universal Precautions;
 - d. employer's policies and procedures;
 - e. employer's exposure control plan;
 - f. personal protective equipment; and,
 - g. engineering and work practice controls.
4. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
5. Records are to be maintained for 3 years from the date of training.


CROSS-POLICY REFERENCES

1. Universal Precautions
2. Infection Control
3. Blood-borne Diseases
4. Exposure Control Plan for Blood-borne Diseases
5. Recording and Reporting Exposure to Blood-borne Diseases

FORMS

1. Post Exposure Incident Report for Blood-borne Diseases




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REFERENCES

1. Center for Disease Control and Prevention (CDC)
2. Department of Health and Human Services (HHS)



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Clients/Families with Infections Diseases

PURPOSE

To protect all employees/clients/families, as much as possible, from the effects of infectious diseases and to minimize the exposure of susceptible persons to contagious clients, their families and/or others in their household.

DEFINITIONS

1. Infectious/Communicable Diseases

An infectious/communicable disease is a disease that can be spread directly or indirectly from one living thing to another. They include, but are not limited to:

- Malaria
- Strep Throat,
- Influenza (the flu)
- HIV/Aids
- Measles
- Mumps
- Rubella
- SARS
- Tuberculosis
- Common Cold
- Chicken Pox
- Conjunctivitis
- Hepatitis (A,B,C)
- Lice
- Ringworm
- Scabies
- Scarlet Fever
- Sexually Transmitted Diseases
- Yeast Infections


POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees/clients/families/other individuals by educating them about infectious diseases and by establishing guidelines and procedures for their management, in accordance with federal, state and local law authorities.

PROCEDURES

1. Employees shall:
 - a. report any suspected infectious/communicable diseases to the Supervisor;
 - b. follow the policies and procedures for infection control;
 - c. advise the Supervisor if they notice that another employee/individual is not following infection control policies and procedures;




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- d. obtain recommended immunizations (unless prohibited for personal/legitimate reasons);
 - e. maintain strict personal hygiene;
 - f. keep the infected client's condition confidential;
 - g. not discriminate against an infected client;
 - h. take recommended training for infection control; and,
 - i. demonstrate their ability to utilize infection control measures before they assume responsibility for care.
2. Supervisor shall:
- a. determine if the infectious/communicable disease has been reported to the local Health Authority, in accordance with the Center for Disease Control and Prevention's (CDC) mandate; and, if not, ensure that it is reported;
 - b. follow medical direction and practice based on current information;
 - c. ensure that all employees working with infected clients are made aware of their conditions;
 - d. not compromise the occupational health and safety of any employee who continues to work with infected clients;
 - e. respect the infected client's confidentiality rights;
 - f. deliver benevolent, nondiscriminatory and compassionate service to the infected client;
 - g. make notations in the infected clients' files;
 - h. ensure that infection control practices are followed;
 - i. conduct regular assessments to ensure infection control precautions are being applied;
 - j. consider the well-being of the community;
 - k. conform to local health laws concerning reporting, testing and immunization;
 - l. ensure that appropriate documentation of current immunizations for all employees is on file/submitted; and,
 - m. ensure a "Post Exposure Incident Report for Blood-borne Diseases" is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties

GUIDELINES

- 1. Employees/clients/families/employees shall be given information on infectious/communicable diseases and their control measures. Employees/clients/families shall



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have a knowledge of risk factors for the presenting infectious/communicable disease, which includes:

- a. the nature of the risk, i.e. how the disease is transmitted;
 - b. the duration of the risk, i.e. how long the carrier is infectious;
 - c. the severity of the risk, i.e. the degree the potential harm to third parties; and,
 - d. the probability that the disease will be transmitted and will cause varying degrees of harm.
2. Employees shall receive training on infectious/contagious diseases during orientation, upon initial assignment to an infected client, as required and as an annual refresher.
 3. Clients/families shall demonstrate their ability to utilize infection control measures before they assume any responsibility for care.
 4. Training for infectious/contagious diseases shall include:
 - a. what infectious/contagious diseases are, how they are contacted, how they are transmitted and how they are controlled;
 - b. Occupational Safety and Health Administration (OSHA) standards;
 - c. Universal Precautions;
 - d. employer's policies and procedures;
 - e. employer's exposure control plan;
 - f. personal protective equipment; and,
 - g. engineering and work practice controls.
 5. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
 6. Records are to be maintained for 3 years from the date of training.


CROSS-POLICY REFERENCES

1. Universal Precautions
2. Aseptic Techniques
3. Infection Control
4. Blood-borne Diseases
5. Exposure Control Plan for Blood-borne Diseases
6. Recording and Reporting Exposure to Blood-borne Diseases

FORMS

1. Post Exposure Incident Report for Blood-borne Diseases




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REFERENCES

1. Center for Disease Control and Prevention (CDC)
2. Department of Health and Human Services (HHS)



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Tobacco Products

PURPOSE

1. To create a safer, healthier and more productive workplace for all employees, contractors, agents and volunteers.
2. To encourage visitors and clients to practice healthy living habits for the promotion of health and prevention of tobacco related illness.
3. To be supportive to any employee, contractor, volunteer or client who chooses to stop using tobacco products.

DEFINITIONS

1. Smoking

Smoking includes inhaling, exhaling or possessing a burning or lighted cigarette, cigar, pipe, electronic cigarette or other smoking equipment.

2. Electronic Cigarette

Electronic Cigarette includes such devices as e-cigarettes, e-pipes, e-cigars; e-hookah, hookah pens and similar apparatus.

3. Staff


“Staff” shall include this Agency’s managers, office workers, in-home workers, employees, contractors, agents and volunteers.

POLICY

Infinity of Page Home Health Services, LLC is concerned about the health, welfare and safety of its staff and clients and promotes a smoke-free environment through the implementation of the following measures:

1. Smoking and/or the use of smokeless tobacco and electronic cigarettes is prohibited on all Agency premises and in Agency owned and/or rented vehicles used for operational purposes.
2. Staff, visitors and clients shall not smoke in areas designated as smoke-free.
3. Chewing tobacco shall be prohibited due to the possibility of blood borne pathogens being present.
4. Clients shall be advised about the Agency’s Smoking Policy and if they are willing to cooperate, they shall be informed of their responsibilities. (See Page 3.)
5. Clients who receive services from the Agency in their own homes and/or vehicles shall be asked to refrain from smoking activities:
 - a. for at least one hour prior to the expected arrival of the worker; and,
 - b. during the timeframe that the worker is present.



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6. Should a client or others in the home or vehicle, smoke or use e-cigarettes while a worker is delivering care, those individuals shall be politely asked to:
 - a. wait until the worker leaves the home or vehicle; or,
 - b. use another room, which is isolated from the area in which the worker is performing duties.
7. The Agency reserves the right to refuse initial or ongoing service delivery in a client's home or vehicle should the client or other individuals in the home or vehicle not cooperate with the Agency's Smoking Policy.
8. All staff shall be educated on this policy and be advised about the effect smoking has on others.
9. Staff and interested clients shall be offered assistance on obtaining support to reduce and/or eliminate their tobacco dependency.
10. Staff who fail to comply this policy will be subject to normal disciplinary procedures.

PROCEDURES


1. "No Smoking" signs shall be posted at each entrance of the Agency office.
2. "No Smoking" signs shall be visible in all vehicles owned and rented by the Agency for operational purposes
3. All complaints about staff and/or other individuals smoking in areas which are designated as smoke-free shall be investigated.
4. Visitors on Agency premises, who breach the policy, shall be asked to stop smoking. Should they fail to comply, they shall be asked to leave the premises.
5. Clients and others in the home, who use tobacco, may be offered assistance with obtaining withdrawal support, if appropriate.

Procedural Responsibilities of Staff

It is the responsibility of all staff members to:

1. ensure they adhere to the Smoking Policy and encourage their co-workers to do the same.
2. ensure that visitors and clients do not smoke in smoke-free places and vehicles.
3. report incidents of smoking in smoke-free areas and vehicles.
4. comply with the policy and recognize that noncompliance may result in disciplinary action.
5. contact the Supervisor should a client or other individual continue smoking in the home or vehicle after being politely asked to refrain.



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- attend all Agency scheduled training and information sessions on smoking-related topics.

Procedural Responsibilities of Clients

Clients who are willing to cooperate with the Agency’s Smoking Policy shall be informed of their responsibilities that include, but are not limited to ensuring that:

- their homes and or vehicles will be smoke-free for at least one hour before the worker is scheduled to arrive.
- the work environment remains smoke free during the timeframe that the worker is present.
- smoking is conducted in an isolated room should it become necessary that the client or other individual smoke.
- smoking does not take place in a room that contains oxygen equipment.

RECORD KEEPING

- The Agency Supervisor shall be responsible for ensuring a record is maintained of all breaches to this policy.
- Training and information sessions held on the Smoking Policy and the effects of smoking shall be recorded on the individual employee’s Training Record.


TRAINING

All staff shall be informed and trained on the details of this policy during orientation, annual reviews and/or on an “as-needed” basis.

