



**Abundant Life Home Health Agency, LLC**

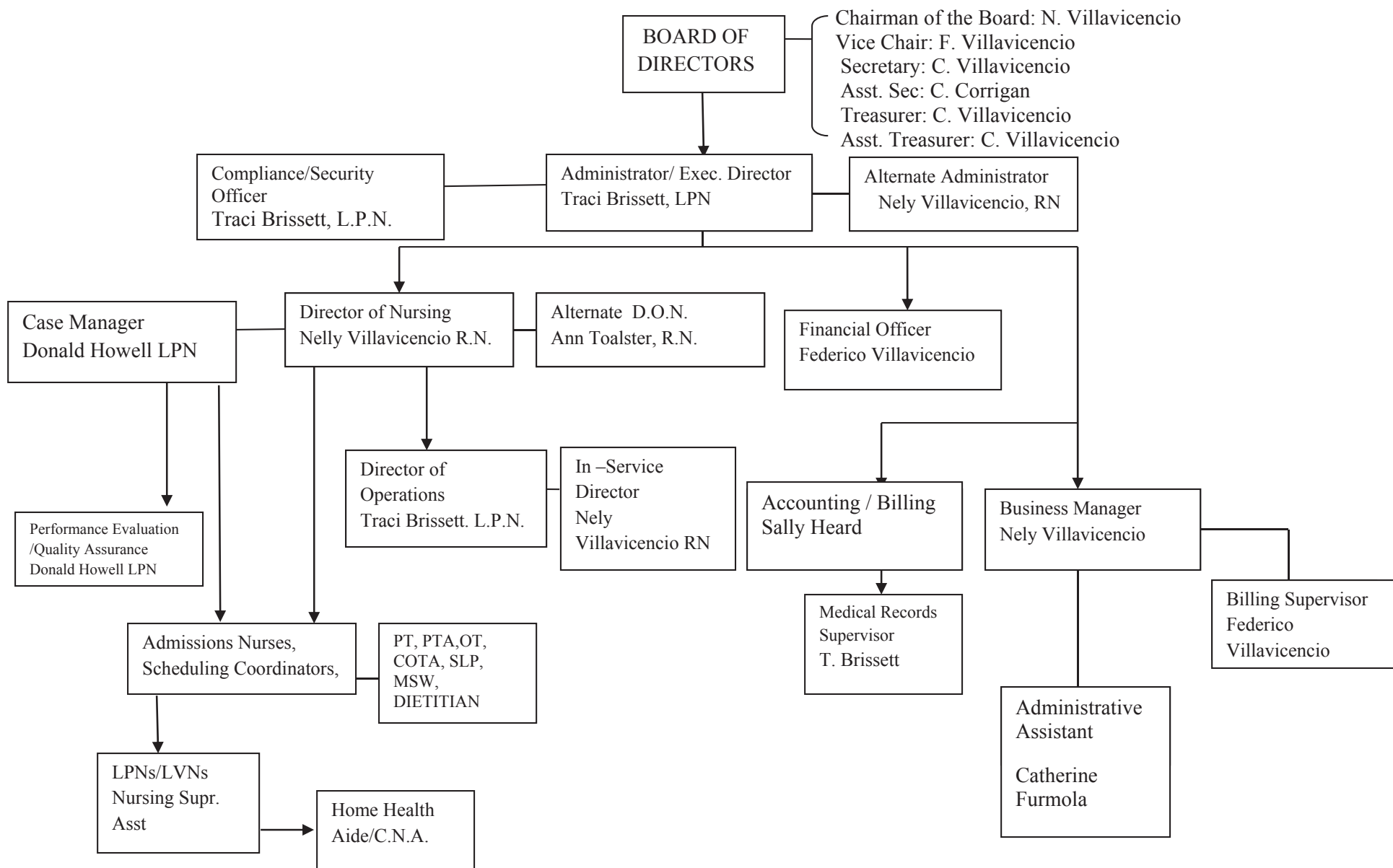
**Orientation Packet**

## **Section I**

# **Getting Started**

# ABUNDANT LIFE HOME HEALTH AGENCY LLC

## ORGANIZATIONAL CHART





## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Agency Services

- ♥ Skilled Nursing
- ♥ Physical Therapy
- ♥ Speech Therapy
- ♥ Occupational Therapy
- ♥ Home Health Aide
- ♥ Medical Social Worker
- ♥ Dietician

We accept payment for services from Private Pay, Insurance, Workers Compensation, Medicare, Medicaid, or other means determined appropriate by the Administrator. Some insurers may require Pre-Certification and may limit the number and type of home visits we can provide. Any charges for services not covered under Titles XVIII and XIX of the Social Security Act or non-reimbursable charges will be discussed with you before these services are provided. In fact, we will inform you, your family, caregiver, or guardian of all charges and methods of payment prior or during admission. Medicare Part A can pay for home health visits only if **ALL** of the following are met:

1. The care you need includes part-time skilled care, physical, occupational, or speech therapy.
2. You are confined to your home (homebound), see explanation in this packet.
3. A doctor determines you need home health care and sets up a plan for you.
4. The home health agency providing services is participating in Medicare.

Medicare **does not** cover general household services, meal preparation, shopping, or other home care services furnished mainly to assist in meeting family or domestic needs.



## **Abundant Life Home Health Agency, LLC**

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### **Mission, Goals, and Philosophy**

#### **Mission Statement:**

Abundant Life Home Health Agency, LLC will improve the health of all the patients that we serve through the compassion and care of our staff that set the standard for excellent quality care.

#### **Philosophy and Goals:**

- We are dedicated to excellence in patient care, teaching and research and to providing the most effective and efficient home care services.
- We assure the rights of client's confidentiality, full disclosure of risks involved in care, to be kept informed about all aspects of their health status and to participate in decisions affecting their care to the fullest extent possible.
- Nursing care promotes self-care concepts, enabling clients to meet their basic human need in coping with their health status. Nursing involves a broad approach aimed at a healthy society through education of the public.
- We believe that the goal of home health care is assisting the client to progress toward a level of optimal health.
- It is the responsibility of all nursing staff to act as a client advocate to provide quality care according to the wishes of the client, and/or significant other.
- The comprehensive health needs of our clients can be achieved through goal directed multi disciplinary plans of care.
- The care and services offered by the agency requires qualified staff for all positions. The most important assets of the agency are the staff and they will be treated with respect.
- Continuing education is essential to competence of staff and is both a personal and organizational responsibility.
- Improvement of the quality of services provided is assured by the continuous evaluation of care and services provided.



## **Abundant Life Home Health Agency, LLC**

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### **Patient Rights & Responsibilities**

As a home care provider, we have an obligation to protect the rights of our patients and explain these rights to you before treatment begins. Your family or your designee may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

As a client you have the right to:

1. Competent, individualized health care without regard to race, color, creed, sex, age, national origin, handicap, ethical/political beliefs, ancestry, religion or sexual orientation or whether or not an advance directive has been executed.
2. Receive appropriate care without discrimination in accordance with physician orders.
3. Exercise your rights as client of this agency or, if appropriate, the client representative with legal authority to make health care decisions has the right to exercise your rights.
4. Be treated with consideration, respect, and full recognition of the client's human dignity and individuality, including privacy in treatment and care for personal needs.
5. Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations.
6. Participate, either yourself or your designated representative, in the consideration of ethical issues that arise in your care.
7. Have your property treated with respect.
8. Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation including humiliation, intimidation or punishment.
9. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
10. Expect all personnel caring for you will be current in knowledge, duly licensed or certified as applicable and have completed a training –program or competency evaluation regarding his/her respective areas of employment.
11. Be informed that you may participate in the development of the client's care plan and medical treatment, the periodic review and update, discharge plans, appropriate instruction and education in the plan of care and be informed of all treatments the agency is to provide, the disciplines to provide care and the frequency of visits/shifts to be furnished and to be advised of any change in the plan of care before the change is made.
12. Know when and how each service will be provided and coordinated, the agency ownership, name and functions of any person and affiliated agency personnel providing care and services.
13. Choose care providers, to communicate with those providers and to reasonable continuity of care.
14. Be fully informed, orally and in writing, at the time of admission and in advance of care provided, a statement of services available by the agency, care and treatment provided by the agency and related charges. This must include those items and services for which you may be responsible for reimbursement. The agency will advise you of changes orally and in writing as soon as possible, but no later than five (5) calendar days from the date that the agency becomes aware of a change.
15. Be informed of any financial benefits.



## **Abundant Life Home Health Agency, LLC**

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#### **Patient Rights & Responsibilities**

16. Be informed about the nature and/or purpose of any technical procedure that will be performed including information about both the potential benefits and burdens to him/her, as well as, who will perform the procedure.
17. Be taught and have your family members taught the treatment plan, so that you can, to the extent possible, assist yourself and your family or other designated party can also understand and assist you.
18. Request information regarding the diagnosis, prognosis and treatments including alternatives to care risk(s) involved. This information will be given in a language or format so that you and your family members can readily interpret and understand so that informed consent may be given.
19. Refuse treatment after the possible consequences of refusing treatment have been fully explained.
20. The agency shall allow a client, or client representative with legal authority to make health care decisions, to accept or reject, at the client's or client representative's discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency
21. A cognitively capable adult client or a client representative with legal authority to make health care decisions, to refuse any portion of planned treatment or other portions of the treatment plan, except where medical contraindications to partial treatment exist.
22. A cognitively capable adult client to have an individual who is not certified to provide assistance with activities of daily living and treatments of a routine nature if the client signs a waiver of skilled services detailing the potential risks and benefits of waiver.
23. Review all of your health records during normal business hours.
24. Assistance in the locating appropriate community resources before you run out of funds. However, in keeping with proper fiscal responsibility, uncompensated care may not be provided.
25. Be informed of patient rights regarding the collection and reporting of OASIS information.
26. Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
27. Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement.
28. Privacy including confidentiality of all record communications, personal information and to transfer to a health care facility, as required by law or third party contracts. You shall be informed of the policy and procedure regarding disclosure of your clinical records.
29. Receive the care necessary to assist you in attaining optimal levels of health, and if necessary, cope with death. To know that a patient / client does not receive experimental treatment or participate in research unless he / she gives documented voluntary informed consent.
30. Provide information to a client about advance directives and the right to have an advance directive and this agency request information regarding the client's advance directives to determine whether the advance directive information has an impact on care provided.



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#### **Patient Rights & Responsibilities**

31. Be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of such as living wills or the designation of a surrogate decision-maker, are respected to the extent provided by law.
32. Know that Do – Not – Resuscitate orders shall not constitute a directive to withhold or withdraw medical treatment other than CPR. Withdrawal of life sustaining treatment is done only after the physician has ordered it and the family / significant other is notified.
33. Be informed of the procedures for submitting client complaints with respect to client care, that is, or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency with suggested changes in services without coercion, discrimination, reprisal or unreasonable interruption of services.
34. Choose a health care provider, including choosing an attending physician
35. The consumer or authorized representative has the right to be informed of the consumer's rights through an effective means of communication.
36. The client has the right to be informed about the individuals providing his or her care The client has the right to be informed of the full name, licensure status, staff position and employer of all persons with whom the consumer has contact and who is supplying, staffing or supervising care or services. The client has the right to be served by agency staff that is properly trained and competent to perform their duties. Be able to identify visiting staff through proper identification.
37. The telephone number where a client or the client representative can contact the agency 24 hours a day, 7 days a week regarding care is 727-286-8916.
38. This agency shall disclose of any sub contractual relationship with any individual or agency to be assigned or referred to provide care to the client.
39. Live free from involuntary confinement, and to be free from physical or chemical restraints.
40. Be provided with updates and state amendments on individual rights to make decisions concerning medical care within 90 days from the effective date of changes to state law.
41. Receive information about the care/services covered under the Medicare Home Health Benefit.
42. A patient has the right to receive information about the scope of services that the organization will provide and specific limitations on those services.
43. Be informed of the procedure for submitting a written complaint / grievance to the home health agency. All complaints / grievances may be given to any agency member. If not satisfied with the response or any step in chain of command, continue to the next person. Contact, Abundant Life Home Health Agency, LLC and speak to the following:
  1. Case Manager
  2. Director of Nurses
  3. Administrator





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### Patient Rights & Responsibilities

44. Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have. Administrator or designee documents and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay. You may appeal the administrator findings to the Governing Board by submitting a written complaint to:  
28870 US Hwy 19, Ste 325  
Clearwater, Fl 33761
45. Be informed of your state's home health agency hotline and the agencies contact information make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation.

Bureau of Health Facility Regulation Home Care Unit 2727 Mahan Drive - Mail Stop #34 Tallahassee, FL 32308 (850) 412-4403 Phone (850) 922-5374 Fax	Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5000	Abundant Life Home Health Agency, LLC 28050 US Hwy 19 N, Ste 205 Clearwater, Fl, 33761 727-286-8916  4511 N Himes Ave Ste 200 Tampa, FL, 33614 813-449-4261
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## **Abundant Life Home Health Agency, LLC**

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## **Patient Rights & Responsibilities**

### **Patient Responsibilities:**

- To ask questions of the staff about anything they do not understand concerning their treatment or services provided.
- To provide complete and accurate information concerning their present health, medication, allergies, etc.
- To inform staff of their health history, including past hospitalization, illnesses, injuries.
- To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their home care service plan.
- To review the Agency's information on maintaining a safe and accessible home environment in their residence.
- To request additional assistance or information on any phase of their health care plan they do not fully understand.
- To inform the staff when a health condition or medication change has occurred.
- To notify the Agency when they will not be home for a scheduled home care visit.
- To notify the Agency prior to changing their place of residence or telephone.
- To notify the Agency when encountering any problem with equipment or services.
- To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their home care prescription.
- To make a conscious effort to comply with all aspects of the plan of care.
- To notify the Agency when payment source changes.
- To notify the Agency of any changes in or the execution of any advanced directives.
- To inform staff of their health history, including past hospitalization, illnesses.



## **Abundant Life Home Health Agency, LLC**

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### **Agency Responsibilities**

**Before the care is initiated, the agency must inform a patient orally and in writing of the following:**

1. The extent to which payment may be expected from third party payers;
2. The charges for services that will not be covered by third party payers;
3. Services to be billed to third party payers;
4. The method of billing and payment for services;
5. The charges that the patient may have to pay;
6. A schedule of fees and charges for services;
7. The nature and frequency of services to be delivered and the purpose of the service;
8. Any anticipated effects of treatment, as applicable;
9. The agency must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than five (5) days from the date the home health agency provider becomes aware of the change;
10. If an agency is implementing a scheduled rate increase to all clients, the agency shall provide a written notice to each affected consumer at least 30 days before implementation;
11. The requirements of notice for cancellation or reduction in services by the organization and the client; and
12. The refund policies of the organization.
13. The agency shall not assume power of attorney or guardianship over a consumer utilizing the services of the agency, require a consumer to endorse checks over to the agency or require a consumer to execute or assign a loan, advance, financial interest, mortgage or other property in exchange for future services.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Complaints and Grievances

The patient may report a complaint or grievance at any time without reprisal or disruption of services.

Any staff member may receive a complaint or grievance about services or care that is or is not furnished or about the lack of respect for the consumer's person or property by anyone furnishing services on behalf of the agency.

#### Complaints and Grievances Procedure:

1. Patient or patient representative reports a complaint/grievance to any staff member.
2. Staff members receiving complaints or grievances report them to the Administrator or designee.
3. Administrator or designee documents the complaint and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay.
4. If the Administrator or designee is unable to resolve the complaint/grievance, the Governing Body is notified and takes action toward resolution.
5. Notify the patient when appropriate action has been taken or that the problem has been resolved.
6. Document the action taken and resolution on the Complaint Form.
7. You may appeal the administrator findings to the Governing Body by submitting a written complaint to:  
28870 US Hwy 19 N, Ste 325  
Clearwater, Fl 33761

The patient may contact at any time without reprisal or disruption in services the:

Bureau of Health Facility Regulation Home Care Unit 2727 Mahan Drive - Mail Stop #34 Tallahassee, FL 32308 (850) 412-4403 Phone (850) 922-5374 Fax	Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5000	Abundant Life Home Health Agency, LLC 28050 US Hwy 19 N Ste 205 Clearwater, FL, 33761 727-286-8916  4511 N Himes Ave Ste 200 Tampa, FL, 33614 813-449-4261
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## **Abundant Life Home Health Agency, LLC**

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#### **Public Disclosure**

The following information, if known, shall be disclosed to members of the public upon request whether written or verbal. Some information is located the entrance area on display. Other information is located in the P&P manual which is located in the resource center. If you are unable to find a piece of public disclosure information, please contact the administrator.

- License Number
- Name of Licensed Agency Owner (including the corporation name and corporate officers), Administrator and Director of Nurses
- Address of Record
- Patient Rights (Must display in a conspicuous place at the entrance to the agency)
- Date Original License Issued
- License Expiration Date
- Current License Status
- Accreditation Status and Programs or Services that is applicable.
- Mission Statement, Goals, Philosophy
- Official findings of deficiencies based on survey reports by the licensing agency.
- Plan of correction between the provider and the licensing agency.
- Comments furnished by the provider to the licensing agency.
- Quality Reports are available with truthful and accurate descriptions.
- Information related to safety and quality
- Conditions for acceptance or termination of services.
- Services Offered
- Hours of Operation, including on call availability
- Service Limitations
- Referral Procedures and contact information
- Patient responsibility for care/service and/or products before or at time of delivery
- Fee Schedule

#### **Public Disclosure**

If the information on the license is officially amended during the licensure period, a notice must be posted beside the license to provide public notice of the change.

This document provides an overview of available important information, not a limitation on documents otherwise available. All documents must accurately represent the agency and its services offered.

#### Attachment: Brochure



**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

## **Section II**

# **Human Resources**



# Abundant Life Home Health Agency, LLC

## Employee Handbook

### Welcome!

Welcome to **Abundant Life Home Health Agency, LLC** .

This Handbook is a source of information about payroll, benefits, and procedures, along with a few general rules and policies. **This handbook is not a legal document or an employment contract.** It is for your information.

This guide cannot anticipate every situation about your employment. Abundant Life Home Health Agency, LLC will do its best to recognize all rights and privileges extended in this handbook - unless doing so would harm our patients or expose our company to legal liability or financial loss. Abundant Life Home Health Agency, LLC may need to supplement, modify, or eliminate one or more benefits, work rules, or guidelines described in this Handbook. The Company reserves the right to exercise its discretion to unilaterally make deletions from or additions to this Handbook. Abundant Life Home Health Agency, LLC must authorize all such changes in writing. Each employee's continued employment constitutes acceptance of such changes.

**Abundant Life Home Health Agency, LLC is an at-will employer and employees should understand that employment is not offered, contracted, or promised for any specific length of time. Employees have the right to terminate employment at any time, with or without cause and with or without notice, and Abundant Life Home Health Agency, LLC has the same right.**

## Office Contacts

### Pinellas and Pasco

28050 US Hwy 19 N Ste 205

Clearwater, FL 33761

Office: 727-286-8916

Fax: 727-724-1201

Email: abundantlifehha@gmail.com

### Hillsborough, Polk, Highlands, Manatee, Hardee

4511 N. Himes Ave #200

Tampa, FL 33614

Office: 813-449-4261

Fax: 877-856-3638

Email: abundantlifehhatampa@gmail.com



# Abundant Life Home Health Agency, LLC

## Employee Handbook

### Getting Started

#### ***A. History of the Company***

**Abundant Life Home Health Agency, LLC** is a full service home health agency offering a full scope of services to our patients.

**Abundant Life Home Health Agency, LLC** is a home health agency specializing in Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Worker, Dietician, and Home Health Aide.

#### ***B. Equal Employment Opportunity***

Abundant Life Home Health Agency, LLC's policy is to hire and promote for all jobs without regard to race, religion, color, national origin, sex, sexual orientation, marital or familial status, physical or mental disability, veteran status or age. Decisions on employment and promotion are based solely upon an individual's qualifications, with reference to the skills and abilities of the position for which the individual is being considered.

Employees should report any perceived violations to their immediate supervisor or manager. If the immediate supervisor or manager is unavailable, or is involved in some manner with the perceived violation, employees should report perceived violations to the next level supervisor or manager at Abundant Life Home Health Agency, LLC.

#### ***C. Immigration and Employment Eligibility***

In compliance with the Immigration Reform and Control Act of 1986 Abundant Life Home Health Agency, LLC can employ only those individuals who are authorized to work in the United States. All individuals must submit documentary proof of their identity and employment authorization. Employees will also be required to complete and sign **Immigration and Naturalization Service Form I-9**. Form I-9 requires you to attest that you are authorized to work in the job for which you are hired and that the documents you submit are genuine.

If you are authorized to work in this country for a limited period of time, before the expiration of that period, you will be required to submit proof of your employment authorization and sign another I-9 in order to remain employed by Abundant Life Home Health Agency, LLC.

#### ***D. Prohibited Harassment***

**POLICY:** The purpose of this policy is to communicate Abundant Life Home Health Agency, LLC's determination to:

Provide a working environment free of discriminatory intimidation and/or sexual harassment.

Identify complaint procedures available to employees.

Outline disciplinary penalties that may be imposed for discriminatory or harassing conduct.

Harassment involves verbal or physical conduct that harms or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, age, national origin, sexual orientation, marital or familial status, physical or mental disability, or that of his or her relatives, friends, or associates and that:





# Abundant Life Home Health Agency, LLC

## Employee Handbook

- Has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
- Has the purpose or effect of unreasonably interfering with an individual's work performance.
- Otherwise adversely affects an individual's employment opportunities.

Sexual harassment involves:

- Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of employment.
  - Making submission to or rejection of such conduct the basis for employment decisions.
  - Creating an intimidating, offensive, or hostile working environment by such conduct.
1. It is against Abundant Life Home Health Agency, LLC policy for any employee, independent contractor, or other visitor to harass any employee of Abundant Life Home Health Agency, LLC through the use of disparaging or abusive words or phrases, slurs, negative stereotyping or threatening, intimidating, or hostile acts that relate to race, color, religion, sex, age, national origin, sexual orientation, marital or familial status, or physical or mental disability. This includes acts that are declared to be "jokes" or "pranks", but that might reasonably be perceived as hostile or demeaning.

It is illegal and against Abundant Life Home Health Agency, LLC's policy for any employee to harass another employee by making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of employment; by using an employee's submission to or rejection of such conduct as the basis for or a factor in any employment decision affecting the individual; or by creating an intimidating, hostile, or offensive work environment by engaging in such conduct.

2. Creation of an intimidating, hostile, or offensive work environment may include publishing or posting written or graphic material that criticizes or shows hostility or aversion toward an individual or group because of race, color, religion, sex, age, national origin, sexual orientation, marital or familial status, or physical or mental disability that is placed on walls, bulletin boards, or elsewhere on company property or circulated in the workplace.

The creation of an intimidating, hostile, or offensive work environment may include such actions as persistent comments on an employee's sexual preferences or the display of obscene or sexually-oriented photographs or drawings. An investigation will be conducted to determine whether certain conduct occurred and/or whether it constitutes sexual harassment based on a review of the facts and circumstances of each situation.

3. Unreasonable conduct will not be tolerated. This includes, but is not limited to, excluding employees from information regarding opportunities for advancement; denying access to information, people, or places; treating other employees as inferiors; or selecting one or a few members of a group for favorable treatment.
4. Abundant Life Home Health Agency, LLC will not condone any harassment or sexual harassment of employees. Moreover, Abundant Life Home Health Agency, LLC will not tolerate such conduct by independent contractors or other visitors. All employees, including supervisors or managers, will be subject to severe disciplinary action up to and including termination for any sexually harassing behavior.
5. When harassment is alleged, Abundant Life Home Health Agency, LLC will determine whether certain conduct occurred and/or whether it constitutes harassment or sexual harassment based on a review of the facts and circumstances of each situation.



# Abundant Life Home Health Agency, LLC

## Employee Handbook

6. Employees who feel victimized by harassment or sexual harassment should immediately report the alleged harassment to their supervisor or manager. If the supervisor or manager is the source of the alleged harassment, employees should report the problem to the supervisor or manager's superior or at Abundant Life Home Health Agency, LLC.
7. Supervisors or managers who receive a complaint of harassment or sexual harassment must report the complaint to Abundant Life Home Health Agency, LLC.
8. A prompt and careful investigation of the matter will be conducted, questioning employees who may have knowledge of the alleged incidents or similar problems. Both the complaint and the investigative actions and findings will be documented as thoroughly as possible.
9. Employees who are dissatisfied with an investigating supervisor or manager's resolution of a harassment or sexual harassment problem may file a complaint in accordance with Abundant Life Home Health Agency, LLC's grievance procedures by contacting their manager or Abundant Life Home Health Agency, LLC.
10. No employee will be subject to any form of retaliation or discipline for pursuing a claim of harassment or sexual harassment.
11. Abundant Life Home Health Agency, LLC recognizes that the issue of whether harassment or sexual harassment has occurred requires a factual determination based on all the evidence received. All Staff also recognizes that false accusations of harassment or sexual harassment can have serious effects on innocent employees. We trust that all employees will act in a responsible and professional manner to maintain a pleasant working environment free of harassment or sexual harassment.
12. Abundant Life Home Health Agency, LLC reserves the right to remedy inappropriate harassing or sexual harassing conduct that falls short of conduct subjecting Abundant Life Home Health Agency, LLC to legal liability, in a manner that is appropriate, fair, and legal, up to and including termination and to report illegal acts to the proper authorities.

### General Employment Information

#### A. Employee Trial Period

Except for transfers, employment may be considered to be on a trial (introductory) basis for the first three months of employment for purposes of establishing eligibility for regular full-time or part-time employment.

During this trial period, you and the supervisor will have an opportunity to observe and evaluate each other. You will be evaluated for such qualities as: the ability to interact with other people, attendance, professional conduct, willingness to learn, job performance and skills to name a few.

After the trial period of satisfactory performance you will normally achieve regular full-time or part-time employment.



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### B. New Hire Policies

Applicants may be required to successfully pass a physical examination, or other tests considered legal and applicable. In other situations your driving record (MVR) may be checked; you may be required to take a driver's examination and present proof of a valid driver's license and certificate of insurance issuance on your vehicle. Failure to maintain acceptable driving standards or vehicular insurance may be sufficient cause for immediate termination.

In special cases other new hire policies may be necessary for a particular job requirement. These will be added as an amendment to your **"Conditions of Employment."**

### C. CPR Certification other Licensing Requirements

Certain persons may be required to maintain current licensing, a current CPR card, a current TB test, or other requirements as a condition of employment. If you fail qualification or fail to maintain your license there may be sufficient cause for discharge.

### D. Employment Categories

**Note:** Since all employees are hired for an unspecified duration, these categories do not guarantee employment for any specific length of time. Employment is at the mutual consent of the employee and Abundant Life Home Health Agency, LLC. Accordingly, either the employee or the company can terminate the employment relationship at will.

#### 1. Full-time Regular Employee

See the Addendum for qualification necessary to be classified as a full-time employee. Regular employees can be further classified as exempt or non-exempt salaried (see below).

#### 2. Regular Part-time Employee

See the Addendum for qualification necessary to be classified as a full-time employee.

#### 3. Temporary Employee

The employee is hired for a specific period of time, project or assignment. The employee is paid for actual hours worked. Employees hired for a specific project or period of time will not experience a change in status simply because they remain in employment for a longer period of time. An employee will change from temporary to regular status only if advised of such a change in writing from the personnel department.

#### 4. Exempt and Non-exempt Salaried Employees

Under certain conditions employees may also be classified as non-exempt or exempt salaried employees. These classifications cover the provisions of the Federal Fair Labor Standards Act or any applicable state law. Non-exempt employees are entitled to premium pay for work in excess of 40 hours in a work week. Exempt employees who qualify as executives, professional employees, administrative employees, outside salespersons, etc. may not receive overtime provisions.



# Abundant Life Home Health Agency, LLC

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### 5. PRN or Contracted Employees

The individual is hired on a contract basis and paid a per visit rate outlined in the Contracted Personnel Agreement.

### E. Personal Information

Abundant Life Home Health Agency, LLC maintains personnel records, which are important to you. If information on your paycheck stub is not correct, or problems arise concerning your taxes, benefits, or other matters please contact our office immediately. You should be sure that your records are always kept current. You are required to report changes in address, telephone number, number of dependents, or marital status to Abundant Life Home Health Agency, LLC. It is your responsibility to inform Abundant Life Home Health Agency, LLC immediately of any such changes.

### F. Conflict of Interest

You must inform your supervisor or Abundant Life Home Health Agency, LLC of any other job appointment that might interfere with your duties or assignments with the company.

### G. Safety and Accident Prevention

Safety is a vital concern of Abundant Life Home Health Agency, LLC. The ultimate responsibility for safety lies with you. We need your help promoting safety and the prevention of accidents by observing the following common sense rules.

1. **Learn your job and how to be safe in the work place.**
2. **Learn the location of the fire alarm boxes, extinguishers, and your duties in case of fire.**
3. **Promptly report all unsafe or potentially hazardous conditions to your supervisor.**
4. **Report any condition you perceive to be unsafe.**
5. **Learn the evacuation routes for the workplace.**

### H. Accident/Incident Reporting

An accident or incident must be reported to your supervisor immediately. The employee must fill out and sign the **Employee Accident/Incident Report** immediately following the occurrence of the accident or incident or as soon as the employee returns from treatment for any injury. You can obtain this report from your supervisor.

If you are involved in or are a witness to an accident or incident, you are required to provide information in order for the appropriate report to be completed. Please be aware of the importance of immediate action in reporting all details of the accident.

### I. Injury Treatment

If you are injured on the job, Abundant Life Home Health Agency, LLC's prime concern is to provide you with the best medical care available. If the injury is very serious or if it occurs when the closest medical provider is closed or unavailable, you need to go to the nearest emergency room. If you are not satisfied with your treatment at the clinic or hospital, report it as soon as possible so corrective action can be taken.



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- **Follow-Up Treatment:** All injured employees must follow the doctor's order of treatment. Failure to do so may result in the loss of benefits.
- **Company Notification:** If the doctor orders you to take time off from work due to an on-the-job injury, you must contact your supervisor immediately. You should advise them of your progress and expected date of return.
- **Modified Duty:** Abundant Life Home Health Agency, LLC wants you back to work as soon as possible. If you are not able to return to your regular duty, Abundant Life Home Health Agency, LLC will have modified duty to offer you until you are released to regular duty by your doctor. ***You need to inform the treating doctor that Abundant Life Home Health Agency, LLC offers modified duty work that can accommodate any restrictions or limitations the doctor may suggest.*** By working the modified duty job you are able to collect your regular pay amount – not a reduced percentage through workers' compensation.

### **J. Performance Reviews**

Your supervisor will be observing your effectiveness in performing your work. These reviews are used to provide you with an opportunity to talk about the job and your personal goals. Performance reviews do not necessarily result in merit increases.

### **K. Resignation**

If you find it necessary to resign, you are requested to give advance notice in writing to your supervisor indicating the last day that you will be working. A two-week notice is appreciated. If you resign without notice, you may forfeit your eligibility to be rehired. Final paychecks for employees who quit may be picked up by the employee at the job site on regular payday or can be mailed to the most recent address listed on their personnel file on the regular payday.

## **Pay and Hours**

### **A. Hours of work**

Various factors, such as workloads, operational efficiency, staffing needs and client working schedules, may require variations in the employee's starting and quitting times. Your supervisor will give the beginning and ending of your standard workweek to you. Punctual and consistent attendance is a condition of employment.

### **B. Time-Keeping for Payroll**

You are to report to work no earlier than five minutes before your work schedule begins and leave no later than five minutes after it ends. You are responsible for making sure your time is recorded accurately. If you find any errors, contact your supervisor immediately. You must record your own time, never the time of another employee.

### **C. Overtime Pay**

You are to work overtime only at the request and authorization of your supervisor. Employees who qualify as administrative, executive, or professional employees within the meaning of the state and federal wage and hour laws are exempt from overtime pay and are not subject to this policy (see exempt employees above). Only non-exempt employees qualify for overtime pay.





# Abundant Life Home Health Agency, LLC

## Employee Handbook

Overtime pay is based on hours worked per workweek in accordance with state and federal requirements. Employees shall record all time worked, including time worked over their normal schedule, on the time card at the time it actually occurs. Time will be paid in hundredths of an hour. Overtime hours worked in excess of forty hours in a work week, (not in excess of 8 hours per day) and approved by your supervisor will be paid one and one half times your base rate of pay per hour. Hours worked means time actually spent on the job. It does not include hours away from work due to vacation, sickness, or holiday even when these days are compensated. Unpaid sick leave, personal leave or any other time away from work is also not considered hours worked.

### **D. Payroll Deductions**

Abundant Life Home Health Agency, LLC may be required by law to recognize certain court orders, liens, and wage assignments (child support). Abundant Life Home Health Agency, LLC is required to make proper deductions from your earnings on your behalf. Amounts withheld vary according to how much you earn your marital status, government employment regulations, and other factors. These mandatory deductions are made until the maximum amount is reached. Mandated withholdings include some of the following:

**Federal Income Tax**  
**State Income Tax**  
**Social Security**

Other deductions may be made from your paycheck with your permission, including:

**Dependent Health Insurance Coverage**  
**Voluntary Insurance Coverage**  
**Dental Care**  
**Retirement Fund Contribution**  
**Other Services Requested by the Employee**

### **E. Payday**

Abundant Life Home Health Agency, LLC's payday is every other Friday. We offer direct deposit or paper check. Pay is for the previous 2 weeks work. If a payday Friday is a holiday, Direct deposit funds will be available the following Monday. Paper checks will be available the following Monday.

### **F. Paid Leaves**

Abundant Life Home Health Agency, LLC does not offer any paid leave for any employee.



# Abundant Life Home Health Agency, LLC

## Employee Handbook

### **G. Absenteeism and Tardiness**

If you are going to be absent or late, you must report to your supervisor before this happens. If you fail to report to work for a scheduled working day without proper notification your supervisor will consider you to have “abandoned” your job and you will be subject to termination. Such job abandonment will be recognized as a voluntary quit and may adversely affect any unemployment benefits you seek.

Time off requests MUST be received in writing no later than the 15<sup>th</sup> of the previous month in which you want to take time off. Requests received outside of this time frame will not be considered.

If an employee has 3 absences they will be subject to immediate termination as deemed by administration.

### **H. Leaves of Absence**

We realize that leaves of absence due to prolonged illness, accidents, or other compelling reasons are sometimes necessary. Although leaves of absence are uncommon, a leave of absence from work should be properly arranged through your supervisor. Abundant Life Home Health Agency, LLC has a formal request form for this purpose. The term “leave of absence” means an approved absence from work without pay for a period of time in excess of five working days.

The granting of a leave of absence, especially an extended one, does not guarantee that there will be a position available to you after the end of your leave. Each case will be treated individually and upon your return, every effort will be made to give you the best available job for which you are qualified by experience, ability and seniority. Employees returning from a leave necessitated by medical reasons may be required to provide a doctor's release. If you have any questions Abundant Life Home Health Agency, LLC will be happy to provide you with information on how to request a leave.

It is the employee's responsibility to report to work at the end of an approved leave. Failure to do so may be considered a voluntary termination of employment.

### **I. Jury and Witness Duty**

You may be granted time off to serve as a juror or witness. If you are required by law to appear in court as a witness you may take unpaid time off provided you arrange this with your supervisor in advance.

### **J. Voting Time**

You are encouraged to vote in local, state and federal elections. In most instances you can vote before or after working hours. When hardships makes this impractical, you may be granted time off with prior approval from your supervisor.





# Abundant Life Home Health Agency, LLC

## Employee Handbook

### ***K. Military and The National Guard***

As a member of the United States Military Reserve or National Guard, you may be required to take time off to meet annual minimum active training requirements. . You will not be paid for these absences.

### ***L. Medical and Dental Appointments***

Medical and dental appointments should be scheduled around your assigned work schedule. If this is impossible, talk to your supervisor about making special arrangements. You will not be paid for these absences.

### ***M. Confidentiality***

It is strictly prohibited to discuss your pay or salary information with another employee. This includes but is not limited to hourly wages, salary, bonuses, pay increases, allowances, mileage reimbursement, travel reimbursement, etc. Disciplinary measures up to and including termination can result from discussion of pay information.

## **Benefit Programs**

Abundant Life Home Health Agency, LLC does offer major medical insurance for the employee and family. Our current provider is BCBS and Humana. We also offer vision and dental insurance for the employee and family. Supplemental optional benefits are also offered through Colonial Life for the employee and family. Benefits are available for employees working 30 hours or more during a standard work week.



# Abundant Life Home Health Agency, LLC

## Employee Handbook

### General Policies

#### **A. Appearance**

Office Staff: Professional attire should be consistent with the normal business environment. Company issued I.D. badge to be worn when in the community representing the company or in-house event.

Field Staff: May wear any color scrubs as long as they are in good condition; wrinkle free, no stains, no fading, and clean. Company issued I.D. badges are to be worn at all times while on duty. Clean rubber sole shoes; no sandals. Long hair should be neatly pulled back to avoid contact with the client.

#### **B. Courtesy**

Courtesy and your attitude toward the people you come in contact with will influence the image people have of Abundant Life Home Health Agency, LLC – either positively or negatively. Develop an attitude of helpfulness toward your patients, fellow workers, and supervisors. Courtesy is the key to good human relations.