CROSS POLICY REFERENCES

- Standards of Conduct & Work Ethics (Policy & form)
- Disciplinary Action
- Client & Agency Responsibilities (Policy & Form)
- Infection control



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Pregnant Employees

PURPOSE

To provide guidelines for the protection of pregnant employees while performing their job duties.

POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring the health, safety and welfare of its pregnant employees, in accordance with Occupational Safety and Health Administration (OSHA) and National Institute Occupational Safety and Health (NIOSH) guidelines.

PROCEDURES


Employees shall:

1. advise their Supervisor as soon as they become aware of their pregnancy;
2. advise the Supervisor about their intentions regarding continued working;
3. consult with her Physician for advice on what procedures warrant additional protection or avoidance;
4. submit any physician certification of work restrictions or limitations to their Supervisor;
5. strictly adhere to universal precautions;
6. use good hygienic practices;
7. be capable of performing the essential elements of the position, while in a state of pregnancy;
8. if possible, ensure vaccinations are current prior to pregnancy; and,
9. report any unsafe working hazards or conditions to the Supervisor,

Supervisor shall:

1. counsel the pregnant employee quickly, on the hazards the job duties may present;
2. not remove an employee from a hazardous job simply because the employee is pregnant, and the fetus may be affected;
3. if possible, re-assign a pregnant employee to different duties if she is not capable of performing the physical requirements of the existing job;
4. not discriminate against pregnant employees;
5. identify and reduce hazards in the workplace;
6. provide operation-specific training to the employees;




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7. accommodate the pregnant employee’s work restrictions or limitations, as identified by their Physician;
8. avoid assigning pregnant employees clients with known infections, unless the employee has been actively immunized against that infection; and,
9. control exposures to potential hazards through:
 - a. designing or modifying processes;
 - b. implementing or modifying administrative procedures; and/or
 - c. providing and ensuring use of personal protective equipment.

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. National Institute for Occupational Safety and Health (NIOSH)



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Immunizations

PURPOSE

To see that employees/clients/families who are at greatest risk of death from Influenza, Hepatitis B, Tuberculosis and other infectious diseases are protected through the appropriate use of vaccines.

DEFINITIONS

1. Tuberculosis (TB)

Tuberculosis is a potentially fatal bacterial infection caused by a germ, which attacks the lungs, although it can damage other parts of the body as well. TB of the lungs is spread by coughing sneezing and/or talking. Its symptoms may include a bad cough that lasts 3 weeks or longer, coughing up blood or mucus, fever and chills, night sweats, weakness, fatigue and weight loss.

2. Influenza

Influenza is a viral infection of the respiratory system, which can result in severe illness, pneumonia and death. Its symptoms may include cough, sore throat, fever, aching muscles, headache and fatigue. It is spread from person to person through coughing, sneezing and other methods of expelling air from the mouth or nose (e.g. laughing). It can also be spread through direct contact with a contaminated item (e.g. tissues, utensils).

3. Hepatitis B (HBV)

Hepatitis B is a serious disease usually caused by a virus, although it can also be caused by abuse of alcohol or other toxins. The virus can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. It can be transmitted from person to person through blood and other bodily fluids. Its symptoms may include malaise (a general ill feeling), muscle aches, fever, nausea, loss of appetite, vomiting, diarrhea and jaundice (yellowing of the skin and whites of the eyes).


a. Titer Check for Hepatitis B

Titer Check for Hepatitis B is a blood test used to determine the presence and level of specific antibodies, which will indicate whether an individual has sufficient immunity against Hepatitis B.

4. Vaccination

A vaccination is an inoculation given as a precaution against contracting a specific disease.



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POLICY

Infinity of Page Home Health Services, LLC is committed to protecting the health and safety of its employees/clients/families through the effective use of immunizations, by developing an immunization policy, which is in accordance with guidelines and regulations established by the Center for Disease Control (CDC), Occupational Safety and Health Administration (OSHA) and by the State Health Department. Requirements for immunizations and testing are:

1. Tuberculosis Skin Testing

The successful candidate(s) (and all employees) shall be examined for Tuberculosis by undergoing skin tests, unless they are known to be positive reactors, in which case they shall have a chest x-ray instead. The terms of the Agency’s policy on *Health Screening & Immunizations Policy* shall be followed.

2. Tetanus & Diphtheria

The successful candidate(s) (and all employees) shall have/have had Tetanus and Diphtheria toxoid immunizations, follow-up by having had/shall have boosters every 10 years


3. Hepatitis Series.

- a. The successful candidate(s) (and all employees) shall be offered the Hepatitis B series of vaccination within 10 days of commencing employment, at no cost to them, unless:
 - i. they have already received the vaccine; or,
 - ii. they elect to undergo tests for antibodies. Employees are responsible for any costs associated with the antibody test.
- b. Employees shall complete and sign the Agency’s “*Request or Decline a Hepatitis B Vaccine*” form.

GENERAL IMMUNIZATION PROCEDURES

- 1. Employees shall:
 - a. become familiar with the agency’s immunization policy;
 - b. shall be knowledgeable about the repercussions of not having immunizations;
 - c. understand the work consequences, should immunization be declined; and,
 - d. submit copies of their medical/immunization records, which have been signed by their Health Care Provider, at the time of hiring;
- 2. Supervisor shall:



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- a. ensure that all potential employees/employees are informed of the need for immunizations;
- b. ensure that all potential employees/employees are made aware of the agency’s policy on immunizations;
- c. strongly encourage employees to obtain effective, infectious disease immunization unless they:
 - i. have medical contraindication, in which case, written confirmation from the employee’s Health Care Provider is required; and/or,
 - ii. have religious objection; and/or,
 - iii. sign and submit an informed declination form.
- d. advise employees, who decline immunization, about the consequences of not being immunized, which may include:
 - i. exclusion from work; or,
 - ii. the requirement to take medication, as determined necessary by local health authorities.
- e. follow-up with employees to ensure they:
 - i. obtain the required annual immunizations; and,
 - ii. keep their immunizations current.
- f. ensure the required forms are completed and signed;
- g. ensure that current copies of employee immunization records are signed by their Health Care Provider and are kept in the employee’s personnel file.
- h. work with Public Health officials to track and report community evidence of infectious diseases.


TUBERCULOSIS IMMUNIZATION PROCEDURES

1. The requirements and procedures of the Agency’s *Tuberculosis Control Policy* shall be followed.

INFLUENZA IMMUNIZATIONS PROCEDURES

1. Employees shall be informed about the benefits of influenza immunization and be strongly encouraged to receive influenza immunization annually.
2. Employees, who decline influenza immunization, shall read and sign the “*Declination of Influenza Vaccination*” form provided by the *Immunization Action Coalition*. A copy of the signed form shall be placed on the employee’s personnel file.



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HEPATITIS B IMMUNIZATION PROCEDURES

1. Supervisor shall oversee the Hepatitis B Vaccination guidelines:
 - a. The HBV vaccine and vaccination series shall be made available to all employees:
 - i. who have occupational exposure;
 - ii. at no cost; and,
 - iii. at a reasonable time and place.
 - b. Vaccinations shall be performed by, or under the supervision of a licensed Physician/Health Care Professional.
 - c. HBV vaccine shall be made available to all employees after they receive training about the vaccine and within 10 working days of initial assignment unless the employee:
 - i. has immunity or,
 - ii. has medical contraindications.
 - d. Employees shall not be required to undergo a prescreening test to receive the vaccine.
 - e. Employees shall complete the “*Request or Decline Hepatitis B Vaccine*” form. A copy of the signed form shall be placed on the employee’s personnel file.
 - f. Employees, who decline Hepatitis B vaccines, shall be permitted to receive them at a later date, should they change their minds.
 - g. Employees shall be offered Hepatitis B booster doses, if and when United States Public Health Service (USPHS) recommends them.

GUIDELINES

1. Individuals working as home care workers shall be considered at risk for contracting and transmitting infectious diseases.
2. In accordance with the Center for Disease Control and Prevention (CDC) guidelines, the following infectious diseases shall be considered essential for immunization:
 - Tuberculosis
 - Hepatitis B
 - Influenza
 - Rubella (Measles),
 - Chickenpox (Varicella),
 - Mumps,
 - Tetanus,
 - Diphtheria,
 - Pertussis (Whooping Cough)
 - Meningitis



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3. Immunization against other infectious diseases shall be applied in accordance with recommendations made by health authorities, on an “as needed” basis.
4. Employees shall be educated about the importance of influenza immunization and its low risk of adverse effects.
5. Copies of employees’ medical/immunization records shall be signed by their Health Care Providers and be kept in their personnel files.
6. Employee medical/immunization records shall be kept confidential.

CROSS POLICY REFERENCES

1. Tuberculosis


FORMS

1. Declination of Influenza Vaccination
2. Request or Decline Hepatitis B Vaccine

REFERENCES

1. Occupational Safety and Health Administration (OSHA)
2. Center for Disease Control (CDC)
3. State Health Department



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Incident Reporting

PURPOSE

1. To ensure that timely and efficient criteria and processes are identified for reporting, investigating, reviewing and tracking staff incidents, in accordance with State and Federal regulations;
2. to inform management about the incident so measures can be taken to prevent similar incidents from occurring again;
3. to alert the management that an investigation may be needed;
4. to help identify weaknesses in the Agency’s risk management policies and procedures to prevent more serious incidents from happening;
5. to ensure appropriate attention is given to incidents;
6. to give a “heads up” to the insuring agent that a potential claim may be filed; and,
7. to help establish a defense for claims that may be presented years after an incident occurs.