#### **C. Equipment, Medical Supplies, or Uniforms on Loan**

You are responsible for safekeeping of equipment, medical supplies or uniforms that are furnished to you. Your supervisor may require a deposit. When your employment terminates, voluntarily or involuntarily, you must return medical supplies or equipment that was loaned to you before picking up your final paycheck. This policy permits Abundant Life Home Health Agency, LLC to recover the cost of such items where they are furnished without a deposit and not returned upon termination of employment.

#### **D. Care of Equipment**

You are responsible for equipment used in performing your work. Any damage or failure of this equipment is to be reported to your supervisor immediately. Equipment or supplies are to be used for patients of Abundant Life Home Health Agency, LLC. Abundant Life Home Health Agency, LLC is not responsible for loss or damage to your personal property. Valuable personal items such as purses and all other valuables should not be left in areas where theft might occur.

#### **E. Health Safety Protection**

Periodic X-ray or laboratory tests may be required as a condition of employment. You will be informed by your supervisor of the required test(s).

An employee who exhibits inappropriate behavior, which is suggestive of being under the influence of a drug, alcohol or inhalant while on the job, will be subject to a test for those items. Any employee may be required to undergo drug, inhalant or alcohol testing if the supervisor feels there is reasonable suspicion to do so. Reasonable suspicion can be caused by an employee's actions, behavior, smell or physical appearance. If you refuse to submit to such testing you may be immediately disciplined, including termination.



# Abundant Life Home Health Agency, LLC

## Employee Handbook

### ***F. Phone Calls, Personal Mail and Visitors***

The use of business phones is limited to official company business. Local personal calls are to be kept to emergencies only. Friends and relatives should be discouraged from calling during working hours unless there is an emergency. Under no circumstance should you make or charge a long-distance call unless it is work-related and approved by your supervisor.

Good telephone etiquette is important when dealing with the public. Be courteous and confine the conversations to the subject at hand. The first representation that many people have with an office or business is through the telephone.

Do not use company stationary, stamps, postage meters or other company supplies for your personal mail. Have all of your personal correspondence sent to your home address, unless you have permission from your supervisor.

Personal visits by visitors (individuals not employed by the company) to your work area may be restricted by your supervisor.

### ***G. Electronic Communication Policies***

With the different opportunities offered through the internet it has become necessary for companies to monitor employee's use. An employee should never use the internet for personal business while at work without the consent of their supervisor. An employee should never transmit, download or receive inappropriate material, messages, jokes, pictures, etc. over the internet for any reason. Inappropriate material may consist of but is not limited to; the use of disparaging or abusive words or phrases, slurs, negative stereotyping; pornographic pictures, cartoons, or websites. No graphic or written material that criticizes or shows hostility or aversion toward an individual or group because of race, color, religion, sex, age, national origin, sexual orientation, marital or familial status, or physical or mental disability.

An employee should hold no expectation of privacy with e-mail, Internet usage, company paid cellular phones or pagers, content on computer hard drives, etc. because such tools are company property. It is also necessary to respect copyright laws by not downloading software. An employee should always use caution when opening email from an unknown source. Check with your supervisor prior to opening links or downloading files from any unknown sources. Abuse of the internet (e-mail included) may result in disciplinary actions up to and including termination.

### ***H. Confidential Information***

Information given by a customer, client or a patient may be privileged or confidential information. Such information is to be maintained with strict confidentiality. This may also be true for proprietary information within the company. You are encouraged to be careful in discussing with non-company people any information about the company where you work.

Any employee who reads a patient's medical, dental or client's file or who has access to sensitive customer records, and discusses any material with another person, except for assigned duty, may be subject to immediate dismissal. Information about other employees is also private.

### ***I. Release of Company Information***

In the course of employment with Abundant Life Home Health Agency, LLC, employees may have access to confidential information regarding the company, its customers, patients, business, and/or vendors.



# Abundant Life Home Health Agency, LLC

## Employee Handbook

Though employees may not be aware that information is sensitive or is of value to others, it is the responsibility of all employees to safeguard and maintain the confidentiality of all company information.

1. Only authorized company management personnel are permitted to give statements regarding the company to any member of the media including, without limitation, the press.
2. If an employee receives a request for information from anyone who is not an employee or a supervisor or manager known to the employee, the employee is to contact his or her immediate supervisor or manager and report the request. Employees may give the person requesting the information their supervisor or manager's name and provide the person with information regarding how to contact their supervisor or manager.
3. No inquiries about the company are to be answered by unauthorized employees electronically, in writing, on the telephone, in person, or by any other means. Some examples of people or entities that could conceivably contact an employee in an attempt to gain information are listed below, without limitation. The employee should refer these people to his or her supervisor or manager:
  - Media: Television, Radio, or Newspaper
  - Attorney's Offices
  - United States Department of Labor (including, without limitation, its directorate of Civil Rights, its Wage and Hour Division, or the Solicitor's Office)
  - Local, State, County, or Federal Courts
  - Local, State, or County Human Relations Commissions
  - United States Equal Employment Opportunity Commission
  - Prospective Employers seeking employment verifications and references
  - Credit Bureaus, Banks, Mortgage Companies, other Financial Institutions
  - Telephone Service, Copier Service and Other Vendors
  - Police Departments
  - Other similar agencies, companies, or individuals
4. Employees who have a question as to whether the information being requested applies under this policy must contact their supervisor or manager for instructions. **DO NOT VOLUNTEER, PROVIDE, OR OTHERWISE DISCLOSE ANY INFORMATION TO THIRD PARTIES.**
5. Employees should be polite and exhibit professionalism, but refer the questions to their supervisor or manager.
6. Price information procedures, policies, and any other information regarding the company and its business is strictly confidential and proprietary and must not be shared with customers, competitors, vendors, their representatives, or other third parties. Discussing company information in an indiscreet or careless manner, inside or outside the company, displays poor judgment and undermines the confidence the company has placed in its employees.
7. Absent express company management approval, employees may not discuss or otherwise disclose the company's pricing policies, actual pricing, or any other company information with anyone outside the company. Talking about pricing or otherwise disclosing pricing information, especially with or to competitors, may result in damage to the company and/or a price fixing charge against the company and/or other liability.



# Abundant Life Home Health Agency, LLC

## Employee Handbook

Nothing in this policy should be construed to interfere with the right of appropriate law enforcement or government agencies to conduct investigations, or the cooperation of employees in investigations, within such agencies' jurisdiction. Upon request, the company will reasonably cooperate in investigations subject to the company's right to be represented by counsel in such circumstances. Employees who receive a subpoena or other form of compulsory process in their official capacity as an employee shall immediately notify their supervisor or manager.

### ***J. Endorsements and Tips***

Selling of merchandise or distribution of endorsement materials during working time is strictly forbidden. You may not endorse or imply endorsement of a product or service by Abundant Life Home Health Agency, LLC. You are not to solicit or accept tips or gratuities for any related service in the course of your work duties.

### ***K. Travel Authorization***

If you are traveling on company business you must have authorization from your supervisor prior to making any travel arrangements. When using your personal vehicle on company business you must have a valid driver's license and carry adequate insurance. The company is not responsible for damage to your car while on company business. Reimbursement for travel will be according to the mileage allowance schedule, which is given to you by your supervisor.

### ***L. Smoking***

Smoking is prohibited at work. Under no circumstances should you smoke in a patient's home.

### ***M. Refreshments***

Consumption of food or beverages may not be permitted in some areas of the company's business. You are requested to eat or drink in designated areas for this purpose.

### ***N. Dishonesty***

Abundant Life Home Health Agency, LLC considers thefts or dishonesty a serious offense. If you take company property or merchandise, it is stealing, and stealing in any form will not be tolerated.



# Abundant Life Home Health Agency, LLC

## Employee Handbook

### A. Abundant Life Home Health Agency, LLC 's Rules

You are expected to demonstrate good judgment, ethical personal behavior and common sense. If your conduct as an employee comes into question, Abundant Life Home Health Agency, LLC will make an effort to resolve the matter fairly. A few of the actions that may require discipline are listed below and may result in disciplinary actions up to and including termination. The rules are not intended to limit the proper rights of anyone. They are intended to protect the rights of everyone.

- a. Employees are expected to be at work and ready to work at the established starting time and are expected to remain at these positions and perform their assignments until the end of their shift.
- b. You are not to gather on Abundant Life Home Health Agency, LLC 's premises or conduct personal business during working hours.
- c. Certain protective equipment, when provided by the supervisor, must be properly utilized as directed.
- d. You must report all injuries or accidents to your supervisor at once.
- e. You must be physically and mentally capable of performing your work assignment.
- f. You must perform all assigned duties and fulfill your responsibilities to Abundant Life Home Health Agency, LLC .
- g. You must be available for work as scheduled or requested.
- h. You will be responsible for all property that has been placed in your custody.
- i. You shall not neglect your job duties or responsibilities, nor refuse any work assigned to you.

### The Following Conduct is prohibited:

- a. Bringing firearms, weapons or ammunition of any kind, intoxicating liquors or illegal drugs, inhalants, drug paraphernalia or chemicals into the office or onto the premises of work or patients home.
- b. Being on the job while under the influence of alcohol, drugs, inhalants or intoxicants of any type.
- c. Falsifying information or client forms, reports, records, including personal absence, sickness, time cards and production records.
- d. Falsely stating or making claims of injury.
- e. Removing or using, without authority, property, records or other materials of Abundant Life Home Health Agency, LLC or other persons.
- f. Fighting or threatening, intimidating or coercing any visitor or employee.
- g. Damaging or destroying property or wasting of materials.
- h. Loitering or sleeping while on duty.
- i. Refusing to follow supervisor's directions or instructions or other insubordinate conduct.
- j. Violating safety or health rules or practices, or engaging in conduct which creates a safety hazard.
- k. Engaging in unlawful or improper conduct off the work premises or during non-working hours which affects an employee's relationship to work, fellow employees, supervisors or Abundant Life Home Health Agency, LLC products, property, reputation or goodwill in the community.
- l. Leaving work before the end of the shift without the authorization of your supervisor.
- m. Using Abundant Life Home Health Agency, LLC facilities and time for personal business, or unauthorized possession or use of Abundant Life Home Health Agency, LLC keys.
- n. Soliciting or accepting tips from visitors or other employees.
- o. Smoking in patient homes, or other restricted, posted no smoking areas.





# Abundant Life Home Health Agency, LLC

## Employee Handbook

**Note:** *The foregoing rules are not intended to be inclusive of the required discipline, proper standard of conduct or obligations which employees must observe at all times.*

### **B. Addressing Grievances**

If you have a work related problem it should first be discussed with your supervisor so that it can be resolved quickly. If the problem is not solved, you are to contact the Abundant Life Home Health Agency, LLC office for assistance. At this time you may file a written complaint within (7) calendar days in accordance with the following procedures. (If you are dismissed, you have fourteen (14) calendar days to file a written complaint.)

The details of the problem are to be outlined in writing and submitted within (7) days to Abundant Life Home Health Agency, LLC .

Your supervisor at work will provide a written response within (7) calendar days.

If this has not resulted in a satisfactory solution within fourteen (14) calendar days a meeting will be established with you, your supervisor, and the Human Resource Director of Abundant Life Home Health Agency, LLC to review the matter.

### **C. Cultural/Belief Issues**

This agency welcomes caring for individuals of all cultures and backgrounds, but realizes that sometimes staff and patient cultural differences may present a problem. Staff is encouraged to discuss with their supervisor any cultural/belief issues they believe may interfere with caring for a patient. If a problem is perceived the supervisor will attempt to change the staffing assignment.

### **Reporting Abuse**

1. If you suspect abuse, neglect, exploitation or family violence of a client, contact your supervisor right away, stating clearly that you are reporting a suspected case of abuse, neglect or exploitation, and reporting at least the following:  
Name, age and address of client

Name and address of responsible person

The client's condition

The basis of your knowledge

Any other relevant information

2. The supervisor must:

Fill out the Case Information Form completely and accurately.

Immediately alert the Director of Nurses of the incident and forward the Case Information Form to him/her.

3. The Director of Nurses must:

Review the Case Information Form for accuracy and completeness.

Decide if a joint visit is indicated and, if so, who should participate.

Incidents related to Family Violence shall be reported to the local law enforcement Agency.

Decide on appropriate follow-up action(s).

Notify the Administrator regarding the incident and follow-up status.

Offer to provide referrals to the victim for care.





# Abundant Life Home Health Agency, LLC

## Employee Handbook

4. Abuse should be reported to local authorities, Joint Commission, and AHCA immediately.

### ***E. Ethics***

1. Any staff member, patient and/or family member may initiate a written request for the ethics committee to review with concern for reprisal. (Written request does not require any specialized form, however a form is available)

2. The form may be submitted to the administrator, DON or office manager to begin the ethic committee review process.

The committee will consist of no less than 3 professional members. If the complaint involves one of the committee members, the committee will:

- request a governing board member to act in place of the involved committee member, (the committee must have at least 3 members)
- inform the involved committee member that they will not be allowed to rule on the ethical issue

4. The committee will meet within 3 business days of receiving written request for an ethics review.

5. The committee will present their findings in a report to the administrator and governing board within 1 business day of concluding the investigation.

The committee will make suggestions for resolution, but does not have the authority to implement any actions. The authority rests with the administrator and/or governing body.

Please refer to the Ethics Policy located in the Policy Manual, which is located in the Resource Center.



# Abundant Life Home Health Agency, LLC

## **Return to Work Criteria**

It is the requirement of Abundant Life Home Health Agency, LLC that all nurses must have a physician clearance to return to work if 2 or more scheduled shifts in a row are missed. This physician clearance must be on letterhead or prescription and signed by a MD, DO or ARNP. Clearance letters may be emailed, faxed or dropped off to our office. The employee must provide this documentation before being approved to return to work. If proper documentation is not received, and the employee returns to work without authorization from the administrator or director of nursing, the employee will be subject to disciplinary action or possible termination.

## **Unscheduled/Schedule Patient Hospitalizations (including emergency and outpatient procedures)**

Under insurance guidelines, once the patient is handed off to another medical professional, service from Abundant Life Home health Agency will stop and the nurse is officially off duty. This includes patient handoff to an EMT in an emergency situation.

The nurse is not permitted to ride the ambulance with the patient nor stay with the patient when the patient enters the emergency room.

If the patient is a direct admit from a doctor appointment, the office must be notified immediately and instructions will be given at that time.

For any scheduled outpatient procedures (performed in the hospital), the nurse is not permitted to accompany the patient to the hospital for the procedure. The nurse may work up until the patient leaves for the procedure and resume work once the patient returns home.

## **TB Test Results**

Annual TB tests are required by our agency. We offer the TB test in office free of charge. If you choose to have the TB test done in office, the proof becomes property of our agency. A copy of the results will not be given to the employee for personal use.

All employees have the right to have the TB test done at another facility, at their own expense, and provide the agency with a copy of the results. The agency will not reimburse for the expense.



# Abundant Life Home Health Agency, LLC

## **Patient Lifting Maximum**

It is the decision of the agency that we will not allow our field staff to dead lift a patient that weighs over 50 pounds. If the patient weighs over 50 pounds, we require that there is a Hoyer lift in the home for use for transfer. If not, the patient will be a mandatory 2-person lift. If there is not another available caregiver in the home (for the 2-person lift), the patient is to remain in their bed and be repositioned at least every 2 hours to maintain skin integrity. All care will be performed in the patient's bed.

## **Payroll Discrepancy**

All employees of Abundant Life Home Health Agency have electronic access to their paystubs, at no cost to them. The log in information is provided upon hire and updated as needed. The agency does not mail, fax or email pay stubs.

It is the responsibility of each employee to review their paystub every pay date. The employee must report any payroll discrepancy within 3 business days, in writing (via email or fax), to the administrator. This communication must include: the pay date in question and the issue (hours, rate, etc.). The Administrator will then have 5 business days to respond to the discrepancy in writing to the employee.



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

## **Abundant Life Home Health Agency, LLC**

### **DRUG AND ALCOHOL POLICY**

#### **A. PURPOSE**

To provide a controlled substance, drug and alcohol free workplace for the safety of all employees (leased, hired, or otherwise) and customers. In order to further this objective the following rules governing alcohol and illegal drugs and inhalants in the workplace have been established.

#### **B. POLICY**

1. The illegal manufacture, distribution, dispensing, possession, sale, purchase, receipt or transmittal of controlled substances, or an attempt to any of the foregoing, while on Abundant Life Home Health Agency, LLC or Client Company's ("Company") property or on company related business is prohibited.
2. The unauthorized possession of alcohol or any alcoholic beverage on Company property or on Company related business is prohibited.
3. Being under the influence of alcohol or other illegal or intoxicating drugs or inhalants while on Company property or on Company related business is prohibited.
4. The unauthorized use or possession of prescription drugs or nonprescription over-the-counter drugs on Company property or Company related business is prohibited.
5. Employees who violate this policy will be subject to appropriate disciplinary actions, including termination.
6. This policy applies to all employees of the Company regardless of rank or position, and includes temporary and part-time employees.

#### **C. TESTING**

1. Testing of employees. All present employees (leased, hired or otherwise) will be requested to sign an Informed Consent and Release of Liability form. Employees may be tested for the presence of alcohol, drugs including inhalants and/or controlled substances in the event any of the following situations occur:
  - a. There exists a reasonable suspicion or belief that an employee is at work under the influence of drugs, alcohol, inhalant, or a controlled substance;
  - b. There exists a reasonable suspicion or belief that drugs, alcohol, inhalants or a controlled substance are affecting an employee's job performance, attendance patterns, conduct, or safety of workplace actions;
  - c. The employee is suspected of having caused or contributed to an on-the-job accident;
  - d. When required by a customer or Company pursuant to the customer's drug testing policy. Such testing is not considered a Company drug test and may be subject to the customer's rules regarding drug tests.
2. Voluntary. In all instances, testing will be performed only with the applicant or employee's knowledge and consent. Refusal to submit to requested testing, however, may result in disciplinary action including termination of employment.
3. Company Testing. Urine specimens will be obtained at the Company's office, lab, testing facility; however, in the event of an accident or injury, samples may be obtained at an appropriate hospital, clinic, emergency room, or doctor's office.
4. Test Results. A positive test shall mean the presence of alcohol, an inhalant or other drug or controlled substance has been found. An attempt by an employee to switch, adulterate, or tamper with any test result or sample submitted for medical testing, or otherwise interfere or attempt to interfere with the testing processes, shall result in immediate termination.



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

## **Abundant Life Home Health Agency, LLC**

### **DRUG AND ALCOHOL POLICY**

#### **D. CONFIDENTIALITY**

The Company shall make all reasonable attempts to keep the results of a positive drug test confidential. Such results shall be released to Company personnel only on a need-to-know basis. All positive written test results will be stored in a confidential file and be filed only by authorized Company personnel and kept only at the company.

#### **E. DISCIPLINARY ACTION**

Employees suspected of violating any of the policies contained herein may be suspended or removed from the workplace pending a complete investigation. Employees testing positive for drugs, alcohol, inhalants or other controlled substances will be subject to immediate discharge. Any employee who is otherwise found to have violated the policies herein will be subject to disciplinary action, including termination of employment. Should the determination be made that no violation of the policies contained herein have occurred, the employee will be reinstated without penalty.

#### **F. EXCEPTION**

An employee who possesses or uses a drug authorized by a licensed physician or medical practitioner through a prescription, specifically for the employee's use while on the job, and whose faculties are not noticeably impaired by the use of such drug, will not be considered to have violated this policy. Employees shall be responsible for discussing with the prescribing medical practitioner whether any prescribed drug will or may affect the employee's performance on the job. In the event an employee is advised that medication may affect performance, it is the employee's responsibility to notify his or her supervisor of the circumstances prior to reporting to work.

#### **G. CONVICTION UNDER CRIMINAL DRUG STATUS**

Every employee, as a condition of continued employment, is required to immediately notify the company if they are convicted under a federal or state criminal drug statute, whether the act giving rise to such conviction occurred on or off Company premises.

#### **H. COORDINATION WITH LAW ENFORCEMENT AGENCIES**

the sale, use, purchase, transfer or possession of an illegal drug or drug paraphernalia is a violation of the law. The Company will report information concerning possession, distribution, or use of any illegal drugs to law enforcement officials and will turn over to the custody of law enforcement officials any such substances found during a search of an individual or property. The Company will cooperate fully in the prosecution and or conviction of any violation of the law.



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

## **Abundant Life Home Health Agency, LLC**

### **DRUG AND ALCOHOL POLICY**

#### **Informed Consent and Release of Liability**

I authorize Abundant Life Home Health Agency, LLC or Client Company ("Company") to obtain a specimen of my urine for chemical analysis. I understand that this analysis is to determine or exclude the presence of alcohol, drugs or other substances, in accordance with the Substance Abuse and drug Testing Policy of Company. I understand that decisions regarding my continued employment may be made as a result of this analysis. I understand that test results will be divulged only to authorized personnel. I hereby consent to this test and release Company from any liability for decisions resulting from this test.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee/Applicant Printed Name



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **Employee Supervision**

All employees will be supervised on an ongoing basis by respected personnel. All supervision will follow Medicare conditions of participation and time restraints that are set forth by the license you withhold.

#### **Employee Continuing Education**

All licensed employees must provide proof of ongoing continuing education that is specific to the license that they hold.



# National Patient Safety Goals Effective January 1, 2015

## Home Care Accreditation Program

### Goal 1

Improve the accuracy of patient identification.

#### NPSG.01.01.01

Use at least two patient identifiers when providing care, treatment, or services.

Note: In the home care setting, patient identification is less prone to error than in other settings. At the first encounter, the requirement for two identifiers is appropriate; thereafter, and in any situation of continuing one-on-one care in which the clinician "knows" the patient, one of the identifiers can be facial recognition. In the home, the correct address is also confirmed. The patient's confirmed address is an acceptable identifier when used in conjunction with another individual-specific identifier.

#### --Rationale for NPSG.01.01.01--

Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifier.

#### Elements of Performance for NPSG.01.01.01

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.
2. Label containers used for blood and other specimens in the presence of the patient.



**Goal 3**

Improve the safety of using medications.

**Introduction to Reconciling Medication Information**

The large number of people receiving health care who take multiple medications and the complexity of managing those medications make medication reconciliation an important safety issue. In medication reconciliation, a clinician compares the medications a patient should be using (and is actually using) to the new medications that are ordered for the patient and resolves any discrepancies.

The Joint Commission recognizes that organizations face challenges with medication reconciliation. The best medication reconciliation requires a complete understanding of what the patient was prescribed and what medications the patient is actually taking. It can be difficult to obtain a complete list from every patient in an encounter, and accuracy is dependent on the patient's ability and willingness to provide this information. A good faith effort to collect this information is recognized as meeting the intent of the requirement. As health care evolves with the adoption of more sophisticated systems (such as centralized databases for prescribing and collecting medication information), the effectiveness of these processes will grow.

This National Patient Safety Goal (NPSG) focuses on the risk points of medication reconciliation. The elements of performance in this NPSG are designed to help organizations reduce negative patient outcomes associated with medication discrepancies. Some aspects of the care process that involve the management of medications are addressed in the standards rather than in this goal. These include coordinating information during transitions in care both within and outside of the organization (PC.02.02.01), patient education on safe medication use (PC.02.03.01), and communications with other providers (PC.04.02.01).

In settings where medications are not routinely prescribed or administered, this NPSG provides organizations with the flexibility to decide what medication information they need to collect based on the services they provide to patients. It is often important for clinicians to know what medications the patient is taking when planning care, treatment, or services, even in situations where medications are not used. A new requirement in this NPSG addresses the patient's role in medication safety: it requires organizations to inform the patient about the importance of maintaining updated medication information.

**NPSG.03.06.01**

Maintain and communicate accurate patient medication information.

**--Rationale for NPSG.03.06.01--**

There is evidence that medication discrepancies can affect patient outcomes. Medication reconciliation is intended to identify and resolve discrepancies—it is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that clinicians use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose. Organizations should identify the information that needs to be collected to reconcile current and newly ordered medications and to safely prescribe medications in the future.

**Elements of Performance for NPSG.03.06.01**

1. Obtain and/or update information on the medications the patient is currently taking. This information is documented in a list or other format that is useful to those who manage medications.



Note 1: The organization obtains the patient's medication information during the first contact. The information is updated when the patient's medications change.

Note 2: Current medications include those taken at scheduled times and those taken on an as-needed basis. See the Glossary for a definition of medications.

Note 3: It is often difficult to obtain complete information on current medications from a patient. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP.

2. Define the types of medication information (for example, name, dose, route, frequency, purpose) to be collected in different settings and patient circumstances.



3. Compare the medication information the patient is currently taking with the medications ordered for the patient in order to identify and resolve discrepancies.  
Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the organization, does the comparison. (See also HR.01.06.01, EP 1)
4. Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she leaves the organization's care (for example, name, dose, route, frequency, purpose).  
Note: When the only additional medications prescribed are for a short duration, the medication information the organization provides may include only those medications. For more information about communications to other providers of care when the patient is discharged or transferred, refer to Standard PC.04.02.01.
5. Explain the importance of managing medication information to the patient.  
Note: Examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations. (For information, on patient education on medications, refer to Standards MM.06.01.03, PC.02.03.01, and PC.04.01.05.)



## Goal 7

Reduce the risk of health care–associated infections.

### NPSG.07.01.01

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

#### --Rationale for NPSG.07.01.01--

According to the Centers for Disease Control and Prevention, each year, millions of people acquire an infection while receiving care, treatment, or services in a health care organization. Consequently, health care–associated infections (HAIs) are a patient safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene of health care staff. Compliance with the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of HAIs. To ensure compliance with this National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, and monitors compliance and provides feedback.

#### Elements of Performance for NPSG.07.01.01

1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines. (See also IC.01.04.01, EP 5)
2. Set goals for improving compliance with hand hygiene guidelines. (See also IC.03.01.01, EP 3)
3. Improve compliance with hand hygiene guidelines based on established goals.



**Goal 9**

Reduce the risk of patient harm resulting from falls.



**NPSG.09.02.01**

Reduce the risk of falls.

**--Rationale for NPSG.09.02.01--**

Falls account for a significant portion of injuries in hospitalized patients, long term care residents, and home care recipients. In the context of the population it serves, the services it provides, and its environment of care, the organization should evaluate the patient's risk for falls and take action to reduce the risk of falling as well as the risk of injury, should a fall occur. The evaluation could include a patient's fall history; review of medications and alcohol consumption; gait and balance screening; assessment of walking aids, assistive technologies, and protective devices; and environmental assessments.

**Elements of Performance for NPSG.09.02.01**

1. Assess the patient's risk for falls.	<b>R</b>	<b>C</b>		<b>M</b>	
2. Implement interventions to reduce falls based on the patient's assessed risk.	<b>R</b>	<b>A</b>			
3. Educate staff on the fall reduction program in time frames determined by the organization.	<b>R</b>	<b>C</b>		<b>M</b>	
4. Educate the patient and, as needed, the family on any individualized fall reduction strategies.	<b>R</b>	<b>C</b>		<b>M</b>	
5. Evaluate the effectiveness of all fall reduction activities including assessment, interventions and education.	<b>R</b>	<b>A</b>			

Note: Examples of outcome indicators to use in the evaluation include decreased number of falls and decreased number and severity of fall-related injuries.

**Goal 15**

The organization identifies safety risks inherent in its patient population.

**NPSG.15.02.01**

Identify risks associated with home oxygen therapy such as home fires.

**--Rationale for NPSG.15.02.01--**

A critical aspect of safe patient care at home relates to the use of oxygen. Oxygen administration presents a high risk for fire due to the acceleration of flame that oxygen causes in the presence of flammable substances (such as upholstery and clothing) and open flames (such as candles, gas appliances, and smoking materials). Smoking is a major reason for burn incidents involving home medical oxygen therapy. Oxygen cylinders that are not safely stored create risks for fire and explosion; standards addressing storage of cylinders are included in the "Environment of Care" (EC) chapter.

The Joint Commission has reviewed more than 40 sentinel events for home health care patients who were either injured or killed as a result of a fire in the home. A Sentinel Event Alert (#17) was issued on March 1, 2001 that outlines risk factors, root causes, and risk-reduction strategies for this serious patient safety problem.

This NPSG addresses the importance of a home oxygen assessment that identifies potential safety risks in the environment. Patients and families need to understand and modify behaviors that could lead to a serious safety event. For that reason, home care agencies that interact with their patients have a responsibility to reduce risk by assessing the environment and educating the patient and family. Issues to consider in both the home risk assessment and in patient and family education include whether or not the patient lives alone, the patient's cognitive ability, and whether individuals smoke in the home.

An oxygen safety risk assessment should be conducted before starting oxygen therapy in the home and when home care services are initiated. However, when more than one organization provides services in the home, it is the responsibility of each organization to assess potential fire risks when its staff enters the home.

**Elements of Performance for NPSG.15.02.01**

1. Conduct a home oxygen safety risk assessment before starting oxygen therapy in the home and when home care services are initiated that addresses at least the following:
  - Whether there are smoking materials in the home
  - Whether or not the home has functioning smoke detectors

Note: Home care staff may ask the patient and family whether smoke detectors are functioning or may test the smoke detectors if they are accessible. However, testing smoke detectors is not required.

  - Whether there are other fire safety risks in the home, such as the potential for open flames

Document the performance of the risk assessment. (For more information on coordination among different providers of care, refer to PC.02.02.01, EPs 1 and 10, and PC.02.03.01, EP 5.)
2. Reevaluate potential fire risks at intervals established by the organization. Evidence of unsafe practices leading to potential risk is used to establish these intervals. Document the reevaluation of potential fire risks.
3. Inform and educate the patient, family, and/or caregiver about the following:
  - The findings of the safety risk assessment
  - The causes of fire
  - Fire risks for neighboring residences and buildings
  - Precautions that can prevent fire-related injuries
  - Recommendations to address the specific identified risk(s)

Document the provision of information and education. (For more information on coordination among different providers of care, refer to PC.02.02.01, EPs 1 and 10, and PC.02.03.01, EP 5.)



4. Assess the patient's, family's, and/or caregiver's level of comprehension of identified risks and compliance with suggested interventions during home visits. Document this assessment.



5. Implement strategies to improve patient and/or family compliance with oxygen safety precautions when unsafe practices are observed in the home. This includes notifying the licensed independent practitioner ordering the oxygen. Document the implementation of strategies to address compliance.



Note: Other strategies to be considered include additional education, placing written reminders in specific locations, and exploring alternative living arrangements with the patient and family.





**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

## **Section III**

### **Office Policies**



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### eRSP Policies

Notes will not be acceptable if they do not meet our Agency's standards. Please review the list below, so that you can ensure your notes are in compliance.

Acceptable Nurse Notes contain the following:

1. Shift time in & out (found in the assessment portion)
2. Complete Assessment
3. SIGNATURES: You must have your signature saved (on the employee home page), and you MUST obtain PCG signature for EVERY SHIFT
4. Vitals: AT least 1 set of vitals Q shift, more if POC dictates
5. Intake/Output: A complete record of all the I&O on your shift
6. MAR: A complete and accurate record of medication administration
7. TAR: A complete record of treatments (where applicable)
8. Narratives: Narrative entries must be AT LEAST Q2H, and must describe an accurate account of the nursing skills you've provided during your shift. Please be mindful of the times as you add entries.

\*Some mobile devices have trouble with the timestamp. You can verify that the times you are adding are consistent with those in the output document by viewing your notes (see instructions below, under TIPS for eRSP). If your timestamps are not displaying correctly, try using the full site.

Please see the example narrative note [Here](#):

<https://files.acrobat.com/a/preview/9ba47550-2a50-4ff3-96c8-1bcdeafa8641>

Please see our Youtube Channel, with tutorial Videos [Here](#) :

<https://www.youtube.com/channel/UC4ej7yP4fJUTXp6l5OkPYKg> We will be updating the videos in the near future

#### Other Policies related to eRSP:

- Notes need to be submitted no more than 12 hours after the end of your shift
- Any schedule changes (Call off, starting late/finishing early) need to be reported to the office. All time off requests still need to be submitted to the office, in writing, by the 15<sup>th</sup> of the previous month.
- **CHECK YOUR SCHEDULE.** If you see something wrong with your schedule (i.e. missing shifts, extra shifts, wrong times, etc) call the office.



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **eRSP Resources**

If you need help with Ersp, please send me (Don Howell) a message, detailing your issue, and I will get back to you, or you can call the Clearwater Office. We can set up a time for you to come in, have a telephone conference, or a Goto meeting via web.

#### **TIPS for eRSP**

We highly recommend Google Chrome as the browser to use for Ersp—it seems to function the best, and it will remember your form entries, which is helpful on assessment items that do not change.

For your notes, you can check the output document (the note we receive). You will be able to view a PDF document with everything you've charted for that shift. You can achieve this by:

(Full site): Click "View Employee Notes" in any sub tab in "post time sheet"

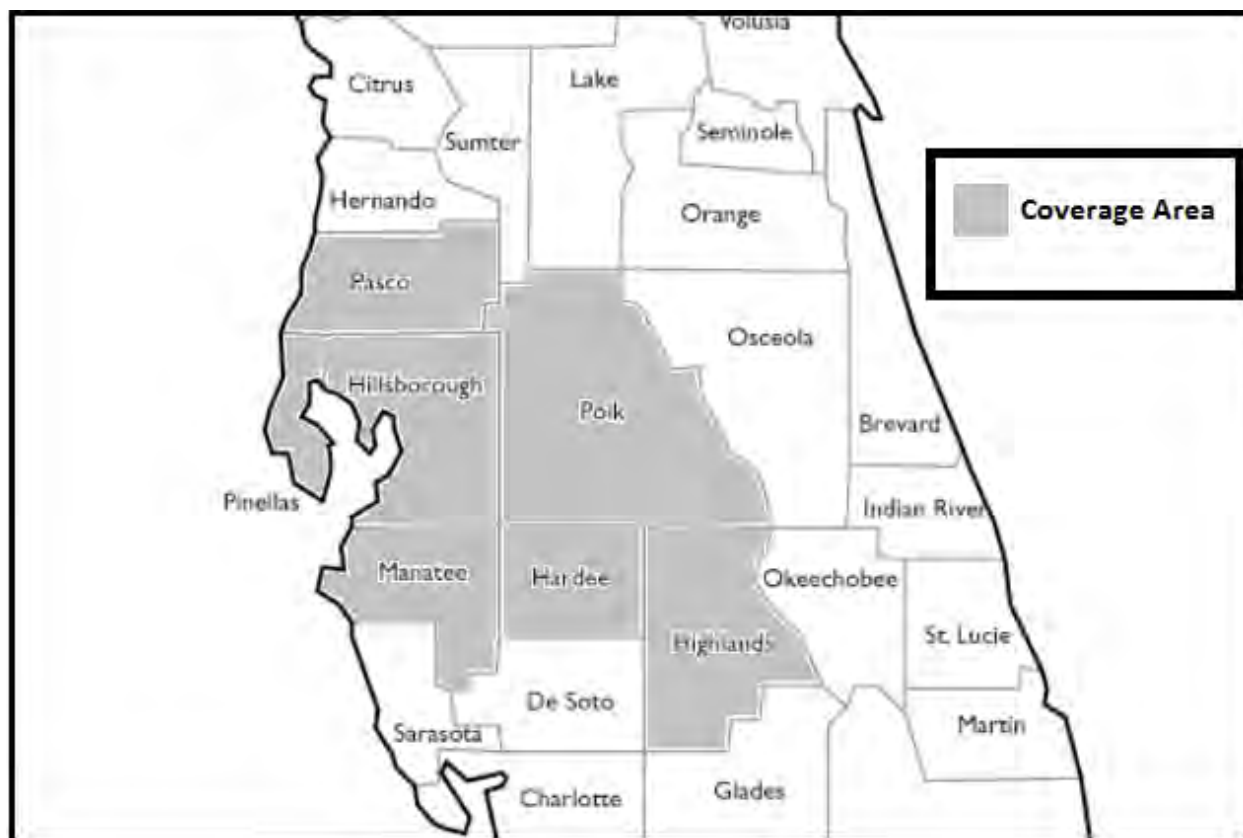
(Mobile site): Under "Info" Patient Forms> Current Nurse Notes



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Coverage Map





Abundant Life Home Health Agency, LLC

Orientation Packet

# Fax Cover Sheet

727-286-8916

Fax: 727-286-8917

To: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

Fax Number: \_\_\_\_\_

NUMBER OF PAGES, INCLUDING THIS PAGE: \_\_\_\_\_

Description: \_\_\_\_\_

Sample

**Confidentiality Notice:** Unless otherwise indicated or obvious from the nature of this transmittal, the information contained in this facsimile message is attorney privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error; please immediately notify the sender by telephone and return the original message to the above address via the U.S. Postal service at our expense. Thank you.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Insurance Verification/Re-Authorization Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

ID#	GRP#	Effective Date
-----	------	----------------

Subscriber Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Is the Insured Covered for Home Health Services? \_\_\_\_ Yes \_\_\_\_ No

What is the Percentage Covered? \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Met, Date: \_\_\_\_\_

Not Met \_\_\_\_ CoPay? \_\_\_\_ Other Pertinent Covered Services: \_\_\_\_\_

Maximum Lifetime Benefits? \_\_\_\_\_ Deductible Amount: \_\_\_\_\_ Capitated: \_\_\_\_\_