DEFINITIONS

1. Incident

For purposes of this policy, an incident is any occurrence or accident, which has or could have resulted in an injury/illness to an employee, client or a member of the general population. Incidents may also be:

- a. a complaint relating to the care/support delivered by a service provider;
- b. damage to equipment;
- c. equipment failure; or,
- d. aggression.


A client’s predictable and regular behaviours are not considered to be incidents unless physical assault is involved.

POLICY

It is the policy of **Infinity of Page Home Health Services, LLC** that all incidents that result in personal injury or illness and/or property damage shall be properly reported and investigated. These operating procedures shall be followed to ensure that incidents are reported in a timely manner, that all are thoroughly identified and that appropriate corrective actions are taken:

1. This policy is designed for non-medical home care services. Should the Agency also provide any health care services (e.g. nursing) and/or there are other factors, which require reporting, investigating and documenting incidents to the Occupational Safety




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and Health Administration (OSHA), the Agency shall follow OSHA regulations and use OSHA forms.

2. The Agency shall comply with OSHA standards and report to OSHA all on-the-job accidents that result in one or more fatalities or the hospitalization of 3 or more employees within 8 hours of the incident.
3. Where there has been an incident involving a client/employee/family/volunteer in the client's home, in the Agency Office or out in the community, while performing services for/with a client, an "Incident Report" shall be initiated at the time of the incident by the witness or staff member with primary involvement.
4. All incidents shall be investigated with the aim of developing recommendations to prevent the recurrence of similar incidents.
5. The Agency shall ensure the integrity of its incident investigation by making certain the investigation is:
 - a. objective;
 - b. thorough; and,
 - c. commences as soon after the incident occurs as possible.
6. The Agency shall maintain an *Incident Reporting Log*, in accordance with state/federal regulations, which shall be made accessible, at any time, to state licensing & certification staff and other authorities.
7. Should the Agency not be required to use federal/state/other designated authority forms, the Agency's "Incident Report" and "Incident Reporting Log" shall be used for documenting incidents.
8. The Agency shall keep all incident documentation for a minimum of 5 years and make it available for inspection by representatives of Occupational Safety & Health Administration (OSHA), Department of Health & Human Services (DHHS), or the designated state agency.
9. If the Agency is required to report incidents to OSHA/DHHS/other designated authorities, they shall be reported within the designated timeframes to avoid legal and financial consequences.
10. The Agency shall ensure that details for incidents, involving temporary or contract workers, are documented and maintained using the same procedures that are utilized for regular employees.
11. The Agency shall ensure that all employees, who are involved in an incident, are assessed for early return to work; and, where indicated, shall ensure that medical clearance to return to work is obtained.
12. The Agency shall, wherever possible, offer modified work assignments to employees who are injured or become ill on the job.



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13. The Agency shall provide a supportive environment to protect the privacy of employees who report incidents.

14. The Agency shall keep the name of the individual, who voluntarily reported an incident, confidential and shall assure legal protection to that person unless misconduct or criminal acts have occurred.

PROCEDURES


1. The Agency Manager shall assume overall responsibility for ensuring:
 - a. enforcement authorities receive reports of all incidents, accidents and ill health occurring on the job site, in accordance with federal, state and other legal requirements;
 - b. all incidents are properly reported and investigated, in accordance with this operating procedure and/or, when applicable, in accordance with OSHA requirements;
 - c. the insurance representative is contacted for advice, when indicated, on whether an incident should be reported, and a claim submitted to the insurer.
2. The Agency Manager shall:
 - a. establish an internal *Health and Safety Committee*, and/or,
 - b. arrange for the Agency to partner with external health and social programs for the purpose of overseeing health and safety issues, where legislatively required.
3. When an incident or “close call” occurs, the first course of action shall be to:
 - a. protect the victim from further harm;
 - b. determine the existence of any injury;
 - c. determine the extent of any injury; and,
 - d. seek appropriate treatment.
4. Any contributing factors (e.g. equipment, chemicals, etc.) shall be immediately contained and/or rendered inoperable to make the area safe.
5. Any material evidence, related to the incident, shall be kept and protected for investigative purposes.
6. The employee involved and/or witnesses shall report any work related incident to the Supervisor, as soon as possible, but no later than the end of the employee’s regular work shift.
7. The individual involved in the incident shall provide an explanation and a rationale to the Supervisor as to why the incident occurred.
8. When injury is sustained, or other pertinent situations exist, the Supervisor shall notify



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- the injured person’s next-of-kin or other relevant individual.
9. Immediately following an incident, the person, who was directly involved in the incident, shall initiate an “*Incident Report*”.
 10. If a client/family reports an injury to an Agency employee, that employee shall initiate the “*Incident Report*”.
 11. Other individual(s), who were either involved in the incident or who witnessed the incident, shall each complete a separate “*Incident Report*”.
 12. If a medical service provider, who is not employed by this Agency, witnesses an incident”, this Agency shall not assume responsibility for completing the “*Incident Report*”.
 13. Incident details shall be documented on the “*Incident Report*” and given to the Supervisor, within 24 hours of the incident, for review and investigation.
 14. The Supervisor shall normally be responsible for investigating incidents unless, alternate investigative person(s) or organization(s) are legally required to do so.
 15. Individuals responsible for conducting investigations shall have training and/or experience in that field.
 16. Investigation of incidents shall not be undertaken by individuals:
 - a. who are directly involved in the incident;
 - b. whose testimony is incorporated in the investigation;
 - c. who are supervised by the person:
 - i. who is alleged in the investigation; or,
 - ii. who is the spouse, significant other or immediate family member of anyone involved in the investigation.
 17. Should the Agency contract with another Agency/Organization to conduct the investigation, the contract Agency/Organization shall not have any involvement or stake in the outcome of the investigation and the outcome shall be binding.
 18. The Supervisor shall implement corrective measures immediately, should the investigation reveal such actions are necessary.
 19. The Supervisor shall ensure that every reasonable measure is taken to reduce the chances of the incident happening again;.
 20. Following the investigation, the Supervisor or others conducting the investigation shall:
 - a. provide comments on the “*Incident Report*”;
 - b. enter the incident on the “*Incident Reporting Log*”;
 - c. give the “*Incident Report*” to the Agency Manager for review, comment and/or action; and,
 - d. initiate a Worker Compensation Report, if indicated.




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21. Should the Agency provide services that require reporting to OSHA, the OSHA official forms shall be obtained from OSHA and used in place of the Agency's forms for documenting incident details.
22. When legally required, the Supervisor shall report the incident to the Hotline and/or other designated authorities, within stipulated timeframes and formats.
23. The Supervisor shall ensure incidents involving clients are documented on the nursing report and on the client care record.
24. The nursing notes shall contain relevant clinical information which will enable those individuals involved with the client's care to be aware of the:
 - a. incident;
 - b. medical and nursing action(s) taken; and,
 - c. client's response to both the incident and the intervention.
25. The Supervisor shall maintain the Agency's "*Incident Reporting Log*" on the types of incidents that occur to employees for purposes of documenting details and identifying trends.
26. The Supervisor and/or Safety Committee shall meet every 3 months, or more frequently if needed, in part to:
 - a. review all "*Incident Reports*" for details;
 - b. review the "*Incident Reporting Log*" to identify trends;
 - c. determine whether particular occurrences were preventable;
 - d. assess the effectiveness of any interventions implemented; and,
 - e. document any and all corrective actions, recommendations and follow-up measures, deemed necessary.
- f. The "*Incident Report*" and "*Incident Reporting Log*" shall be kept confidential and filed in a secure location in the Agency Office

GUIDELINES

1. The following principles shall be applied when completing an "Incident Report":
 - a. use ink to document details;
 - b. information should be objective, clearly written and concise;
 - c. report what is seen or heard and not what others experienced;
 - d. use precise and descriptive language;
 - e. describe only what was heard and/or seen and the actions taken to provide care/first aid at the time.;
 - f. provide facts only and not opinions or assumptions. Later on, opinions and assumptions can be given verbally to the Supervisor;



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- g. provide all essential information including name of individual(s) involved, location, time date;
- h. document observations of individual affected (color, consciousness level, vital signs etc.);
- i. document what happened and what the end result was for the individual(s) involved;
- j. document any unusual occurrences witnessed; and,
- k. document relevant details of any action by the individual involved in the incident;
2. The “*Incident Report*” should be thought of as one method of assessing the quality of care that is provided.
3. The Supervisor shall advise staff during orientation about:
 - a. incident reporting,
 - b. types of incidents that should be reported ;
 - c. reporting time frames for incidents/accidents;
 - d. processes and procedures related to incidents;
 - e. protective devices required for specific tasks; and,
 - f. monitoring health and safety.
4. Training sessions shall be held on an ongoing basis to enable staff to review incident reporting practices and keep current with changes in legislation
5. Details of all incident training sessions shall be recorded on the Agency’s Master Training Record and on the individual employee’s training record.
6. Training records shall include:
 - a. dates when training was given;
 - b. summary on what training was given;
 - c. names and credentials of person(s) providing the training; and,
 - d. names and positions of people attending the training sessions.
7. Records shall be maintained for 3 years from the date of training.