Prior Authorization Number Assigned: \_\_\_\_\_

#### Claim Submission Address of Insurance Company

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Private Pay / Other

Is this Private Pay? \_\_\_\_

Does Pt have Preferred Providers? \_\_\_\_ Yes \_\_\_\_ No HMO? \_\_\_\_ Yes \_\_\_\_ No

Medicaid # \_\_\_\_\_ Effective Date: \_\_\_\_\_

No Insurance \_\_\_\_ Charity Care \_\_\_\_ Manager Approval Date: \_\_\_\_\_

Special Arrangements: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201

Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856-3638

Email: AbundantlifeHHA@gmail.com / AbundantlifeHHAtampa@gmail.com





## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### REFERRAL INFORMATION

Date of Intake: \_\_\_\_\_ SOC Date: \_\_\_\_\_ EOC Date: \_\_\_\_\_  
Patient Status: New Re-admit  
Referral Taken by: \_\_\_\_\_ Referring Individual: \_\_\_\_\_  
Referring Organization: \_\_\_\_\_ Time: \_\_\_\_\_  
Admit RN/PT \_\_\_\_\_ Case Manager: \_\_\_\_\_

#### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_ MS: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Emergency Contact Address: \_\_\_\_\_

**SAMPLE**

#### PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Referring Physician's Address: \_\_\_\_\_  
Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Attending Physician's Address: \_\_\_\_\_  
Orders Received? Y N Orders Faxed? Y N  
Diagnosis: 1. \_\_\_\_\_ ICD9 Code: \_\_\_\_\_  
2. \_\_\_\_\_ ICD9 Code: \_\_\_\_\_  
3. \_\_\_\_\_ ICD9 Code: \_\_\_\_\_  
Disciplines Ordered: SN PT\* OT ST HHA MSW\*\*  
\*PT Notified? Y N Date: \_\_\_\_\_ Name: \_\_\_\_\_  
\*\*MSW Notified? Y N D Date: \_\_\_\_\_ Name: \_\_\_\_\_

#### PAY SOURCE

Medicare No: \_\_\_\_\_ Medicaid No: \_\_\_\_\_  
Private Insurance Co: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Abundant Life Home Health Agency, LLC

## Orientation Packet

### COMPLAINT FORM

- ☐ Written\*  
☐ Verbal

\_\_\_\_\_  
Patient Name                      Complaint Date                      Occurrence Date                      S.O.C. Date

Claimant: ☐ Patient Family    ☐ Employee    ☐ Other: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Complaint/Allegation Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken to Investigate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAMPLE**

Supportive Documentation (select all that apply):

\_\_\_\_ Home Visit Made                      \_\_\_\_ Employee File Reviewed                      \_\_\_\_ Written response to Claimant\*

\_\_\_\_ Patient Chart Reviewed                      \_\_\_\_ Occurrence Report                      \_\_\_\_ Dept. of Health Consult

\_\_\_\_ Conference                      \_\_\_\_ Other: \_\_\_\_\_

Resolution/Response/Intervention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response to Claimant: ☐ Verbal    ☐ Written (attach copy)

Claimant Satisfied with Resolution:

If, Yes – Date: \_\_\_\_\_                      If, No – Date of Appeal: \_\_\_\_\_                      ☐ Forwarded to Governing Body

Additional Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Complaints received in writing must be answered in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Release of Information Authorization

I hereby authorize Abundant Life Home Health Agency, LLC to release my medical records to:

Patient Name and Address Here

**SAMPLE**

Dates requesting: \_\_\_\_\_

Please send the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient's Social Security No.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Release of Information Authorization

I hereby authorize \_\_\_\_\_

To release my medical records to:

Abundant Life Home Health Agency, LLC  
28870 US Hwy 19 N, Ste 325  
Clearwater, FL, 33761  
727-286-8916

Dates requesting: \_\_\_\_\_

Please send the following: \_\_\_\_\_

**SAMPLE**

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient's Social Security No.







**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

## **Section IV**

### **New Patient Admissions**

**\*To be reviewed by DON: Separate Orientation**



**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

# **NEW ADMISSION PACKET**

**(Applicable to RN's and PT's)**



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

### **Chart Organization**

**Admission Records**

**Physicians Orders**

**Assessments**

**Care Plan**

**Nurses Notes**

**Home Care Aide Notes**

**Interdisciplinary Progress Notes**

**Social Services**

**PT Notes**

**OT Notes**

**ST Notes**

**Medications**

**Lab & Special Reports**

**Client Family Education**

**Discharge Planning**

**Misc.**





**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

## **Section V**

# **Infection Control**



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

### **Infection Control**

#### **INFORMATION TO PROTECT HEALTH CARE WORKERS ON THE JOB FROM INFECTIOUS DISEASES THAT CAN BE TRANSMITTED BY BLOOD, BODY FLUIDS AND HUMAN TISSUE**

This information is provided to inform you of our program of Universal Precautions to protect you against blood-borne pathogens, including viruses that cause hepatitis and AIDS.

#### **THESE VIRUSES ARE PASSED FROM PERSON TO PERSON BY BLOOD OR BODY FLUIDS**

1. The hepatitis B and C viruses. Hepatitis B and C cause hepatitis or liver diseases.
2. The human immunodeficiency virus. This virus is also called HIV. HIV is the cause of AIDS.
3. Cytomegalovirus. This virus is also called CMV. CMV causes an infection which can lead to birth defects.
4. Be aware that blood and bodily fluids and human tissue can carry other infectious diseases as well.
5. If a pregnant woman is infected with a blood borne pathogen, it may infect the baby.

#### ***YOU SHOULD KNOW***

Hepatitis B is a disease that causes 200 to 300 deaths each year in health care workers. A vaccine to protect health care workers from hepatitis B is available at your physicians' office or local health department. The vaccine is highly recommended for all health care providers who have routine or occasional contact with the blood or body fluids of patients. Hepatitis B is passed from person to person by exposure to blood and some body fluids. HIV is passed the same way.

HIV has infected some health care workers on the job. Most got infected so by a "sharps injury" such as a needle stick. Others got infected with HIV by getting blood splashed on their chapped skin or in their eyes, noses or mouths. The risk of getting infected while working in the home health setting is low but not zero. For example, the risk of infection by an accidental needle stick with an HIV contaminated needle is about three to four chances out of 1000. However, the risk of coming down with AIDS and dying is high if you get infected with HIV. A health care worker infected with a blood borne pathogen may pass it on to his or her partner by sexual contact.

A person who is infected with the cytomegalovirus (CMV) may not have any signs of illness. This virus may be passed from person to person by exposure to infected saliva and urine. If a pregnant woman becomes infected with CMV, it may cause damage to the fetus (unborn child).

Often, we do not know that a patient has one of these diseases. Many times a patient does not look sick. However, if you are exposed, you can still get one of these diseases. You can protect yourself from exposure by following special precautions known as **UNIVERSAL PRECAUTIONS**.



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

### **Infection Control**

#### **WHAT IS EXPOSURE?**

Significant exposure to blood or body fluids is defined as:

1. Injury with a contaminated sharp object (e.g., needle sticks, scalpel cuts)
2. Spills or splashes of blood or body fluids into non-intact skin (e.g., cuts, hangnails, dermatitis, abrasions, chapped skin) or into a mucous membrane (i.e., mouth, nose, eyes)
3. Blood exposure covering a large area of apparently intact skin.

Here is a list of examples of exposures.

1. Getting blood or body fluids in cuts or in breaks in your skin, or in skin sores or on large areas of skin.
2. Getting blood or body fluids in your eyes, mouth, or nose.
3. Getting cut or stabbed with any needles or sharp instruments which were used on a patient.
4. Getting cut on the broken glass that was used to hold blood, body fluids, or human tissue (glass tubes, blood collection tubes, bottles, jars, etc.)

#### **WHAT IS NOT EXPOSURE?**

1. Handling food trays or furniture.
2. Handling assistive devices or wheelchairs with patients.
3. Using public bathrooms or telephones.
4. Personal contacts with patients such as shaking hands, giving information, touching intact skin as when bathing intact skin or giving a back rub.
5. Doing clerical or administrative duties for a patient.

#### **UNIVERSAL PRECAUTIONS**

1. You must wear gloves if you touch blood, body fluids, mucous membranes or human tissue of any patient. To touch a patient's skin that is broken or cut, wear gloves. Gloves must be worn when cleaning and debriding a surgical incision or open wound, while performing any EMG/NCV diagnostic testing procedure, or suctioning a patient. You must wear gloves when performing any vascular access procedures – such as venipuncture. You must wear gloves when touching any surface or object which is reasonably anticipated to be contaminated even if not visibly contaminated, such as the outside of patient specimens. Always change gloves when they are torn. Always change gloves after contact with each patient. Always remove contaminated gloves before touching clean items such as door knobs, light switches, etc. Always wash hands immediately after taking off gloves. Do not wash or disinfect surgical or examination gloves for reuse. Do not use non-intact or discolored gloves.
2. When mucous membranes (i.e., mouth, nose, or eyes) come in contact with blood or body fluids, you must flush (irrigate) them with large amounts of water. If you have blood or a body fluid splashed into a skin cut, skin puncture or skin lesion, first wash the area with soap and water for at least 10 seconds, then put 70% isopropyl alcohol on the area. You must report any exposure that occurs either as a part of your job or through an emergency outside the scope of your job to The Company as soon as possible. Follow the same procedures used for incident reporting.
3. Do not eat, drink, apply cosmetics, lip balm or handle contact lenses in work areas where there is a potential for occupational exposure to blood or body fluid contaminated surfaces or objects.





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#### **Infection Control**

4. Wear fluid resistant gowns or plastic aprons if soiling of clothes with blood or body fluids is likely.
5. You must wear a mask and eye protection or a face shield if spraying, splashing, or splatter to your face is possible. Minimal facial protection would consist of a surgical mask and eye glasses with solid side shields. Eyeglasses without solid side shields are never acceptable for the purpose of protection.
6. All personal protective equipment (gloves, masks, eye protection, and fluid resistant gowns or aprons) shall be removed immediately upon leaving the work area and placed in a designated container for washing or disposal. If contaminated, personal protection equipment should be removed immediately or as soon as feasible. If a pullover item is contaminated, remove it in a way that contamination of head or face does not occur. If this is not feasible, then pullover item should be cut off with scissors.
7. CPR masks are essential when performing mouth-to-mouth resuscitation, and are available at the clinic. Gloves, CPR masks, and proper hand washing are essential.
8. Handle anything sharp with care to prevent accidental cuts or punctures. Do not recap, bend or break used disposable needles. Discard all sharp items immediately by placing them in a puncture-resistant needle box or a puncture-resistant contaminated materials container (CMC). Broken glassware that may be contaminated shall not be picked up directly with the hands. Use a mechanical device such as brush and dustpan, tongs or forceps. Remove vacutainer needles only from clean vacutainer holders. Use the needle removal device to do this. Do not remove needles from visibly bloody vacutainer holders. Discard both holders and needles if they are visibly bloody. Needle boxes and CMCs should be closed when nearly full. They should never be allowed to become overfilled. They should also never be placed above eye level.
9. Clean blood or body fluid spills promptly. Wear gloves and use a freshly made dilution of one part chlorine bleach to 9 parts of water to clean a spill. Place paper towels over spill. Flood the spill area with bleach dilution. Leave on for 10 minutes. Discard the paper towels in a contaminated materials container.
10. All patient specimens may be contaminated on the outside of the container and must be handled with gloves. Place them inside plastic bags before sending them to a laboratory. Be careful not to contaminate the outside of the plastic bag by handling it with potentially contaminated gloves. If the container is enclosed in a clean dry plastic bag, gloves need not be used for handling the bag. Do not send soiled containers to a laboratory. Do not place food or drink in refrigerators, freezers, cabinets or other areas where any patient specimens are placed.
11. A provider should report to The Company if you have a draining skin cut or sore. You must report before you take care of patients or touch patient care equipment. If there is a question about a provider's ability to safely care for patients, they should be cleared through The Company. Cover any non-draining lesions with waterproof dressing before entering the home environment.
12. Laundry visibly soiled with blood or body fluids must be handled with gloves. All laundry must be placed in a fluid proof bag. Do not place laundry in a red bag. If the outside of the bag is visibly soiled with blood or body fluids, the bag must be placed inside another bag. If personal clothing becomes contaminated with blood or other potentially infectious material, it cannot be taken home until it is laundered or disinfected.



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13. To get rid of large quantities of blood or body fluids, carefully pour them down a toilet. The drain connects to a sewer system. If splash or splatter is likely, you must wear protection for your eyes and a mask or a face shield. You must also protect your cloths – wear a fluid resistant gown or apron. Place small, closed samples of blood in a puncture-resistant contaminated materials container. **DO NOT SQUIRT IT IN!**
14. **ANY MATERIALS OR ITEMS VISIBLY CONTAMINATED WITH BLOOD, BODY FLUIDS OR HUMAN TISSUE MUST BE PUT INTO A CONTAMINATED MATERIALS CONTAINER (CMC).** A CMC must be available at your work site if you work with contaminated materials.
15. The following policies and documents are available for your review at the office of The Company. A copy of any or all of the following policies or documents is available to you upon request.
  - a. Occupational Exposure Training Policy
  - b. Hepatitis B Vaccine for Employees Policy
  - c. Blood borne Pathogens Exposure Control Plan Policy
  - d. Provision of Personal Protective Equipment Policy
  - e. CPL 2-2.60 - "Exposure Control Plan for OSHA Personnel with Occupational Exposure to Blood borne Pathogens."
  - f. Federal Register, "Blood borne Pathogens Regulatory Text", OSHA Standard 1910.1030



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### **Infection Control**

#### **UNIVERSAL PRECAUTIONS**

1. Personnel will wear gloves for contact with mucous membranes, non-intact skin and moist body substances for all patients. Wash hands after removing gloves and use clean gloves with each patient.
2. Gowns, masks, and protective eyewear are to be worn in addition to gloves during procedures where splashing or spattering of bodily fluids may occur.
3. Category specific isolation will be used for those patients with droplet/airborne diseases (list attached).
4. Gloves are to be worn for collecting, transporting and processing of all lab specimens.
5. Environmental cleaning will be performed routinely after each patient's use.
6. Needles and sharps are to be disposed of, uncapped in a rigid impervious container.
7. For infectious waste disposal, refer to the posted "Infectious Waste Policy."



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### **Infection Control**

#### **RATIONALE**

1. Persons of all ages and backgrounds may be carriers of the AIDS virus. IN addition, the majority of organisms associated with nosocomial infections are commonly found in faces, airway secretions, blood, urine, and wound drainage. Category specific isolation is usually initiated only after a diagnosis is made. Emphasis is placed on transmission of pathogens via hands of personnel.
2. Gowns protect clothing from soilage; clothing has rarely been known to be associated with transmission of infectious agents. Masks protect mucous membrane of the wearer as well as prevent droplet transmission to active patients. Private rooms offer additional barriers for airborne disease transmission.
3. Lab specimens treated in an identical manner addresses the issue of unknown cases as well as known cases.
4. The environment of all patients should be treated in the same manner. If soilage is present, it should be cleaned promptly. When the patient is discharged, their environment should be cleaned with the same attention to detail that would be used if the patient was known to have an infection.
5. Most needle stick injuries occur during the recapping process. Blood borne pathogens are a threat to health care workers via needle stick injuries.



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### Infection Control

#### ***PRIVATE ROOM/MASKS REQUIRED***

<u><b>Disease</b></u>	<u><b>Category</b></u>	<u><b>Comment</b></u>
Acute respiratory infection in infants and young children, including croup, bronchitis and bronchiolitis caused by respiratory syncytial virus, adenovirus, coronavirus, influenza viruses, parainfluenza viruses and rhinovirus.	Contact	
Chickenpox (Varicella)	Strict	Persons who are not susceptible do not need to wear a mask. Susceptibles should Stay out of room.
Diphtheria, pharyngeal	Strict	
Epiglottitis, H. flu	Respiratory	When close to patient for 24 hours after start of effective therapy.
Erythema infectiosus	Respiratory	Masks only for 7 days after onset.
German measles (rubella)	Contact	Masks only for 7 days after onset of rash persons not susceptible do not need to wear a mask. Susceptible persons should, if possible, stay out of room
Hemorrhagic fevers (e.g. Lassa fever)	Strict	

<u><b>Disease</b></u>	<u><b>Category</b></u>	<u><b>Comment</b></u>
Herpes Zoster (Varicella zoster) localized in immuno compromised patient, or disseminated	Contact	Persons not susceptible do not need to wear a mask Susceptibles should

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Email: AbundantlifeHHA@gmail.com / AbundantlifeHHAtampa@gmail.com



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### Infection Control

Influenza, in infants young children	Contact	stay out of room and
Marburg virus disease	Strict	
Measles (rubeola) all presentations	Respiratory	Masks for those close to patient. Persons not susceptible do not need to wear mask. Susceptible persons should, if possible, stay out of room
MENINGITIS, H. Influenza	Respiratory	Mask when close to patient for 24 hours after start of effective therapy
N. meningitis	Respiratory	
Meningococcal pneumonia	Respiratory	Masks when close to patient for 24 hours after start of effective therapy
Meningococcia (Meningococcal sepsis)	Respiratory	Same
Multiply resistant organisms Infect or colonization of Respiratory tract	Contact	When close – until after antibiotics and culture negative.
Mumps (Infectious parotitis)	Respiratory	When close – 9 days after onset of swelling. Person not susceptible do not need to wear mask.

### Disease

### Category

### Comment

Pertussis ("Whooping cough")	Respiratory	When close for 7 days after start of effective therapy
Pharyngitis, infectious in infants and young children	Contact	
Plague, pneumonic	Strict	For 3 days after start of effective therapy



**PNEUMONIA**  
H. influenza

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Respiratory

When close for 24  
hours after start of

### Infection Control

Infants & children

effective therapy

Meningococcal

Respiratory

When close for 24  
hours after start of  
effective therapy

Multiply resistant  
bacterial

Contact

Until after antibiotics  
and culture negative

Staph. aureus

Contact

When close for 48  
hours after start of  
effective therapy

Streptococcal grp. A

Contact

When close for 24  
hours after start of  
effective therapy

Viral

Contact

Rabies

Contact

When close –  
duration of illness

Smallpox  
(Variola)

Strict

Tuberculosis

Respiratory





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### Infection Control

#### EXPOSURE REPORT

Date: \_\_\_\_\_

Employee's Name \_\_\_\_\_

SS # \_\_\_\_\_

Patient's Name \_\_\_\_\_

Patient's SS # \_\_\_\_\_

Patient's address and phone # \_\_\_\_\_

Description of incident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Protective equipment used  
\_\_\_\_\_

Reason for exposure \_\_\_\_\_

Date reviewed by Risk Management Committee \_\_\_\_\_

Action taken and recommendations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **Abundant Life Home Health Agency, LLC**

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### **Infection Control**

#### **ACKNOWLEDGEMENT OF THE REVIEW OF THE EXPOSURE CONTROL PLAN**

I have read the Blood borne Pathogens Policy. I understand and agree to comply with all provisions of the policy.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HEPATITIS B VACCINE

## WHAT YOU NEED TO KNOW

### 1 Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

**Hepatitis B vaccine can prevent hepatitis B.** It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

### 2 How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

About 1/3 of people who are infected with hepatitis B in the United States don't know how they got it.