CROSS POLICY REFERENCES

1. Abuse Neglect & Exploitation
2. Reporting and Recording Exposure to Blood-borne Diseases

FORMS

1. Incident Report
2. Incident Reporting Log
3. Staff Record of Training




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REFERENCES

1. Department of Labor (DOL)
2. Occupational Safety and Health Administration (OSHA)
3. Department of Health and Human Services (DHHS)
4. Office for Human Research Protections (OHRP)



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Financial Management System

PURPOSE

To ensure there is a system in place to accurately and efficiently account for the Agency's financial transactions, revenues, expenditures, assets, liabilities, equity and legal obligations.

DEFINITIONS

1. Accrual Method of Accounting

The Accrual Method of Accounting is one of the two most common accounting methods, wherein income is reported in the tax year earned, whether or not received, and deductions are claimed in the tax year incurred, whether or not paid. The other method of accounting is the cash method.

2. Chart of Accounts

A Chart of Accounts is a listing of a company/agency's accounts and their corresponding numbers.

3. General Ledger

A General Ledger lists a company/agency's financial accounts, including debits, credits and balances and is used for financial statement preparation and for tax filing.


POLICY

Infinity of Page Home Health Services, LLC shall maintain an effective financial management system to improve short and long-term business performance by streamlining invoicing and bill collection, eliminating accounting errors, minimizing record-keeping redundancy, ensuring compliance with tax and accounting regulations, helping personnel to quantify budget planning, and offering flexibility and expandability to accommodate change and growth.

PROCEDURES


1. The Owner/Manager/Administrator or designee shall be responsible for the establishment and maintenance of the Agency's financial management system.
2. Bookkeeping support may be provided by other staff, as designated.
3. Monthly reports shall be made to the Owner/Manager/Administrator covering, at a minimum:
 - a. receipts;
 - b. disbursements;



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- c. receivables; and,
 - d. payables.
4. Financial activities shall be separated as follow:
 - a. The check signer(s) shall not be the person who writes checks or who does the bookkeeping.
 - b. Bank statements shall be reconciled by someone other than the check signer or check writer.
 - c. Deposit documentation and reconciliations shall be prepared by a person other than the one who recorded the receipts.
 5. Agency assets shall be safeguarded as follows:
 - a. A proper filing system shall be maintained for all financial records.
 - b. All excess cash shall be kept in an interest-bearing account.
 - c. Bank statements shall be promptly reconciled on a monthly basis.
 - d. Documents, on all fixed assets, shall be kept in a locked, fire-proof cabinet.
 - e. Appropriate insurance for all assets shall be obtained and maintained.
 6. Accounting practices shall include:
 - a. prompt, accurate, and complete recording of revenues and expenses;
 - b. an inclusive and descriptive Chart of Accounts;
 - c. timely billings;
 - d. timely payment of financial obligations;
 - e. policies for recognizing revenues and expenses; and,
 - f. disbursement and receipt of monies.
 7. Accounting records shall be kept up-to-date and balanced on a monthly basis, as confirmed by:
 - a. reconciliation of the bank statement and subsidiary records to the General Ledger. Subsidiary records include, but are not limited to: accounts receivable, accounts payable, and equipment;
 - b. up-to-date posting of cash receipts and disbursements;
 - c. monthly updating of the general ledger; and,
 - d. review of the bank reconciliation by at least two personnel, one of whom is not involved in maintaining the accounting records.
 8. Where applicable, the Agency makes timely payments to, the following taxing authorities:
 - a. the Internal Revenue Service (IRS);




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- b. state and local employment bodies; and
 - c. Federal Insurance Contribution Act (FICA)
9. Payroll practices shall comply with federal and state wage and hourly rates.
10. Annual financial statements shall be in accordance with Generally Accepted Accounting Principles (GAAP).
11. The Agency shall use the Accrual Method of Accounting.
12. All financial records shall be retained for the mandated time period.

REFERENCES

1. Internal Revenue Services (IRS)
2. Federal Insurance Contribution Act (FICA)
3. Generally Accepted Accounting Principles (GAAP)



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Service Rates & Fees

PURPOSE

To state the Agency's policy with respect to the approval and application of rates and fees for services.

DEFINITION

1. Rate

Rates are fixed prices paid or charged for something such as goods or services; i.e.: the basic charges an Agency levies for different services.

2. Fee

Fees are payments made in exchange for advice or services; i.e.: the payment made to the Agency for services delivered by the Agency.

3. Third-Party Check


A Third-Party Check is double endorsed; i.e.: it is in the name of one person, but it's cashed or deposited into the account of another. For example, if a client has a social security check from the government and he/she uses it to make a payment to an agency, it can be thought of as a Third-Party Check.

POLICY

1. Infinity of Page Home Health Services, LLC has established rates for fee charges for the various types of services it delivers.
2. The Agency's service fees are based on:
 - a. the type of service delivered;
 - b. 12 hour days or nights; and/or,
 - c. live-in or live-out arrangements.
3. The Agency does not charge for the initial visit and/or assessment.
4. Effective 01-01-2020 the Agency's service rates/fees are as follows:

Service	Minimum Hours	Fees
Homemaker	1	22
Companion/Sitter	1	18
Personal Care	1	22
Friendly Reminder/ Reassurance	1	17
Respite	1	18
12 Hour Day		
12 Hour Overnight		



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5. The Agency’s charges for Statutory Holidays shall be at a rate 1 ½ times the standard rate.
6. The Agency recognizes the following Statutory Holidays:
7. The Agency’s fee/rate structure shall be consistently applied.
8. The Agency shall accept payment for services in the form of: checks or money orders
9. New rates/fees and revisions to established rates/fees must be approved by the Agency Owner/Manager/Administrator.
10. Rates are subject to change upon two weeks written notice.


PROCEDURES

1. The Owner/Manager/Administrator shall be responsible for establishing fees for service.
2. The Owner/Manager/Administrator shall regularly review fee structure to determine if changes are required.
3. All clients shall be informed of the costs prior to the commencement of services.
4. The service cost(s) shall be specified in the *Service Agreement - Client & Agency*.
5. A deposit may be required in some situations.
6. If a deposit is required, clients shall be notified in advance of the need for and the amount of the deposit.

FORMS

1. Service Agreement - Client & Agency



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Cash Disbursements

PURPOSE

To outline the Agency's cash disbursement practice(s) to measure the amount of money that's actually flowing out.

DEFINITIONS

1. Cash Disbursements

Cash disbursements, (also called cash payments), are payments made by a company during a specified period, such as quarter or year. It includes payments made by cash and cash equivalents such as checks or electronic fund transfers. Each entry on the cash disbursements page should include the date, amount, payment method and purpose of the transaction.

2. Cash Disbursements Journal

A Cash Disbursements Journal is a special log, in which all cash paid out for supplies, merchandise, salaries, and other items is recorded.

3. General Ledger

A General Ledger lists a company/agency's financial accounts, including debits, credits and balances and is used for financial statement preparation and for tax filing.

4. Stop Payment Orders


Stop Payment Orders are directions given by customers instructing financial institutions to refuse payment when presented with a specific draft or check that they have written. Stop payment Orders cannot be performed on Check Card transactions.

POLICY

Infinity of Page Home Health Services, LLC. has procedures in place to govern the initiation, authorization, and review of its expenditures:

1. All checks, credit/purchase cards, access to bank accounts and statements, etc. shall be secured and controlled by the Agency Owner/Manager/Administrator.
2. Access to accounting records shall be limited to only those individuals given authorization by the Agency Owner/Manager/Administrator to access them.
3. Expenditure transactions must be approved by the Agency Manager/ Administrator.
4. All expenditures made using cash, checks, credit/purchase cards, electronic fund transfers, etc. shall be recorded in the Agency's accounting records.
5. Passwords shall be established on user access to the accounting system.
6. Checks shall be made payable to specified payees and never to "cash" or "bearer."




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7. All disbursement activity should be substantiated by supporting documents. Documents shall be available and demonstrate that proper disbursement controls are in place; e.g.: signatures for approval, purchase orders, receipts, invoices, reimbursement forms, travel forms, journal entries and reconciliations.
8. Purchases of goods or services with Agency funds for personal use or personal gain are strictly prohibited.
9. Bank and credit card statements shall be reviewed, and accounts reconciled in a timely manner.
10. The Agency Owner/Manager/Administrator shall thoroughly review cash disbursements quarterly.

PROCEDURES


1. Agency Owner/Manager/Administrator:
 - a. shall be responsible for signing all checks; and,
 - b. may assign a staff member to prepare checks for his/her signature.
2. The process for cash disbursements shall be as follows:
 - a. When invoices are received, they shall be stamped with the date they are received.
 - b. Staff member, who prepares checks for signature, shall forward prepared checks and supporting documentation (e.g. approved invoices, check requests) to the Owner/Manager/Administrator.
 - c. Owner/Manager/Administrator shall review the checks and supporting documentation prior to signing the checks.
 - d. Once the checks have been signed, all supporting documentation shall be stamped "PAID", noting the check numbers and the date.
 - e. Signed checks are mailed to the persons/organizations, which submitted the invoices.
 - f. Copies of signed checks, with supporting documentation attached, shall be filed by vendor, in alphabetical order.
3. The Cash Disbursements Journal shall, on a timely basis, be:
 - a. prepared, using the Check File; and,
 - b. posted to the General Ledger, using the Cash Disbursements Journal.
4. If processing errors occur, when checks are written, a line shall be drawn diagonally across incorrect checks and the word, "VOID", shall be written on them.
5. All voided checks shall be kept in a file in numerical order for audit purposes.
6. Stop Payment Orders:



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- a. shall be issued for checks that are lost in the mail or need cancellation for other valid reasons; and,
- b. shall be processed via telephone instruction to financial institutions with written authorization being given by Agency personnel with signature authority.



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Cash Receipts

PURPOSE

To outline the Agency's policy for handling cash receipts.

DEFINITIONS

1. Cash

This policy defines cash as checks, currency, coins, money orders, credit/debit card payments and wire transfers.

2. Cash Receipts Journal

A Cash Receipts Journal is a special log in which all cash received, from sales, interest, rent, or other sources, is recorded.

3. General Ledger

4. A **General** Ledger lists a company/agency's financial accounts, including debits, credits and balances and is used for financial statement preparation and for tax filing.


POLICY

Infinity of Page Home Health Services, LLC requires all cash receipts be transmitted directly to accounting. Access to cash receipts is restricted to a limited number of persons. The collection, handling and depositing of cash receipts requires the approval of the Agency Administrator/Manager.

PROCEDURES

1. Documents enclosed with mail shall be date stamped or initialed by the employee opening the mail.
2. All checks and cash receipts received by mail-ins or by walk-ins shall be issued a receipt, immediately, using the Agency's Receipt Book:
 - a. Receipts shall indicate the method of payment (e.g. cash, check, etc.).
 - b. A copy of the receipt shall be given to walk-ins or sent via mail to mail-ins.
 - c. All receipts shall be strictly accounted for.
 - d. If a receipt is voided, all copies of the receipt should be maintained in the Receipt Book and be clearly marked "VOID".
3. All cash received shall be recorded on a Cash Receipt form, which lists:
 - a. the date the cash is received;
 - b. who sent the cash;
 - c. the check number; and,




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- d. the amount received.
- 4. The total dollar amount recorded on Cash receipt forms shall be balanced daily to the total funds collected.
- 5. A cash report shall be prepared weekly
- 6. Any shortages/overages shall be investigated and corrected, where possible, and the reasons for shortages/overages shall be noted.
- 7. All cash receipts shall be deposited in the bank weekly
- 8. Cash receipts, which are not deposited and are kept in the Agency office overnight, shall be locked up in a secure place.
- 9. Cash receipts shall be posted to the Cash Receipts Journal daily.
- 10. The Cash Receipts Journal shall be posted to the General Ledger at least monthly, before the end of the accounting period.
- 11. Cash Receipt records shall be maintained in accordance with Internal Revenue Service (IRS) regulations.

GUIDELINES

- 1. Two individuals should be involved in the cash receipt process:
 - a. one person to handle the funds received (checks, cash, etc.); prepare deposits and make deposits; and,
 - b. another person to reconcile the deposits to the receipts.
- 2. Cash receipts should be safeguarded through the use of safes, locks, etc. and should be kept in restricted access areas.



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Billings & Receivables

PURPOSE

To ensure that an adequate system of internal control over the management and collection of accounts receivable procedures is maintained.

POLICY

Infinity of Page Home Health Services, LLC has established procedures for managing billings, processing, and collecting receivables within designated time periods.


DEFINITIONS

1. **Accounts Receivable**
Accounts Receivable refers to the amount of money owed to an agency/company for services or merchandise it sold or delivered to its clients.
2. **Accounts Receivable Ledger**
An Accounts Receivable Ledger is a listing of detailed accounts devoted to each client that shows how much each client owes. Each transaction that generated a receivable is listed under that client and a balance by client is determined.
3. **General Ledger**
A General Ledger lists a company/agency's financial accounts, including debits, credits and balances and is used for financial statement preparation and for tax filing.

PROCEDURES

1. All rates for services shall be established and approved by the Manager/ Administrator.
2. Clients shall be billed based on agreement daily to weekly
3. All billings for services shall be approved in advance by authorized personnel.
4. The Owner/Manager/Administrator or designee shall,
 - a. on a timely basis :
 - i. prepare all billings and invoices, in accordance with its billing period;
 - ii. record the billing/invoice in the Accounts Receivable Ledger;
 - iii. post the Accounts Receivable Ledger to the General Ledger, utilizing the billing/invoice copies.
 - b. On a monthly basis, reconcile the Accounts Receivable Ledger to the General Ledger.
 - c. initiate collection procedures on all invoices older than 30 days.
 - d. maintain all receivable records in a locked file cabinet.



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- e. inform clients of the Agency’s billing procedures and payment methods.
- 5. Payment shall be due upon receipt of the bill/invoice.
- 6. Payment for services rendered shall be made by check, money order, cash or credit card.
- 7. The Agency shall not accept checks, which have been endorsed to it or to any of its employees.
- 8. Clients shall be informed of the billing cycle,
- 9. Accounts receivable shall be followed up on at 30 and 60 day intervals after the initial invoice was sent. If invoices remain unpaid, after 60 days, clients shall be denied further services until such time as their bills are paid in full.
- 10. Agency performed audits and impromptu audits shall be regularly scheduled and conducted to monitor false claims and fiscal abuse activities. Internal audits shall include:
 - a. compliance with state and federal regulations;
 - b. compliance with Agency policies and procedures;
 - c. compliance with billing procedures;
 - d. adequacy of internal controls, including:
 - i. billing processes;
 - ii. cash receipts;
 - iii. payment postings;
 - iv. write-offs; and,
 - v. refunds.


CROSS POLICY REFERENCES

- 1. Continuous Quality Improvement
- 2. False Claims

REFERENCES

- 1. Federal Deficit Reduction Act of 2005, Section 6032



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Payroll

PURPOSE

To ensure timely and accurate payroll processing.

DEFINITIONS

1. Payroll Register

A Payroll Register is a multi-column form that has many columns, which contain and summarize payroll information (amount of money paid to employees less deductions). Information includes employee's name, regular hours, sick hours, overtime hours, federal income taxes withheld, medical insurance deductions, union dues, gross pay, and net pay. The payroll register may be used as a supplementary record or as a special journal.


POLICY

Infinity of Page Home Health Services, LLC has procedures in place to ensure the payroll process is managed in an accurate, timely and consistent manner.

PROCEDURES


1. The Agency's pay period covers a 14 day timeframe, which starts at 12:01 am on the first Sunday and ends at 12 Midnight on the second Saturday.
2. Employees' wages shall be in accordance with their job descriptions.
3. Employees are paid only for the hours they work.
4. Hours worked are tracked in 15 minute increments. Time ranging from 1 - 7 minutes is rounded down whereas time ranging from 8 - 14 minutes is rounded up, in accordance with the *Fair Labor Standards Act* (FLSA) regulations.
5. Payday is every second Thursday and occurs 26 times a year.
6. Mandatory payroll will be made in accordance with federal and state laws. Deductions include:
 - a. Federal Income Tax;
 - b. Social Security and Medicare (FICA); and,
 - c. State Income Tax
7. Personnel files shall be maintained at the Agency office for all employees.
8. All personnel salaries/wage rates shall be authorized by the Owner/Manager/Administrator.



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9. Changes in employment shall be authorized by the Owner/Manager/Administrator.
10. Hours worked shall be tracked in 15 minute increments. Time ranging from 1 - 7 minutes is rounded down whereas time ranging from 8 - 14 minutes is rounded up, in accordance with , FLSA regulations.
11. All hours worked by employees, in a specific time period, shall be documented on the Agency's *Employee Time Sheets*.
12. Employees shall ensure that the forms are filled out completely and include the clients' names, dates and hours of service, types of service provided, employee's name and pay period.
13. Falsifying or altering data are grounds for immediate termination of employment.
14. All hours worked, and type of service performed shall be verified and signed by clients, before the *Employee Time Sheet* is submitted to the Supervisor
15. 'Employee Time Sheets, which are not filled out correctly and/or completely will be returned to the employee.
16. .Employees shall be paid only for the hours they have worked.
17. Supervisor shall review and approve the *Employee Time Sheets* and attendance records for each employee.
18. Supervisor submits the approved *Employee Time Sheets* to the Manager/ Administrator or designee for further review and authorization for payment.
19. Owner/Manager/Administrator Office Manager or designee shall prepare the payroll:
 - a. by referring to the approved *Employee Time Sheets* and salary/wage rates for each employee; and,
 - b. by using pre-numbered checks.
20. Once the payroll checks are signed, the payroll is distributed to all employees.
21. Payroll checks shall be recorded in the Payroll Register.
22. All payroll tax checks shall be prepared at the time payroll is prepared. The payroll taxes are paid when due.
23. Employees, who use personal/private vehicles for delivering service to clients shall also complete and submit the Agency's *Personal/Private Vehicle Mileage Sheet*, for mileage accrued. These sheets shall be verified and signed by clients.
24. The *Employee Time Sheet* and the *Personal/Private Vehicle Mileage Sheet* shall cover the same pay period.