Hepatitis B

7/11/2001

### 3 Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic HBV infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

✓ **People should get 3 doses of hepatitis B vaccine according to the following schedule.** *If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.*

Hepatitis B Vaccination Schedule		WHO?		
		Infant whose mother is infected with HBV	Infant whose mother is <i>not</i> infected with HBV	Older child, adolescent, or adult
W H E N ?	First Dose	Within 12 hours of birth	Birth - 2 months of age	Any time
	Second Dose	1 - 2 months of age	1 - 4 months of age (at least 1 month after first dose)	1 - 3 months after first dose
	Third Dose	6 months of age	6 - 18 months of age	4 - 6 months after first dose

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should *not* be given to infants under 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4-6 months. Ask your health care provider for details.

Hepatitis B vaccine may be given at the same time as other vaccines.





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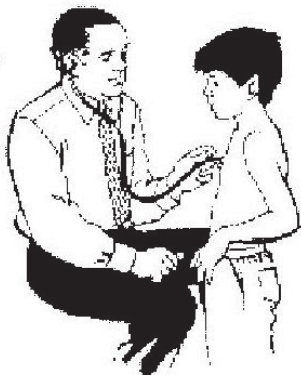
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#### Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to **baker's yeast** (the kind used for making bread) or to a **previous dose of hepatitis B vaccine**.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.



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#### What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

##### Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

##### Severe problems

- serious allergic reaction (very rare)

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#### What if there is a moderate or severe reaction?

##### What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic

reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

##### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vacrs.org](http://www.vacrs.org), or by calling 1-800-822-7967.

*VAERS does not provide medical advice*

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#### The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at [www.hrsa.gov/osp/vicp](http://www.hrsa.gov/osp/vicp)

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#### How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call: **1-800-232-4636** (1-800-CDC-INFO) or **1-888-443-7232**
  - Visit the National Immunization Program's website at [www.cdc.gov/nip](http://www.cdc.gov/nip) or CDC's Division of Viral Hepatitis website at [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Immunization Program

Vaccine Information Statement  
Hepatitis B (7/11/01) 42 U.S.C. § 300aa-26



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#### Hepatitis B Declination Statement

Employee Name: \_\_\_\_\_

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

#### Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Implementing a Tuberculosis Control and Personal Respiratory Home Health Protection Program

### PURPOSE

- To provide home health agency guidelines for effective tuberculosis control program
- To reduce the risk of transmission of *M. tuberculosis* (MTB)

### RELATED PROCEDURES

- Applying Principles of *Standard Precautions*: General Guidelines
- Reporting and Managing an Exposure Incident
- Tuberculin Skin Test (see Chapter 10)

### GENERAL INFORMATION

OSHA supports the CDC guidelines for the prevention of MTB in health-care facilities.

- Emphasis is placed on:
  1. administrative and engineering control and personal respiratory protection of health care workers;
  2. health-care facility risk assessment and development of a written MTB control plan;
  3. early detection and management of persons with MTB;
  4. purified protein derivative (PPD) skin testing programs; and
  5. health-care worker education, counseling, screening, and evaluation regarding MTB transmission, symptomology, prevention, and treatment. Be aware that OSHA guidelines regarding protection of health care workers from exposure to MTB were under review for revision at the time of this writing. See the OSHA Regulations in the procedure for *Applying Principles of Standard Principles of Standard Precautions: General Guidelines*.

*M. tuberculosis* is carried in airborne particles, known as *droplet nuclei*, that can be generated when persons with pulmonary or laryngeal MTB sneeze, cough, speak, or sing. The particles are estimated to be approximately 1 to 5 microns. Normal air currents keep the particles airborne and can spread them throughout a room or building.

### PROCEDURE

1. Institute the elements of the Personal Respiratory Protection and MTB Protection Program to include the following:
  - a. Conduct a risk assessment to evaluate the risk of MTB transmission among staff and patients.
  - b. Develop a written program based on the risk assessment, and periodically repeat the risk assessment to evaluate program effectiveness.
  - c. Develop, enforce, maintain, and evaluate policies and protocols to ensure early detection and treatment of patients/staff who may have infectious MTB.
  - d. Educate and train home health nurses and field staff about clinical manifestations of MTB, effective methods for prevention of MTB transmission, treatment modalities, and the benefits of a medical screening program.
  - e. Promptly evaluate possible episodes of MTB transmission in the home health agency and coordinate activities with the local public health department, emphasizing reporting, adequate discharge follow-up, and ensuring continuation and completion of therapy.
  - f. Perform an annual evaluation of the program. Based on outcomes, both written procedures and program administration should be modified as necessary. Elements of the program that should be evaluated include work practices and use of respirators.
2. Perform two-step PPD testing of home health nurses and field staff at the time of their



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- a. employment, with retesting done annually and as needed. Consult with the local health department and local OSHA representative **each year** to keep updated on guidelines.
3. Provide respiratory protection devices. Appropriate respiratory protection must be worn by all staff potentially exposed to MTB in settings where administrative and engineering controls may not provide adequate protection. NIOSH requires the following criteria for respiratory devices used for MTB:
  - a. Provide a respiratory protection device (respirator) able to filter particles of 1 micron with a filter efficiency of 95%, given flow rates of up to 50 L/minute (check manufacturer guidelines, and purchase certified respirators that meet or exceed NIOSH criteria).
  - b. Provide a medical evaluation that determines the health care worker is physically able to perform the work and use the respirator.
  - c. Provide a fit-test protocol whereby respirations are tested in a reliable way to obtain a face-seal leakage of no more than 10%.
4. Ensure that all staff that provides direct patient care in the home are instructed and trained in the proper use of respirators and their limitations (the face-piece seal should be checked by staff each time they put the respirator on).
5. Ensure that respirators are easily available for use and stored in a sanitary location. If used again, clean and disinfect the respirator, according to the manufacturer's recommendations.
6. Clean and replace equipment. Discard disposable items according to *Standard Precautions*.

### NURSING CONSIDERATIONS

When visiting a patient with suspected or confirmed infectious MTB, offer the patient a surgical mask, and instruct the caregivers/family to cover their mouth and nose with a tissue when coughing or sneezing. Wear respiratory protection when entering the home or the patient's room until the patient is no longer actively infectious.

Educate the patient/caregiver about the importance of the taking MTB medications as prescribed by the physician.

Cough-inducing procedures should be performed on patients with actively infectious MTB only if absolutely necessary. If cough-inducing procedures are necessary, perform them in a well-ventilated area of the home away from caregivers/family members.

Respirators should not be worn when conditions prevent a good seal. Such conditions may include the growth of a beard; sideburns; a skull cap that projects under the face piece; dentures; and in some cases, glasses. In addition, home health nurses and field staff who are severely immunosuppressed or pregnant should avoid exposure to MTB.

### DOCUMENTATION GUIDELINES

Document *Standard Precautions* on the visit report. Any home health staff exposure shall be reported on the OSHA 200 form.





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#### **INSTRUCTIONS FOR TREATING MRSA PATIENTS**

MRSA is "Methicillin-Resistant Staph Aureus" infection. It is an infection that is resistant to antibiotic treatment. Usually, patients acquire this infection while in the hospital. Patient who are elderly or who are immuno-compromised are most susceptible to this infection.

Contact-Droplet Isolation: gown, gloves, and mask are required for all health care providers. The patient may have been instructed to wear a mask, but it is not required.

Schedule MRSA patients for the last appointment of the day.

All clothing that comes in contact during the visit to be washed in HOT water and dried on the HOT setting.

All gowns, gloves and masks worn during the treatment are to be separately bagged in a garbage bag and immediately placed in a bio hazard bag.

GOOD HAND WASHING IS A MUST. THIS IS TO BE DONE BEFORE, DURING (IF APPROPRIATE) AND AFTER THE TREATMENT USING ANTIBACTERIAL SOAP AND HOT WATER FOR AT LEAST 30 SECONDS.



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#### Management of Blood or Body Substance Spills in the Home

##### PURPOSE

- To prevent the spread of infectious disease
- To promote a clean environment

##### EQUIPMENT

1. Blood spill kit (utility gloves, paper towels, impermeable plastic trash bag, 1:10 bleach solution or other home health agency-approved disinfectant) (see *Infection Control*)

##### PROCEDURE

1. Explain the procedure to the patient/caregiver.
2. Don gloves.
3. Cover blood or body substance spill with paper towels.
4. Soak up drainage with paper towels. Place paper towels in an impermeable plastic trash bag.
5. Disinfect spill area with 1:10 bleach solution or an approved home health agency disinfectant for a minimum of 1 minute.
6. Wipe up bleach solution or disinfectant with paper towels and place in an impermeable plastic trash bag and secure.
7. For large amounts of blood or body substances, consider double-bagging plastic trash bag in another plastic trash bag, then secure it.
8. Clean and replace equipment. Discard disposable items according to *Standard Precautions*.

##### NURSING CONSIDERATIONS

Make a fresh supply of bleach solution daily because chlorine deteriorates and loses efficacy over time.

##### DOCUMENTATION GUIDELINES

Document *Standard Precautions* on the visit report.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Maintaining Medical Supplies and Equipment in the Car

##### PURPOSE

- To promote cleanliness of medical supplies and equipment in the home health nurses and field staff's car
- To prevent transmission of insects or infectious organisms

##### RELATED PROCEDURE

- Applying Principles of *Standard Precautions*: General Guidelines

##### EQUIPMENT

1. Large plastic or cardboard container with impermeable lining

##### PROCEDURE

1. Home health nurses and field staff who travel by car are to keep a large plastic or cardboard container in a designated clean area of the car, preferably the trunk.
2. The nursing bag, extra staff uniform, and medical supplies and equipment are to be kept in this container.
3. Supplies and equipment are to be stored in the car container in a neat and orderly fashion.

##### NURSING CONSIDERATIONS

Home health nurses and all field staff have the potential to transmit insects and infectious microorganisms from household to household. Medical supplies and equipment are to be stored, handled, and transported in a way to minimize this risk. Likewise, medical supplies/equipment in the patient's home is to be stored and handled without compromising integrity.

Do not leave temperature-sensitive equipment in the car overnight or for long periods.

Using non-latex gloves should be considered because of potential staff and patient allergies to latex.

##### DOCUMENTATION GUIDELINES

Document *Standard Precautions* on the visit report.

##### Reporting and Managing an Exposure Incident

##### PURPOSE

- To report an exposure incident
- To prevent infectious disease or staff injury
- To acquire home health agency support services for possible staff exposure to infectious disease

##### RELATED PROCEDURE

- Implementing a Tuberculosis Control and Personal Respiratory Home Care Protection Program

##### EQUIPMENT

1. Hydrogen peroxide, alcohol

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Email: AbundantlifeHHA@gmail.com / AbundantlifeHHAtampa@gmail.com



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2. 4- x 4-inch gauze pads

#### **Maintaining Medical Supplies and Equipment in the Car**

3. Soap and water, paper towels, and an impermeable plastic trash bag (see *Infection Control*)

#### **PROCEDURE**

1. When an exposure incident occurs in the workplace, the following guidelines will be followed:
  - a. *Eyes.* If an exposure to the eye or mucous membrane occurs, immediately flush the area with clean water for at least 5 minutes.
  - b. *Cuts.* If an exposure occurs in a cut, open sore or lesion, abrasion, or damaged cuticle, wash the area with soap and water as soon as possible. Apply first aid.
  - c. *Puncture wound.* If exposure occurs by sharps, wash the area with soap and water as soon as possible. Apply first aid.
  - d. *Clothing.* Immediately clean all contaminated clothing with a 10% bleach solution. Change clothes as soon as possible. Carry an extra uniform in the car.
  - e. *Respiratory.* See the procedure for *Implementing a Tuberculosis Control and Personal Respiratory Home Health Protection Program*.
2. Report the exposure incident to the home health agency's Infection Control Clinical Director within 1 hour of occurrence.
3. Follow OSHA recommendations for testing, counseling, and seeking appropriate medical assistance. (All efforts should be made to ensure employee confidentiality.)
4. No further patient contact should be made by the exposed home health nurse and field staff until approval is given by the Infection Control Director.
5. Clean and replace any equipment used during the procedure. Discard any disposable items according to *Standard Precautions*.

#### **NURSING CONSIDERATIONS**

Consider a tetanus prophylaxis for cuts and deep wound punctures; consult with the Medical Director as needed.

#### **DOCUMENTATION GUIDELINES**

Complete an incident report and forward to the home health agency's Infection Control Director within 24 hours of occurrence for follow-up, treatment, surveillance, and evaluation.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Equipment Cleaning

#### PURPOSE

- To prevent the spread of infectious organisms
- To maintain clean equipment when providing patient care

#### RELATED PROCEDURE

- Applying Principles of *Standard Precautions*: General Guidelines

#### EQUIPMENT

1. Home health agency-approved disinfectants
2. Liquid soap and water
3. Antiseptic wipes
4. Utility gloves and an impermeable plastic trash bag (see *Infection Control*)

#### PROCEDURE

1. Don utility gloves to protect hands from disinfectants.
2. For initial clean up, wash all equipment with soap and water.
3. After washing equipment with soap and water, disinfect, rinse, and dry.
4. Disinfection methods in the home will vary. The item to be disinfected will primarily determine the disinfectant that is to be used. Bleach corrodes metal but is cited as an all-purpose disinfectant for blood and body substance spills.
5. Seal disposable supplies used to clean equipment in a leak-proof impermeable plastic trash bag separate from the family trash; secure and place in the family trash. Otherwise discard disposable items according to *Standard Precautions*.

#### ***Stethoscope***

Routinely clean the bell/diaphragm of the stethoscope with a disinfectant spray, or, using a rotary motion, with an antiseptic wipe each visit.

#### ***Infant Scale***

Wipe down the scale with a disinfectant between use and place a fresh disposable plastic sheath/pad underneath the infant each visit.

#### ***Glucose Meters***

Follow specific manufacturer's recommendations for cleaning.

#### ***Thermometers***

Use an antiseptic wipe to clean glass thermometers; otherwise follow the manufacturer's recommendations.

#### ***Respiratory Therapy Equipment***

Do not use bleach or caustic disinfectants on respiratory therapy equipment. Consult with the respiratory therapist or home medical equipment (HME) vendor regarding specific guidelines.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Equipment Cleaning

Soap and water are effective for cleaning equipment such as nasal cannulas, masks, tubing, the cap and mouthpiece of cartridge inhalers, humidifiers, and surfaces of most respiratory therapy equipment.

Home respiratory equipment may also be soaked in a white vinegar/water (1 cup: 3 cups) solution for 20 minutes, thoroughly rinsed with warm running water, and allowed to air dry. Cleaning should be done daily or at least 2 to 3 times per week. Cleaning of respiratory equipment is also recommended after each intermittent positive pressure breathing (IPPB) or aerosol treatment. After being cleaned, humidifiers should be refilled with fresh distilled water to prevent bacterial growth.

#### **Other**

Soiled bedpans and commodes should be cleaned with soap and water and then disinfected. Instruments may be boiled on the stove for 15 minutes in a clean pan or metal tray and then stored in the nursing bag.

### NURSING CONSIDERATIONS

Always read the label on the disinfectant and follow directions. Remember, disinfectants are designed for inanimate objects and may damage the skin; use with caution and instruct the family to store out of reach of children.

Use disinfectants in a well-ventilated room. If possible, totally submerge contaminated articles in the disinfecting solution for the required time-period.

If disinfection of contaminated equipment is not possible in the patient's home, seal in an impermeable plastic trash bag and transport to the home health agency for disinfection. **Never** place soiled or contaminated equipment in the nursing bag.

Whenever possible, use **disposable** equipment/supplies for home care patients.

### DOCUMENTATION GUIDELINES

Document *Standard Precautions* on the visit report.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Bag Technique

#### PURPOSE

- To prevent contamination of the nursing bag
- To prevent cross-contamination and spread of infectious organisms

#### RELATED PROCEDURES

- Hand washing
- Maintaining Medical Supplies and Equipment in the Car

#### EQUIPMENT

1. Nursing bag with impermeable lining
2. Paper towels
3. Fresh newspapers or other suitable barrier
4. Leak-proof and puncture-proof container for bag storage in the car
5. Liquid soap (bar soap can be a haven for bacteria) (*Note: antiseptic hand cleanser may be used instead of liquid soap*) and an impermeable plastic trash bag (see *Infection Control*)

#### PROCEDURE

1. Observe the principles of *Standard Precautions* at all times. The inside of the nursing bag should be regarded and maintained as a clean area.
2. Transport the nursing bag in the car on top of a supply of fresh newspapers. In addition, the bag should be stored in a clean area of the car, preferably in a plastic or cardboard container designated for such use.
3. Once in the patient's home, select the cleanest and most convenient work area and spread the newspaper.
4. Place the bag on the newspaper.
5. Prepare a receptacle (impermeable plastic trash bag for disposable items).
6. Open the nursing bag and remove items needed to wash hands (hand washing supplies should be kept at the top of the bag). Close the bag. Use the nursing bag as few times as possible.
7. Wash and dry hands according to the procedure for *Hand washing*.
8. Return to the nursing bag, open it again, and remove necessary items for the visit. Apply personal protective equipment as needed. Keep the bag closed during the visit. Leave all plastic containers in the bag. If additional equipment or supplies are needed from the bag during the home visit, the hand washing procedure must be repeated.
9. Discard disposable personal protective equipment in an impermeable plastic trash bag. To discard a disposable gown or plastic apron, remove the apron by folding the exposed side inward.
10. After providing care, clean all equipment with soap and water or a home health agency-approved disinfectant before returning it to the bag. Return unused clean supplies to the nursing bag after care is given. Contaminated equipment or equipment that cannot be cleaned in the patient's home may be transported for disinfection to the home health agency in an impermeable sealed plastic bag placed on the floor of the car. Never place used needles, soiled equipment, or dressings in the nursing bag.
11. Wash hands. Discard any remaining items according to *Standard Precautions*. Return cleaning supplies (e.g., liquid soap) to the nursing bag.
12. Close the nursing bag and fasten. When leaving the patient's home, pick up the bag and place the newspaper that was underneath it in the family trash. When traveling, store the nursing bag in a clean place (see procedure for *Maintaining Medical Supplies and Equipment in the Car*).





## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Bag Technique

#### NURSING CONSIDERATIONS

The nursing bag should be cleaned and restocked weekly at the home health agency.