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GUIDELINES

1. *Time Sheets* are to be filled out at end of each shift and the client's signature/initial obtained leaving the home.
2. *Time Sheets* are not to be left in the client's home.
3. Time Sheets are to be filled out completely and include the clients' names, dates and hours of service, types of service provided, your name and pay period.
4. Any breaks taken during the regular workday. e.g. personal time off; appointments, lunch breaks, etc. shall be documented.
5. *Time Sheets* that are not filled out correctly and/or completely will be returned.
6. Falsifying or altering data are grounds for immediate termination of employment.
7. *Time sheets* for work performed during these periods must be submitted no later than the close of office hours on Wednesdays.
8. Pay checks will be ready for pickup at the Agency Office anytime during office hours on the Thursday of pay week.

CROSS-POLICY REFERENCES

1. Private & Agency Vehicles
2. Overtime
3. Employee Compensation

FORMS:

1. Employee Time Sheet
2. Personal/Private Vehicle Mileage Sheet

Bank Reconciliations


PURPOSE

To reconcile each account monthly and to track all outstanding items, including discrepancies, to satisfactory resolution in a timely manner.

DEFINITIONS

1. **Bank Reconciliations**
A Bank Reconciliation is the process of making sure a bank statement, checkbook, and books (ledger, journal, etc.) all agree and is usually conducted at the end of each month.



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2. **Bank Book**
A Bank Book refers to the pass book of the depositor, in which the receiving teller writes the separate deposits. The bookkeeper enters the paid checks at stated intervals.
3. **Bank Statement**
A Bank Statement is a statement that shows the balance in a bank account at the beginning of the month, the deposits, the checks paid, other debits and credits during the month, and the balance at the end of the month.
4. **General Ledger**
A General Ledger lists a company/agency's financial accounts, including debits, credits and balances and is used for financial statement preparation and for tax filing.

POLICY

Infinity of Page Home Health Services, LLC has established procedures for reconciling banking statements on a monthly basis.


PROCEDURES

1. Every cash account shall be reconciled on a monthly basis.
2. Bank Reconciliations shall be conducted by the Owner/Manager/Administrator or designee.
3. Owner/Manager/Administrator or designee shall keep:
 - a. a record of all bank transactions;
 - b. a listing all checks disbursed; and,
 - c. a record of all receipts deposited on a daily basis.
4. The Agency's Bank Book shall show the current bank balances for all bank accounts.
5. On a monthly basis, the Owner/Manager/Administrator or designee shall reconcile the Bank Statements to the Bank Book and note any discrepancies.
6. All discrepancies shall be resolved with the bank, if necessary.
7. The Bank Book shall be adjusted as needed.
8. The Bank Book shall be reconciled to the General Ledger cash accounts on a monthly basis. Continuous Quality Improvement

PURPOSE

1. To ensure that quality improvement processes and activities are regularly conducted for ongoing agency and client service improvement and,



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2. to ensure adherence to federal and state regulations and Agency policies procedures and Standards of Conduct.

DEFINITIONS

1. Continuous Quality Improvement

Continuous Quality Improvement (CQI) is an organizational process in which personnel identify, plan, and implement ongoing improvements in service delivery. CQI provides a vital way to assess and monitor the delivery of services to ensure that they are consistent with an agency's policies & procedures and home care principles & best practices.

POLICY

Infinity of Page Home Health Services, LLC is committed to delivering quality services and promotes a philosophy of continuous quality improvement throughout. The Agency develops and implements quality improvement processes and activities, which are used to monitor performance and evaluate and improve the delivery of client services.


PROCEDURES

1. The Owner/Manager/Administrator shall be responsible for establishing, maintaining and implementing a continuous quality improvement system/plan.
2. All employees shall:
 - i. be involved in CQI;
 - ii. receive orientation and training related to CQI; and,
 - iii. bear a responsibility for CQI.
3. Clients, families and employees shall be involved in decision-making, regarding quality improvement activities.
4. When issues are identified, employees shall be consulted, and corrective action shall be taken to resolve the problem or issue.
5. Regular staff meetings shall be held, and information shall be shared to ensure that an acceptable level of quality control is maintained.
6. The effectiveness of any corrective actions taken shall be evaluated by the Manager/Administrator, using feedback from everyone involved.

Quality Control Measures

- 1 Activities used in maintaining quality control shall include, but not be limited to, the following:



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- a. Human Resource Management
 - i. All candidates for employment shall be carefully screened prior to hiring including conducting a criminal background check on them.
 - ii. Clients shall receive service and care from employees who have the necessary knowledge, training, experience, skills and qualifications to provide safe, ethical and effective service.
- b. Supervision
 - i. All homecare workers shall be supervised on a regular basis, which includes in-home assessments of practical skills when delivering personal care services.
 - ii. Assessments shall be performed on a semi-annual basis and more frequently, if necessary.
- c. In-home Visits

Supervisor shall make regular, in-home visits to all clients, who receive personal care, to:


 - i. review the service plan;
 - ii. determine effectiveness of service; and,
 - iii. determine client satisfaction with the services provided.
- d. Client Satisfaction with Implemented Services
 - i. The *Client Satisfaction with Implemented Services* form shall be completed every 3 months to discuss the services being provided by the Agency and clients' satisfaction with these services.
 - ii. The information submitted shall be analyzed and corrective actions shall be taken if it is determined that changes are required to the services in place.
 - iii. Changes shall be documented, and the *Care Plan* adjusted, as indicated.
- e. Client Record/Documentation Audit
 - i. Supervisor shall review client records, prepared by the home care workers, to ensure that the client records are complete and that the services provided are consistent with the Agency's policies and procedures.
 - ii. Client records shall be reviewed on a quarterly basis
- f. Review of Supervisor Reports

Administrator/Manager shall review Supervisor reports on a quarterly basis to ensure that employees are following the Agency's policies and procedures and that a high level of care is being maintained.
- g. Client Complaints and Incident Reports

Client Complaints and Incident Reports shall be reviewed on a regular basis to:

 - i. ensure that quality control measures have been taken;



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- ii. ensure that correct processes were followed; and,
 - iii. measure staff judgment and performance against established standards.
- All incidents and complaint shall be documented on a log, maintained in the Agency Office.
- h. Customer Service Survey
 - i. The *Customer Services Survey* shall initially be conducted within 90 days from the implementation of services and annually, thereafter.
 - ii. The *Customer Service Survey* form shall be utilized to obtain feedback on clients' satisfaction with the Agency's Customer Service practices.
 - iii. The information submitted shall be analyzed and corrective actions shall be taken if it is determined that customer services are in need of improvement


Agency Audits

1. Agency audits shall be conducted by the Compliance Officer, who shall be properly trained, in accordance with audit specifications and acceptable auditing procedures.
2. The Agency Manager shall ensure Auditors are without conflict of interest.
3. Agency operations audits and impromptu audits shall be regularly scheduled and conducted to assess:
 - a. compliance with state and federal regulations;
 - b. compliance with Agency policies and procedures;
 - c. compliance with billing procedures;
 - d. adequacy of internal controls, including:
 - i. billing processes;
 - ii. cash receipts;
 - iii. payment postings;
 - iv. write-offs; and,
 - v. refunds.

False Claims and Fiscal Abuse Monitoring (Refer to Policy: *Compliance with Federal Deficit Reduction & False Claims Acts*)


1. To ensure adherence to all related laws, regulations and Agency policies, the Compliance Officer/Designee is responsible for the ongoing monitoring of billings to Medicaid for fraud, abuse and/or false claims practices which:
 - a. are inconsistent with proper business, fiscal or medical practices;
 - b. result in the reimbursement of services that are not medically necessary;
 - c. result in unnecessary costs to Medicaid and Medicaid and,



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- d. fail to meet professionally recognized standards for health care.
2. At the end of each fiscal year, the Agency's shall conduct an internal audit to review:
 - a. accounts receivable,
 - b. delinquent accounts;
 - c. admissions;
 - d. payments;
 - e. reimbursements; and,
 - f. staff expenses.
3. The Audit Report shall include:
 - e. what was audited;
 - f. the names & positions of the individual(s) who conducted the audit;
 - g. date of audit;
 - h. notation of any issues;
 - i. investigation of any issues;
 - j. recommendations for corrective actions and follow-ups.
4. The Audit Report shall be submitted to the Agency Manager for:
 - g. further investigation of any issues, if indicted;
 - h. consideration of submitted recommendations; and,
 - i. provision of additional or different plans of action.
5. The Agency Manager shall sign all Audit Reports to acknowledge he/she has reviewed the report.
6. Investigations
 - a. The Compliance Officer shall coordinate the investigation with the appropriate Supervisor.
 - b. Any violations discovered shall be reported to the Agency Manager and/or the Agency's Board of Directors.
 - c. If indicated, reports of violations, including self-reporting, shall be made to the appropriate authority including:
 - d. the Office of the Inspector General:
 - i. Centers for Medicaid and Medicare Services;
 - ii Medicare Approved Contractors and/or,
 - iii. State Department of Inspection and Appeals.
7. Corrective Actions
 - a. If an Internal investigation discovers that a violation has occurred then corrective actions shall be initiated, to:
 - i. make prompt restitution of any overpayment amounts; and,




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- ii. implement changes to prevent a similar reoccurrence of the violation;
 - b. Depending on the severity and frequency of the violation(s), consequences applied to the individual(s) involved may include:
 - i. re-training,
 - ii. discipline, up to and including termination of employment or contract;
 - iii. prosecution by law.
- 8. Record Maintenance
 - Records shall be maintained for:
 - i. all internal audits conducted;
 - ii. investigation conducted on offenses detected;
 - iii. corrective actions taken; and,
 - iv. follow-up reports on effectiveness of corrective actions.
 - b. All Internal Agency Audit Reports and related records shall be maintained in the Agency Office and shall be made available for mandatory audits by outside authorities.
- 9. Owner/Manager/Administrator shall be responsible for ensuring that all external regulatory standards and all relevant local/state/federal legislation/guidelines are complied with.

GUIDELINES

1. The following model (PDCA) may be used for continuous quality improvement. The *plan-do-check-act* cycle (see below) is a four-step model for carrying out improvement/change and shall be repeated again and again for continuous quality improvement:
 - a. Plan: Recognize an activity, event, procedure etc. that requires improvement and plan the solution/process, which will achieve the desired outcome
 - b. Do: Test the solution/process.
 - c. Check: Measure and review the results.
 - d. Act: Take action by implementing the improved solution. If the solution does not work, repeat the process again with a different solution/process.



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Plan-Do-Check-Act Cycle

2. Evidence of quality improvements shall include, but not be limited to, the following:
 - a. service delivery has improved;
 - b. documentation has improved;
 - c. clients are more informed and satisfied;
 - d. screening and hiring practices have improved;
 - e. liability and risk are reduced;
 - f. safety and well-being of staff, clients and family have improved; and,
 - g. staff training has improved.

CROSS-POLICY REFERENCES

1. Compliance
2. Compliance with Federal Deficit Reduction & False Claims Acts
3. Billings and Receivables
4. Pre-employment Background Checks
5. Performance Appraisals
6. Client Satisfaction Review


FORMS

1. Incident Report
2. Client Satisfaction with Implemented Services
3. Customer Service Survey

REFERENCES

1. Federal Deficit Reduction Act of 2005, Section 6032
2. False Claims Act



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Continuous Risk Management

PURPOSE

To ensure that risk issues related to the agency, employees, clients, and the community are minimized.

DEFINITIONS

1. Risk

Risk is any current or potential adverse or harmful event that can occur. The risk may be the result of people, environment/settings, services and/or equipment.

2. Risk Management

Risk management provides a clear and structured approach to identifying, evaluating and reducing potential risks. Risk management activities are directed toward reducing an agency's legal and financial exposure, especially to lawsuits.


POLICY

Infinity of Page Home Health Services, LLC has processes and practices in place to prevent, manage and reduce risk. Risk issues are identified, monitored, evaluated and addressed in a timely and efficient way.

PROCEDURES

1. All personnel shall be responsible for managing risk.
2. All personnel shall be orientated, trained and/or educated in managing risk.
3. Potential hazards and risks shall be minimized before commencing services in a client's home.
4. Practices and activities to reduce and manage risk shall include, but not be limited to, the following:
 - a. complying with all applicable federal, state, and local laws/regulations and obtaining all necessary licenses for operating;
 - b. conducting prevention, evaluation, risk reduction and monitoring activities;
 - c. conducting an internal assessment of overall risk at least annually that includes:
 - i. compliance with legal requirements, including licensing and mandatory reporting laws and requirements;
 - ii. insurance and liability;
 - iii. health and safety;
 - iv. contracting practices and compliance (if applicable);




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- v. staff training regarding areas of risk;
 - vi. security of information, including client confidentiality;
 - vii. financial accountability and risk; and,
 - viii. employment practices, including conducting criminal background checks and checking credentials and references prior to hiring.
- d. conducting a quarterly review of immediate and ongoing risks, which includes a review of incidents, accidents, client and staff safety issues and complaints/grievances;
- e. annually determining insurance needs and obtaining coverage that is appropriate with the scope and complexity of services. Relevant types of insurance can include:
- i. general liability;
 - ii. Workers' Compensation;
 - iii. employment insurance;
 - iv. fire and theft;
 - v. supplemental health coverage;
 - vi. professional liability;
 - vii. automobile liability;
 - viii. property and casualty;
 - ix. malpractice; and,
 - x. bonding for all staff who sign checks or handle cash, as well as for employees who provide services in clients' homes.
- f. ensuring that all client and Agency information/records are protected against damage, destruction, theft, fire and unauthorized use. All records shall be kept in a safe and secure location.
- g. keeping up-to-date with all risk-related legislation;
- h. exercising the right to refuse provision of services in situations that may pose a risk to the client and/or employee; and,
- i. obtaining/encouraging input from employees about situations that might place the Agency, its staff and/or its clients at risk.
5. The Manager/Administer shall be responsible for implementing, evaluating and monitoring the above mentioned practices and activities.

GUIDELINES

1. The Agency shall manage risk by utilizing the following 5 step risk management process, which will assist making decisions:




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- Step 1. Identify risks which may negatively affect the Agency by asking:
 - a. Who could be at risk?
 - b. What incidents can happen?
 - c. When might these incidents happen?
 - d. How might these incidents happen?
 - e. Where might these incidents happen? And,
 - f. Why might these events happen?
- Step 2. Analyze the risks to determine which ones may have greater consequences/impacts and to determine the likelihood of them occurring. Risk analysis shall involve combining the possible consequences/impacts with probabilities/likelihoods, which result in a 'level of risk'. i.e.:
$$\text{Risk} = \text{Consequence} \times \text{Probability/Likelihood}$$


Risk levels may be classified as "Low", "Medium" or "High".
- Step 3. Evaluate and prioritize risks to determine whether they are acceptable or whether they need to be addressed. Evaluation and prioritization can be conducted by comparing risk levels with previously established criteria and determining if they can be reduced. This results in a prioritized list of risks that require follow-up.
- Step 4. Develop strategies to address and reduce risks by identifying options to either reduce/eliminate negative consequences, or to reduce the likelihood of unfavorable incidences. Options include, but are not limited to, the following:
 - a. prevent the risk from happening;
 - b. decrease the risk;
 - c. transfer the risk elsewhere;
 - d. avoid the risk;
 - e. change the likelihood; and,
 - f. change the consequences.
- Step 5. Monitoring and reviewing of risks shall be conducted to:
 - a. keep on top of the risks;
 - b. analyze the effectiveness of the strategies and system established for their management;
 - c. ensure that changing conditions do not alter risk priorities; and,
 - d. contain and manage new risks.



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2. Owner/Manager/Administrator shall monitor risks and review the effectiveness of the strategies and management system on an annual basis or as indicated.



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Annual & Quarterly Quality Improvement Evaluations

PURPOSE

To provide systematic processes for annual and quarterly Agency evaluations to assure the appropriateness and quality of its services to:

1. ensure policies are being followed;
2. policies are revised, as indicated;
3. problems are identified, and,
4. problem resolutions are implemented.

DEFINITIONS

1. Evaluation

An evaluation shall mean the review and assessment of an agency's/company's operations and services.

POLICY


Infinity of Page Home Health Services, LLC requires that its policies and administrative practices be reviewed regularly to determine the extent to which they promote client care that is appropriate, adequate, effective, and efficient.

Annual Review

The Agency Administrator and/or appropriate, personnel shall conduct at least an annual evaluation of Agency operations. The evaluation shall consist of a documentation review, including, but not limited to, the following:

1. Mission Statement;
2. Program Evaluation;
3. Policies and Procedures;
4. Administrative Files;
5. Payroll Files;
6. Quality and Risk Management - policies and processes;
7. Confirmation of compliance with:
 - a. local/state/federal rules and regulations;
 - b. licensing;
 - c. insurance;
 - d. Workers' Compensation;
 - e. health and safety; and,




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- f. labor requirements.
- 8. Personnel Files;
- 9. Worker Stats
 - a. personnel qualifications;
 - b. number of workers currently employed including:
 - i. full time;
 - ii. part time;
 - iii. casual; and,
 - iv. on call.
 - c. adequacy of staff to meet client needs;
 - d. staff turnover rate;
 - e. type, amount and adequacy of supervision;
- 10. Client Evaluations:
 - 1. number of clients served;
 - a. number of service hours or visits provided;
 - b. client outcomes;
 - c. admission and discharge policies;
 - d. numbers and reasons for non-acceptance of clients;
 - e. reasons for discharge; and,
 - f. arrangements for services with other agencies or individuals.
- 11. Client Files including:
 - a. service records;
 - b. service agreements,
 - c. progress notes
 - d. assessments
 - e. plan of care;
- 12. Emergency Care;
- 13. Scope of Services offered; and,
- 14. Infection Control Practices.