The following should be considered when selecting work areas in the patient's home:

- a. Adequate work space (preferably a clean surface)
- b. Protection of the family's property
- c. Protection of the nursing bag (place in a safe place area from children and/or pets)
- d. Convenience of water

Be aware that *Bag Technique* is a traditional public health practice that recognizes the impact and presence of the home health nurse in the community.

#### DOCUMENTATION GUIDELINES

Document *Standard Precautions* on the visit report.





**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

## **Section VI**

### **Clinical Information**



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

### **OASIS Training**

**Clinical staff must complete OASIS Training at the following web address:**

<http://www.care2learn.com/oasis-c.aspx>



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Professional Boundaries

##### What Are Professional Boundaries?

- ☐ Clearly established limits that allow for safe connections between service providers and their clients
- ☐ “Being with” the client, not becoming the client
- ☐ Being friendly, not friends
- ☐ The ability to know where you end and the client begins
- ☐ A clear understanding of the limits and responsibilities of your role as a service provider

##### The Importance of Boundaries

- ☐ Role modeling to the client healthy communication and professional relationships
- ☐ Avoiding the “rescuer” role
- ☐ Staying focused on one’s responsibilities to the client & the provision of helpful and appropriate services to the client
- ☐ Avoiding burn-out (“compassion fatigue”)
- ☐ If working in conjunction with other services providers: maintaining a healthy, open, communicating and functioning team
- ☐ Maintaining one’s physical and emotional safety

##### Consequences of Having Loose/Poor Boundaries

- ☐ Compassion fatigue – the service provider’s role may not feel sustainable
- ☐ Potential for “splitting” on teams
- ☐ Client may not be given appropriate or helpful services, which could affect his/her willingness to accept future services
- ☐ Client may feel betrayed, abandoned, and/or poorly served
- ☐ Service provider may act unethically
- ☐ The reputation of the service provider’s agency and/or profession may be compromised
- ☐ Service provider and/or client may be emotionally traumatized and/or put in physical danger
- ☐ Techniques for Creating & Maintaining

##### Healthy Professional Boundaries

- ☐ As early as possible in the relationship (ideally at your initial meeting/intake/ assessment), establish clear agreements with the client regarding your role as a service provider, your availability, best ways to communicate with you, and what to do if you see one another in public.
- ☐ When boundary issues or warning signs appear, address these issues with the client quickly. Be sensitive to their feelings when doing this; emphasize the importance of and your commitment to maintaining healthy boundaries.
- ☐ Self-disclosure: if you do decide to tell a client something personal about yourself, ensure that the information is related to the client’s goals. Too much self-disclosure shifts the focus from the client to the service provider and can confuse the client in terms of roles and expectations of the relationship.
- ☐ Realize that how a client interprets your words and actions might not match what you were trying to communicate. With these sensitive relationships, you may need to frequently clarify your role and boundaries and ask the client to repeat back what you said to ensure that he/she understands. This will also give the client an opportunity to ask clarifying questions.
- ☐ Use your supervisor, professional colleagues and/or a mental health professional as a sounding board when you have questions or concerns regarding boundaries, and especially when boundary issues are impacting your ability to provide objective, compassionate care. Also consult with your supervisor or professional colleagues if you are feeling uncomfortable about talking with your clients about boundaries.
- ☐ Dual relationships: If you had a personal relationship with a client before becoming the client’s service provider, realize that you must use your professional judgment when interacting with the client in social settings. Pay particular attention to the client’s confidentiality as well as his/her physical and emotional security. Situations in which one person is in a position to hold power over the other person must be avoided if at all possible.



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **Professional Boundaries**

- ☐ For supervisors: Recognize that questioning someone's boundaries can create defensiveness. Rather than instructing someone to "have better boundaries", use open-ended questions to help the service provider identify for him/herself that his/her work would benefit from the establishment of clearer boundaries.
- ☐ If you are working with a team of service providers, remember to promote and role model positive, open communication and respectful sharing of information. Trust that team members are fulfilling their roles as service providers, and remember that you can't (and shouldn't) "do and be everything" for your client.
- ☐ Take care of yourself! Make sure you are getting enough sleep, eating well, spending time with friends and family, exercising, seeking supervision as needed, and "leaving work at work" to the greatest extent possible.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

### Performance Improvement Plan

**Purpose:** To provide for the objective and systemic monitoring, evaluation and coordination of the quality, appropriateness and cost-effectiveness of patient care, resolve identified problems and improve the Agency's performance.

**Policy:** The Agency will establish and maintain an ongoing Quality Assessment and Performance Improvement Program comprised of a system of measures that captures significant outcomes that are essential to optimal care, and are used in the care planning and coordination of services and events. The QAPI committee is appointed by the Administrator and approved by the governing board.

Please reference Policy 8.001.1 for procedural specifics.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Medical Abbreviations

Abbreviation	Word
Ä	Before
@	At
ABD	Abdominal
ABN	Abnormal
Ac	Before meals
Accep	Acceptable
Adeq	Adequate
ADL	Activities of Daily Living
AKA	Above knees amputation
ALZ	Alzheimer Disease
Am	Morning
Amb	Ambulate
Amt	Amount
AP	Apical
A & PROM	Active & Passive Range of motion
Approp	Appropriate
Appt	Appointment
ASA	Aspirin
ASAP	As soon as possible
ASHD	Arteriosclerotic Heart Disease
Assist	Assistance
Assoc	Associated
B & B	Bed & Bath
Bg	Blood Glucose FSBS
Bid	Twice a day
Bilat	Bilateral
BKA	Below knee amputation
BM	Bowel movement
B/P	Blood pressure
BR	Bathroom
BRP	Bathroom privileges
BS	Bowel sounds
BSC	Bedside commode
BUN	Blood urea nitrogen
C	With
CA	Cancer
CAD	Coronary artery disease
Cap	Capsule
Cath	Catheter
CBC	Complete Blood count
CBD	Common bile duct
CBG	Capillary blood glucose
Cc	Cubic centimeter
CHF	Congestive heart failure
Cg	Caregiver
Cl	Chloride
Cm	Centimeter
CN	Cranial nerve
c/o	complains of
Constip	Constipation

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

Coord	Coordinated(d)
Cont(d)	Continued(d)
COPD	Chronic obstructive pulmonary disease
CPR	Cardiopulmonary resuscitation
CPT	Chest physio therapy
CRF	Chronic renal failure
C & S	Culture and Sensitivity
CSF	Cerebrospinal fluid
CT	Cat scan
CTA	Clear to auscultation
CVA	Cerebral vascular accident
CXR	Chest X ray
D/C	Discharge
d/c	Discontinued
D & C	Dilation & curettage
Decub	Decubitus
Diam	Diameter
Dimin	Diminished
DJD	Degenerative Joint Disease
DM	Diabetes Mellitus
DME	Durable Medical Equipment
DNR	Do not resuscitate
DOE	Dyspnea on exertion
Dr./MD	Doctor
Drsg	Dressing
DSD	Dry sterile dressing
DTR	Deep tendon reflex
DX	Diagnosis
eg	For Example
elim	Elimination
EOM	Extraocular movement
ER	Emergency Room
ESRD	End Stage Renal Disease
ETOH	Alcohol
eval	Evaluate
exac	Exacerbation
exam	Examination
exer	Exercise
F	Female
fc	Foley catheter
FOB	Foot of Bed
Fr	French
Freq	Frequency
FSBS	Finger stick Blood Sugar
f/u	Follow up
FUO	Fever of unknown origin
FWB	Full weight bearing
FX	Fracture
GB	Gallbladder
GI	Gastrointestinal
gm	Gram
gr	Grain
GT	Gastrostomy tube
gtt	Drop



## Abundant Life Home Health Agency, LLC

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Gt Tr	Gait Training
GU	Genitourinary
GYN	Gynecology
HBp	High Blood Pressure
H & H	Hemoglobin & Hematocrit
HH	Home Health
H2O	Water
H2O2	Hydrogen Peroxide
HA	Headache
HHA	Home Health Aide
HHN	Hand held nebulizer
HIV	Human Immunodeficiency Virus
hx	History of
HOB	Head of Bed
HOH	Hard of hearing
H & P	History & Physical
hr or h	Hour
hs	Hour of sleep, bedtime
HTN	Hypertension
Hx	History
Hydra	Hydration
ident	Identify(ied)
IM	Intramuscular
inj	Injection
J tube	Jejunostomy tube
I & O	Intake & Output
IV	Intravenous
K+	Potassium
Kg	Kilogram
KVO/TKO	Keep vein open
L	Left
lab	Laboratory
lac	Laceration
lb	Pound
LE	Lower extremity(ies)
LFT	Liver Function Test
lg	Large
liq	Liquid
LLE	Left Lower extremity
LLL	left Lower lobe
LLQ	Left Lower quadrant
LOC	Level of Consciousness
LPN	License Practical Nurse
LPT	License Practical Nurse
LPT	Licensed Physical Therapist
LCTA	Lungs clear to auscultation
LTG	Long term goal
LUE	Left upper extremity
LUL	left upper lobe
LUQ	left upper quadrant
LPN	Licensed Practical Nurse
M	Male
MAE(W)	Moves all extremities well
Max	Maximum



## Abundant Life Home Health Agency, LLC

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mcg	microgram
Med(s)	Medications(s)
Meq	Milliequivalent
mg	Milligram
mgmt	Management
MI	Myocardial infarction
min	Minute/minimum (based on context)
ml	Milliliter
mm	Millimeter
mod	Moderate
MOM	Milk of magnesia
MR	Mental Retardation
MRSA	Methicillin resistant Staphylococcus aureas
MSW	Medical Social Worker
MT	Mobility Training
MVA	Motor Vehicle Accident
NA	Sodium
na	Not applicable
NACL	Sodium Chloride
n/c	No complaints
NCP	Nursing Care Plan
Neb	Nebulizer
neg	Negative
NKA	No Known Allergies
NKDA	No Known Drug Allergies
no. or #	Number
noc	Nocturnal
NPO	Nothing by Mouth
NS or N/S	Normal Saline Rhythm
NTG	Nitroglycerin
n/v	Nausea & Vomiting
NWB	No Weight Bearing
O2	Oxygen
OASIS	Outcome and Assessment Information Set
OB	Occult Blood
Obs	Observation
occ	Occasional(ly)
OD	Right Eye
oint	ointment
OOB	Out of Bed
OS	Left eye
OT	Occupational Therapy
OU	Both eyes
oz	ounce
PAC	Professional Advisory Committee
P	Pulse
p	after
pc	after meal
PCC	Patient Care Coordinator
PCN	Penicillin
PICC	Peripherally Inserted Central Catheter
Per	Through or by
PCS	Patient Care Supervisor
perf	perform



## Abundant Life Home Health Agency, LLC

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PERL	Pupils equal & reactive to light
PERRLA	Pupils equal, round, reactive to light accommodation
pers	Personal
PI	Performance Improvement
pm	Night or evening
PN	Progress Note
PO	by mouth
POC	Plan of care
prec	Precautions
PRN	As needed
prog	Program(s)
PROM	Passive Range of Motion
POT	Plan of Treatment
PHC	Primary Home Care
PP	Private Pay
prog	Progress
pt	Patient
PTA	Physical Therapy Assistant
PUD	Peptic Ulcer Disease
Pulm	Pulmonary
PWB	Partial Weight Bearing
PT	Physical Therapy/ Protime (based on content)
QA	Quality Assurance
q	Every
qam	Every morning
qh	Every hour
qhs	Every night
qid	Four times a day
qpm	Every night
quant	Quantity
Re:	Regarding
rec	Receive
recert	Recertification
rehab	Rehabilitation
req(s)	Require(s)
Resp	Respiration
Rt	Right
RBC	Red Blood Cells
RLE	Right Lower extremity
RLL	Right Lower Lobe
RLQ	Right Lower Quadrant
RML	Right Middle Lobe
RUL	Right Upper Lobe
RN	Registered Nurse
R/O	Rule Out
ROS	Review of systems
ROM	Range of Motion
RSR	Regular Sinus Rhythm
RUE	Right Upper Extremity
RUL	Right Upper Lobe
RUQ	Right Upper Quadrant
Rx	Prescription
s	without
s/e	Side Effects



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SL	Sublingual
SOB	Short of Breath
SOC	Start of Care
soln	Solution
SNF	Skilled Nursing Facility
S/P	Status Post
spec	specimen
SQ	Subcutaneous
s/s	signs & symptoms
ss	half
ST	Speech Therapy
STG	Short-term goal
stat	immediately
str	Strength
superv	Supervise
supp	Suppository
Sx	Symptom
SWA	Social Work Assistant
sz	seizure
T	Temperature
tab	tablet
TB	Tuberculosis
Tbsp	Tablespoon
TCDB	Turn Cough Deep Breathe
TF	Tube Feeding
TIA	Transient ischemic attack
tid	Three times a day
TO	Telephone Order
tol	Tolerate
TPR	Temperate, pulse, respiration
Tsp	Teaspoon
Tx	Treatment
UE	Upper extremity
UR	Utilization Review
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
vac tubes	Vacutainer tubes
VO	Verbal Order
VS or V/S	Vital Signs
vs	versus
WC	Wheelchair
WNL	Within Normal Limits
x	times
y/o	years old



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

### **DOCUMENTATION**

Documentation is a critical aspect of patient care delivery. Staff must effectively and accurately document pertinent information regarding our patients.

Documentation must include:

- Assessments
- Nurses Notes
- Orders
- Communication Reports with any change in patient condition including call in reports from field staff
- Case Conferences
- 60-day summaries
- Discharge summaries
- Discharge Oasis
- Complaints
- MD Reports such as BP and BS logs
- Supervisory Visits
- New or Changed Medications- doc. on med profile and nurses notes
- Modifications to the Plan of Care

Orders have to be filed on the chart for the following:

- Admission orders
- SOC
- Orders for all disciplines
- Orders for all visits, if the nursing frequency changes, then a new order must be written
- Order for all supplies
- Wound Care
- New Medications
- Skills, procedure, and education
- Discharge

Orders must be signed and placed on the chart within 30 days.

All nurses' notes must mirror the physician's orders

### **HOME RECORD**

At the time of Admission, the admitting nurse will leave a folder in the patient's home.

The folder will consist of a patient calendar and vital sign log, as well as safety handouts, information on patient rights, and advance directive information. There will also be a patient education folder for each patient that will be left in the client's home for their reference. For patients that are on daily logs such as weight, BP, or FSBS, please place the logs into their folders so all disciplines can access the information.

### **PATIENT EDUCATION**

Patient education is an essential component of nursing. The nurse must provide the patient and/or caregiver adequate information about the patient's conditions, medications, and all other care that is pertinent to their needs. We will provide the patient with an education folder at the SOC that contains all pertinent information and medication information for the patient. An extra copy will be placed in the folder for the nurse's documentation. Please initial and date the education material that you cover to ensure that



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

all necessary material is reviewed with the patient. Document the teaching and the patient /caregiver's response to the education on the nurse's notes.

If the patient has had a change in condition, new diagnosis, or new medication, then educate the patient on the new material as well as other material that needs to be reviewed.

### **CARE PLANS**

If a care plan needs to be updated as a result of new or changed diagnosis or problem, then add the new nursing diagnosis to the POC using the nurses notes.

### **MEDICATION ADMINISTRATION**

The SN can administer medications to the patient as ordered by the physician. Most patients do not require that a nurse administer the medications, but may need medication set-up by the RN. Medication set-up must be ordered at the SOC by the MD.

### **ADMINISTERING MEDICATIONS**

Refer to the nursing policy and procedure manual for correct technique for medication administration.

All Medications that are given by the nurse must be documented in the nurse's notes. Documentation must include medication given, route, dose, and patient response to the medication.

### **OFFICE SCHEDULING**

It is the nurse's responsibility to inform the case manager if anything changes with a patient's POC. If a frequency change is imminent, then the employee must notify the case manager so we can better prepare to meet the needs of the client.

### **FORMS**

Nurses Notes/PT Therapy Notes

Missed Visit Reports- to be filled out by all staff if a visit is not made

Physician Orders- can be written by LPN but must be cosigned by RN

Fax Communication Sheets- used as a coversheet to fax confidential information.

Communication Forms- used to document any pertinent information regarding patient care delivery.

Time Sheet- used to document mileage and daily visits for payroll

Referral Forms- used to document new patient information

Oasis- comprehensive assessment performed by RN at SOC, Recert, Change of Condition, and DC for each patient.

New admit pack- taken to home for new patient admissions.

Case Conference- documentation that is sent to the MD at least q 60 days on each patient

Supervisory Visit reports- done by RN q 60 days on each LPN working with each patient and every 14 days for HHA.

Complaint Forms- form to be filled out by administration for all verbal and written complaints.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Nurses Bible to Home Health Documentation

Documentation is the hardest concept to grasp in home health care. There are so many things to remember to document. Therefore, we have put together a "Bible" of useful documentation tips that will make your documentation a little easier.

#### NURSES NOTES:

<b>Vital Signs</b>	Document complete set of vitals each visit. If not normal for patient, then notify MD for new orders
<b>Blood Sugars</b>	Document values, whom performed test, time of test. (e.g. 112 per SN @ 1200)
<b>Medication Changes</b>	This has to be verified each visit. If the meds have changed, you must update both travel chart and office chart and write a doctors order for the new medication. Include a diagnosis for the new medication. This applies to both OTC / Sample medications. (e.g. Telephone call from MD to patient. Change ___ to ___ effective (date of change) Dx ___)
<b>Homebound Status</b>	The admitting nurse will identify the reason for the homebound status. This reason is carried with the patient throughout the certification period. Homebound status has to be assessed at each visit for Medicare patients. If the patient is a Medicare patient, they have to be homebound. If you think a patient is not homebound anymore, please notify the case manager.
<b>Head-to-Toe Assessment</b>	To be done on all patients each visit.
<b>Cardiovascular</b>	Check appropriate boxes: Are heart sounds regular or irregular, are there extra sounds noted Document radial and apical pulses Document whether the pulses are strong, weak, or absent Document any edema, and/or comments
<b>Respiratory</b>	Check appropriate boxes: Document if lung sound clear or adventitious (if adventitious document the sounds) Assess for cough and describe if present (wet, productive, non-productive, frothy) IF the patient is on oxygen, document the flow and delivery system Document the pulse ox value if ordered or the patient presents with dyspnea
<b>Neurovascular</b>	Document orientation status. Check all that apply: If the patient has a memory problem that is considered to be a functional limitation. Add forgetful to the neuro assessment. If you check pupils for responsiveness, then document.
<b>Sensory</b>	Document deficits and acids used to correct or assist the deficit. Otherwise, document, WNL (hearing aids, glasses)
<b>Genitourinary</b>	Assess and address category appropriate to the patient. If the patient has a catheter, be sure to document what type, size, balloon cc amount, amount of urine in bag, color, and odor. (Obtain specimen if ordered, then empty) If the patient is presenting with anything not listed, address it under the GU section.
<b>Skin</b>	Document if the skin is warm, dry, moist, cool, or clammy. Document if the skin color is pale, mottled, cyanotic, or normal under comments. Document if the turgor is adequate.