Quarterly Review

- 1. The Agency Administrator and/or Supervisor/Registered Nurse shall conduct a quarterly review of active and closed client records to:
 - a. assure that the quality of service is satisfactory and appropriate; and,
 - b. ensure that Agency policies are followed in providing services.
- 2. The review shall consist of a sample of all home care services provided by the Agency.




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PROCEDURES

1. A summary of the findings shall be prepared in a report, which will provide:
 - a. the names and qualifications of the persons carrying out the evaluation;
 - b. the criteria and methods used to accomplish it; and,
 - c. any action(s) taken by the Agency as a result of its findings.
2. The Evaluation Report will be forwarded to the Agency’s Governing Body and a copy kept on file in the Agency office.
3. The Owner/Manager/Administrator shall be responsible for ensuring that recommendations are acted on, as determined appropriate.



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Red Flag Rule

PURPOSE

To recognize, in advance, "Red Flags" for identify theft in order to better equip staff to spot suspicious patterns when they arise and to take steps to prevent a "Red Flag" from escalating into a costly incident of identity theft.

DEFINITIONS

1. Red Flag Rule

The "Red Flag Rule" came into effect in the U.S.A. on January 1, 2008. It requires many businesses and organizations to implement a written Identity Theft Prevention Program (ITPP) designed to:

- a. detect the warning signs ("Red Flags") of identity theft in their day-to-day operations;
- b. take steps to prevent the crime; and,
- c. lessen the damage identity theft inflicts.

The Program must:

- a. include reasonable policies and procedures for identity theft prevention;
- b. be designed to detect the "Red Flags" identified;
- c. spell out appropriate actions that will be taken when "Red Flags" are detected; and,
- d. address how businesses will re-evaluate the ITPP periodically to handle new risks.

2. Red Flag

A "Red Flag" is symbolic for something that presents a warning signal. For purposes of this policy, a "Red Flag" represents possible identity theft wherein one person uses another person's identifying information to:

- a. obtain goods and services from the Agency, with no intention of paying the bill; or,
- b. seek employment with the Agency.

Fraudulent use of identity creates havoc for consumers, businesses and all parties involved.


3. Identity Theft

Identity theft occurs when someone uses another individual's personally-identifying information, such as his/her name, Social Security number or credit card number, without that individual's permission, to commit fraud or other crimes.

4. Program

For purposes of this policy, "Program" refers to the Agency's written Identity Theft Prevention Program (ITPP).



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5. Creditor

For purposes of this policy, under the "Red Flag Rule", a “creditor” includes any entity that regularly defers payments for goods or services or arranges for the extension of credit. Home Care Agencies, which regularly bill clients for services after service is provided, are considered to be “creditors”. However, Home Care Service Providers, which require payment before or at the time of service, are not “creditors”.

6. Covered Account

For purposes of this policy, under the “Red Flag Rule”, a “covered account” is:

- a. a client’s account that allows multiple payments or transactions; or,
- b. any other account that has a reasonable and predictable chance of being at risk for identity theft.

The accounts, which Home Care Agencies open and maintain for their clients, are generally “covered accounts” under the law.

POLICY


Infinity of Page Home Health Services, LLC shall comply with and administer the *Federal Trade Commission’s* “Red Flag Rule” for identity theft, as it:

1. utilizes Accounts Receivable;
2. creates and maintains clients’ accounts;
3. creates and maintains employee records; and,
4. submits invoices to clients for services provided on an earlier date(s).

PROCEDURES

1. The Agency shall design and implement an Identity Theft Prevention Program (ITPP) in accordance with the *Federal Trade Commission’s* “Red Flag Rule”.
2. The Board of Directors and/or the Agency Manager shall approve the first written ITPP.
3. The Board of Directors and/or Agency Manager shall designate a Senior Staff Member to implement and administer the ITPP.
4. The ITPP shall be flexible to incorporate new identifiers of identity theft and/or to respond to problems identified in the program
5. The Program Administrator shall report, at least annually, to the Board of Directors and/or Agency Manager. This report shall include:
 - a. the effectiveness of the Agency’s ITPP in addressing the risk of identity theft;
 - b. a description of how the practices of Service Providers are being monitored;
 - c. significant incidents of identity theft and responses to them; and,



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- d. recommendations for major changes to the ITPP.
6. All staff shall be trained to detect "Red Flags" during orientation with reviews conducted on an as-needed basis.
7. Any Service Providers that the Agency utilizes shall be required to:
 - a. follow the Agency's Identity Theft Prevention Program; or,
 - b. implement and apply an Identity Theft Prevention Program of their own.
8. A written copy of this Program shall be made available to all staff and shall be kept in an accessible location in the Agency's Administration Office.
9. The Agency shall keep up-to-date on current events and re-evaluate and modify its ITPP if:
 - a. factors change that contributed to its original assessment of Low Risk; and/or,
 - b. changes are made to its business model with respect to its accounts or corporate structure.
10. Should the Agency deal with an identity thief, the Agency shall provide information about the transaction(s) to the thief's victim and to law enforcement authorities, in accordance with the *Fair Credit Reporting Act*.
11. The Agency shall shorten credit and debit card numbers on any electronically printed receipts it uses.
12. The Agency shall properly dispose of any consumer report used for business purposes such as credit reports, background checks, insurance histories, medical histories and residential histories.
13. The Agency shall assess its risk level for identity theft at least annually or, more frequently, if indicated.


FORMS

1. Identity Theft Prevent Identity Management System
 - a. Addendum "B" - Preventing Identity Theft

REFERENCES

1. Federal Trade Commission
2. Fair Credit Reporting Act
3. Red Flag Program Clarification Act of 2010



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Securing Electronic Devices & Confidential Data

PURPOSE

To provide Agency staff with directions on how to secure and protect confidential information uploaded, downloaded or stored on electronic devices.

DEFINITIONS

1. Electronic Devices

For purposes of this policy, electronic devices include computers, Blackberry's, PDA's (Personal Digital Assistants), memory sticks, external hard-drives, cell phones (if they access confidential information) and other drive storage media, used for search, storage or retrieval of confidential information.


POLICY

Infinity of Page Home Health Services, LLC is committed to ensuring that confidential, electronic data, contained in Agency records, is secure from public access in any machine-readable form, including but not limited to information in transit or stored on an electronic device.

PROCEDURES


1. Only the Agency Manager, or his/her designee, may grant authorization to individuals to use certain passwords for accessing confidential information.
2. The Agency Manager, or his designee, may, at his/her discretion refuse anyone access to passwords and/or confidential information.
3. Confidential information shall not be accessed by, transmitted to or transferred to an electronic device that is not password protected.
4. Password protection must be enabled when an electronic device is turned on and/or when an attempt is made to access protected data.
5. All electronic devices and media must, at least, meet the standards that apply to North American banking systems. E.g. Use of a 4 digit alphanumeric/numeric PIN and, at least, a 128 bit encryption for a public network.
6. If electronic devices are used to transmit, receive or store confidential information, then:
 - a. acceptable passwords must be applied, and data stored in encrypted format;



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- b. data transferred via wireless connections over public networks must be transmitted in encrypted format;
- c. access to confidential information from portable computing devices shall require:
 - i. the use of a secure network; or,
 - ii. the installation of a secure, transmission method on the electronic device.
- 7. Security measures, which include the following, shall be applied to electronic devices used in public, insecure areas:
 - a. an inactivity time-out or automatic log-off to be set for periods of inactivity;
 - b. a theft deterrent mechanism installed for times when the electronic device is left unattended; and,
 - c. safeguards, such as concealing a password being entered, to prevent unauthorized viewing when accessing confidential information.
- 8. The Agency Manager, or his/her designee, must authorize any security software or measures, which are installed on personal electronic devices, before they can be used for the conduction of Agency business.
- 9. Prior authorization must be obtained before electronic devices and data are taken from the Agency Office, unless "blanket" permission to do so is granted for the conduction of position duties.
- 10. Agency information must not be duplicated, unless instruction has been given by Agency Management to back-up data for operational purposes.
- 11. All relevant security policies, which are applicable to desktop computers, also apply to portable electronic devices.
- 12. Any electronic devices, which do not comply with this policy, may not be used to store, transmit, or process confidential information. Neither can they be used for accessing confidential information.
- 13. Should an electronic device, which has access to confidential information, be lost or stolen, the Agency must be notified immediately.
- 14. Any electronic device, which is being disposed of, must have all confidential information removed and/or the unit must be physically destroyed to prevent access to such data.
- 15. It is the responsibility of the assigned user of electronic devices, to:
 - a. ensure that any and all electronic devices in their possession, whether provided by the Agency or privately owned, are in compliance with Agency policies;
 - b. be familiar with virus protection programs and their expiration dates;



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- c. be accountable for any and all transactions, unless the device has been reported as lost, stolen or otherwise compromised; and,
- d. prevent unauthorized persons from accessing confidential information on these devices.