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### Orientation Packet

<b>Wound</b>	<p>If the patient has ongoing wound care, then use the wound care flow sheet each visit. The number of the wound will be the same number as assigned by the nurse who identified the wound. Additional information will be addressed on the wound care flow sheet. You do not have to document that the dressing was change. This is documented on the wound care flow sheet. All wounds must be measured at least once weekly and preferably on the same day of each week. When a wound is healed, document in the visit record the location of the wound and that the wound is healed and an order is written to discontinue wound care. However, continue to address the wound as healed on subsequent nurse's notes.</p> <p>If caregiver is performing wound care, you can document this in the skin comment section.</p>
<b>Digestive</b>	Document the last bowel movement. Assess for the present of bowel sounds.
<b>Diet</b>	<p>Document diet on the 485, if the patient is on a special diet then document diet recall to assess for compliance.</p> <p>If the patient has a feeding tube, check for residual and placement each visit. (This requires a MD order so make sure that order is on the chart. If not, write an order for SN to check for feeding tube patency and residual prn, and report any abnormalities to MD.)</p>
<b>Musculoskeletal</b>	<p>Assess and address all that applies to the patient. (c/o weakness, balance/gait problems, pain). If the patient has a disease that can affect grips such as CVS, assess and document grip strength. Document any assistive devices such as walker, can, wheelchair, and scooter.</p> <p>If therapy is involved, then document that therapy is seeing patient in comment section.</p>
<b>Pain</b>	Document completely. Medicare loves this section! If the patient denies pain at visit, then document no c/o pain at present time.
<b>Infusion</b>	Mark each area that applies. IF the patient is not receiving infusion therapy, then mark out infusion area.
<b>Skilled Intervention</b>	<p>Always start with primary and secondary diagnosis. SN assessed all body systems and vitals. Then document the condition of patient upon your arrival including any complaints and updates from patient including MD appointments, new meds, etc. Address as needed in the note. Teaching should be done at each visit. This is a skill. Teach the disease process during the early period of certification, followed by medication, then other associated care. If new meds are started, then educate on the new meds. Document all education (SN educated patient/cg on...) Make sure that what you teach is measurable. Then document the patient's response to the education such as through direct observation of a skill you taught, verbal understanding of side effects, etc.</p>
<b>Supervision</b>	All aids must be supervised by a Nurse every 14 days if nursing care is also being provided. This is done on a separate form, which has to be signed by the patient. Document both the employee name and supervising nurse.
<b>Coordination</b>	<p>Goals: Document what the goals are, how they are being achieved and progress/regress toward goals. (e.g. patient able to state side effects of Coumadin.)</p>
	<p>Teaching: Document the subject you taught on the Title of Teaching Tool area in the nurse's notes. Handouts are excellent, but provide an extra signed and dated copy with your notes.</p>



## Abundant Life Home Health Agency, LLC

### Orientation Packet

	Physician Contact: Contact physician for condition changes, abnormal vitals, act. This is mandatory for Medicare regulation.
	Order Changes: Telephone call to MD office, spoke with nurse. SN to...
	Plan for next visit: If you are the primary nurse, then specify what will be taught; otherwise, assessment and education are acceptable.
	Discharge Planning: Document that the patient will be discharged when skilled care is no longer needed. Or, document that you have discussed pending discharge on patient who are in the last week of their certification period.
<b>Update to Care Plan</b>	If you update the care plan, then notify the case manager so a case conference can be help on that patient.
<b>Signatures</b>	The nurse will sign name and title. The patient will sign stating that the visit was made.
<b>Time/Date</b>	Document time in/out (this must be at least 30 minutes) and document the date of the visit.
<b>Time Sheet</b>	Place visits on time sheet and turn in to the office within 48 hours.



# Abundant Life Home Health Agency, LLC

## Orientation Packet

### Missed Visit Report\*

Client Name: \_\_\_\_\_ MR# \_\_\_\_\_ Date: \_\_\_\_\_

Clients Doctor: \_\_\_\_\_ Time: \_\_\_\_\_

Discipline Missed: \_\_\_\_\_ Date: \_\_\_\_\_

Facsimile Date: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Comments:

**SAMPLE**

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Federal and State regulations require that the physician be notified when the agency is unable to complete visits as directed on the Plan of Care.



**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

**Physician Telephone Orders**

**Physician Name:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **MR#** \_\_\_\_\_

**SAMPLE**

Medication Profile Updated? Yes \_\_\_\_\_ N/A \_\_\_\_\_

Patient Notified? Yes \_\_\_\_\_ N/A \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Mailed to MD \_\_\_\_\_ Date Faxed \_\_\_\_\_

Date Signed Orders Received \_\_\_\_\_

Abundant Life Home Health Agency, LLC  
28870 US Hwy 19 N, Ste 325  
Clearwater, FL, 33761  
727-286-8916



**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

**Patient Communication**

PATIENT: \_\_\_\_\_ MR# \_\_\_\_\_

**SAMPLE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date/Time

Abundant Life Home Health Agency, LLC  
28870 US Hwy 19 N, Ste 325  
Clearwater, FL, 33761  
727-286-8916

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201  
Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856-3638  
Email: AbundantlifeHHA@gmail.com / AbundantlifeHHAtampa@gmail.com



# Abundant Life Home Health Agency, LLC

## Orientation Packet

### Wound Care Flow Sheet\*

Patient: \_\_\_\_\_ MR# \_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

#### Wound Etiology:

☐ Trauma ☐ Diabetic ☐ Venous Stasis ☐ Burn ☐ Pressure ☐ Surgery

☐ Other \_\_\_\_\_

#### Wound Type:

☐ Trauma Wound

Report cause: \_\_\_\_\_

☐ Burn

☐ Pressure Ulcer

Report stage: ☐ I ☐ II ☐ III ☐ IV ☐ unobservable

☐ Diabetic Ulcer

☐ Venous Stasis Ulcer

☐ Arterial Ulcer

☐ Other: \_\_\_\_\_

**SAMPLE**

#### Wound Type Definitions:

**Trauma:** A wound that resulted from an unintentional injury or accident.

**Burn:** Any injury caused by heat, electricity, chemicals, radiation, or gases. Burns are rated according to how many layers of skin are damaged.

**Pressure Ulcer:** Any lesion caused by unrelieved pressure resulting in damage of underlying tissue. Pressure ulcers are usually over bony prominences and re staged to classify the degree of tissue damage observed.

**Surgical Wound:** A wound caused by a surgical intervention. Orthopedic pin sites, central lines (excluding PICCS), stapled or sutured incisions, debrided graft sites and wounds with drains are all considered surgical wounds.

**Diabetic Ulcer:** A chronic wound of the foot that occurs in patients with diabetes. It is caused by loss of sensation and feeling in the lower extremities.

**Venous Stasis Ulcer:** An ulcer caused by inadequate venous circulation, usually lower legs. Lesions usually weeping and with irregular wound edges.

**Arterial Ulcer:** An ulcer caused by inadequate arterial circulation usually located distally small, dry lesions with well defined borders. (punch-out lesions).

#### Wound Description:

Location: \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Depth \_\_\_\_\_

☐ Tunneling

☐ Undermining

☐ Unobservable

Due to:

☐ Eschar

☐ Cast

☐ Nonremovable Dressing

Type of dressing: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Drainage (amount and color): \_\_\_\_\_

Wound Color: \_\_\_\_\_

Odor: \_\_\_\_\_

Surrounding Tissue: \_\_\_\_\_

Granulation Tissue:

☐ Fully Granulating

☐ Early / Partial Granulation

☐ Not Healing

#### Wound Descriptions Definitions:

**Undermining:** Area of tissue destruction extending under intact skin along the periphery of a wound.

**Tunneling:** Course or path of tissue destruction occurring in any direction from the surface or edge of the wound; results in dead space with potential for abscess formation. Also sometimes called sinus tract.

**Eschar:** Thick, black or brown leathery, necrotic tissue.

**Slough:** Soft, moist avascular (devitalized) tissue; may be white, yellow, tan, or green; may be loose or firmly adherent.

**Granulation Tissue:** Pink/red, moist tissue comprised of new blood vessels, connective tissue, fibroblast, and inflammatory cells, which fills an open wound when it starts to heal; typically appears deep pink or red with an irregular, "berry-like" surface.

**Signs and Symptoms of infection:** Typical signs and symptoms of infection include purulent drainage, odor, erythema, warmth, tenderness, edema, pain, fever, and elevated white cell count. However, clinical signs of infection may not be present, especially in the immunocompromised patient or the patient with poor perfusion.

**Current Treatment:** \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201

Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856-3638

Email: AbundantlifeHHA@gmail.com / AbundantlifeHHA Tampa@gmail.com



# Abundant Life Home Health Agency, LLC

## Orientation Packet

### HHA Care Plan and Progress Note

Physician: \_\_\_\_\_

Case Manager / Nurse: \_\_\_\_\_ HHA Freq: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Goals for care: ☐ effective and safe personal care ☐ patient clean, comfortable ☐ other (specify)

Date: \_\_\_\_\_ ☐ Initial ☐ Recertification ☐ Change in Pt. Condition ☐ other

R.N. Signature: \_\_\_\_\_

Certification Period: \_\_\_\_\_

#### Safety and Other Pertinent Information – Check all that apply

<input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with other <input type="checkbox"/> Alone during the day <input type="checkbox"/> Bed bound <input type="checkbox"/> Up as tolerated <input type="checkbox"/> Amputee specify _____ <input type="checkbox"/> Special equipment _____ <input type="checkbox"/> Speech problem <input type="checkbox"/> Vision problem <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts _____	<input type="checkbox"/> Hard of hearing <input type="checkbox"/> Hearing aid <input type="checkbox"/> Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial <input type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Forgetful <input type="checkbox"/> Confused <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Artificial limb <input type="checkbox"/> Diabetic <input type="checkbox"/> Food Allergies _____ <input type="checkbox"/> _____	Environment <input type="checkbox"/> Inadequate plumbing <input type="checkbox"/> Inadequate heat / cooling <input type="checkbox"/> Inadequate refrigeration <input type="checkbox"/> Pest / rodent infested <input type="checkbox"/> Presence of animals <input type="checkbox"/> Supplies _____
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SAMPLE

<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
Activities Ordered by RN	Frequency	Special Instructions QV=Every visit CC=Client Choice A=Assist	HHA Initial when done
<input type="checkbox"/> Bath <input type="checkbox"/> Bed <input type="checkbox"/> Shower <input type="checkbox"/> Tub <input type="checkbox"/> Shower	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Shampoo <input type="checkbox"/> Hair care/comb/brush	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Catheter care <input type="checkbox"/> Empty catheter bag	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Oral hygiene <input type="checkbox"/> Brush <input type="checkbox"/> Swab <input type="checkbox"/> Dentures	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Ambulation assist <input type="checkbox"/> W/C <input type="checkbox"/> W/A <input type="checkbox"/> Cane	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Mobility/Transfer Assist <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/> Dangle <input type="checkbox"/> Commode <input type="checkbox"/> Shower/Tub	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Skin Care <input type="checkbox"/> Foot Care <input type="checkbox"/> Back Rub <input type="checkbox"/> Deodorant <input type="checkbox"/> Nails: Clean/File <input type="checkbox"/> Shave	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Assist with dressing	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Fluids <input type="checkbox"/> Limit <input type="checkbox"/> Encourage <input type="checkbox"/> Record I/O	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Linens <input type="checkbox"/> Change <input type="checkbox"/> Wash <input type="checkbox"/> Make bed	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Clean: <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Pt. laundry	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Vacuum <input type="checkbox"/> Sweep <input type="checkbox"/> Mop floors	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Safety check <input type="checkbox"/> Universal Precautions	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		
<input type="checkbox"/> Other	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A		

Comments: \_\_\_\_\_

Vital Signs: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_ / \_\_\_\_\_ Last BM \_\_\_\_\_

Pt. Signature: \_\_\_\_\_ Date: \_\_\_\_\_







# Abundant Life Home Health Agency, LLC

## Orientation Packet

### Case Conference

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: \_\_\_\_\_ MR# \_\_\_\_\_

Episode: \_\_\_\_\_

Summary of Condition: \_\_\_\_\_

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Medication / Treatment Changes: \_\_\_\_\_

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**SAMPLE**

ER / Hospital Visit: \_\_\_\_\_

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Progress toward Goals: \_\_\_\_\_

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Staff Signature

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Staff Signature

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### **Sec. 484.18 Condition of participation: Acceptance of patients, plan of care, and medical supervision.**

Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.

(a) Standard: Plan of care. The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modifications to the original plan. Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration. The therapist and other agency personnel participate in developing the plan of care.

(b) Standard: Periodic review of plan of care. The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days. Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.

(c) Standard: Conformance with physician orders. Drugs and treatments are administered by agency staff only as ordered by the physician. Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in Sec. 484.4 of this chapter) responsible for furnishing or supervising the ordered services. Verbal orders are only accepted by personnel authorized to do so by applicable State and Federal laws and regulations as well as by the HHA's internal policies.

[54 FR 33367, August 14, 1989, as amended at 56 FR 32974, July 18, 1991;  
64 FR 3784, Jan. 25, 1999]



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### **Sec. 484.36 Condition of participation: Home health aide services.**

Home health aides are selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job. They are closely supervised to ensure their competence in providing care. For home health services furnished (either directly or through arrangements with other organizations) after August 14, 1990, the HHA must use individuals who meet the personnel qualifications specified in Sec. 484.4 for "home health aide".

(a) Standard: Home health aide training--(1) Content and duration of training. The aide training program must address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with at least 16 hours devoted to supervised practical training. The individual being trained must complete at least 16 hours of classroom training before beginning the supervised practical training.

- (i) Communications skills.
- (ii) Observation, reporting and documentation of patient status and the care or service furnished.
- (iii) Reading and recording temperature, pulse, and respiration.
- (iv) Basic infection control procedures.
- (v) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
- (vi) Maintenance of a clean, safe, and healthy environment.
- (vii) Recognizing emergencies and knowledge of emergency procedures.
- (viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy and his or her property.
- (ix) Appropriate and safe techniques in personal hygiene and grooming that include--
  - (A) Bed bath.
  - (B) Sponge, tub, or shower bath.
  - (C) Shampoo, sink, tub, or bed.
  - (D) Nail and skin care.
  - (E) Oral hygiene.
  - (F) Toileting and elimination.
- (x) Safe transfer techniques and ambulation.
- (xi) Normal range of motion and positioning.
- (xii) Adequate nutrition and fluid intake.
- (xiii) Any other task that the HHA may choose to have the home health aide perform.

"Supervised practical training" means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse.

(2) Conduct of training--(i) Organizations. A home health aide training program may be offered by any organization except an HHA that, within the previous 2 years has been found--

- (A) Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section;
- (B) To permit an individual that does not meet the definition of "home health aide" as specified in Sec. 484.4 to furnish home health aide services (with the exception of licensed health professionals and volunteers);
- (C) Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of the HCFA or the State);
- (D) Has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction;
- (E) Has been found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA;
- (F) Has had all or part of its Medicare payments suspended; or
- (G) Under any Federal or State law within the 2-year period beginning on October 1, 1988--
  - (1) Has had its participation in the Medicare program terminated;



## Abundant Life Home Health Agency, LLC

### Orientation Packet

(2) Has been assessed a penalty of not less than \$5,000 for deficiencies in Federal or State standards for HHAs;

(3) Was subject to a suspension of Medicare payments to which it otherwise would have been entitled;

(4) Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients; or

(5) Was closed or had its residents transferred by the State.

(ii) Qualifications for instructors. The training of home health aides and the supervision of home health aides during the supervised practical portion of the training must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of home health care. Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.

(3) Documentation of training. The HHA must maintain sufficient documentation to demonstrate that the requirements of this standard are met.

(b) Standard: Competency evaluation and in-service training--(1) Applicability. An individual may furnish home health aide services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this paragraph. The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.

(2) Content and frequency of evaluations and amount of in-service training. (i) The competency evaluation must address each of the subjects listed in paragraph (a)(1) (ii) through (xiii) of this section.

(ii) The HHA must complete a performance review of each home health aide no less frequently than every 12 months.

(iii) The home health aide must receive at least 12 hours of in-service training during each 12-month period. The in-service training may be furnished while the aide is furnishing care to the patient.

(3) Conduct of evaluation and training--(i) Organizations. A home health aide competency evaluation program may be offered by any organization except as specified in paragraph (a)(2)(i) of this section.

The in-service training may be offered by any organization.

(ii) Evaluators and instructors. The competency evaluation must be performed by a registered nurse. The in-service training generally must be supervised by a registered nurse who possesses a minimum of 2 years of nursing experience at least 1 year of which must be in the provision of home health care.

(iii) Subject areas. The subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section must be evaluated after observation of the aide's performance of the tasks with a patient. The other subject areas in paragraph (a)(1) of this section may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient.

(4) Competency determination. (i) A home health aide is not considered competent in any task for which he or she is evaluated as "unsatisfactory". The aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated as "unsatisfactory" and passes a subsequent evaluation with "satisfactory".

(ii) A home health aide is not considered to have successfully passed a competency evaluation if the aide has an "unsatisfactory" rating in more than one of the required areas.

(5) Documentation of competency evaluation. The HHA must maintain documentation which demonstrates that the requirements of this standard are met.

(6) Effective date. The HHA must implement a competency evaluation program that meets the requirements of this paragraph before February 14, 1990. The HHA must provide the preparation necessary for the individual to successfully complete the competency evaluation program. After August 14, 1990, the HHA may use only those aides that have been found to be competent in accordance with Sec. 484.36(b).

(c) Standard: Assignment and duties of the home health aide--(1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.

(2) Duties. The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under State law. The duties of a home health aide include the provision of hands-on personal care, performance of simple procedures as an extension of therapy or



## Abundant Life Home Health Agency, LLC

### Orientation Packet

nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered. Any home health aide services offered by an HHA must be provided by a qualified home health aide.

(d) Standard: Supervision. (1) If the patient receives skilled nursing care, the registered nurse must perform the supervisory visit required by paragraph (d)(2) of this section. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.

(2) The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.

(3) If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.

(4) If home health aide services are provided by an individual who is not employed directly by the HHA (or hospice), the services of the home health aide must be provided under arrangements, as defined in section 1861(w)(1) of the Act. If the HHA (or hospice) chooses to provide home health aide services under arrangements with another organization, the HHA's (or hospice's) responsibilities include, but are not limited to--

- (i) Ensuring the overall quality of the care provided by the aide;
- (ii) Supervision of the aide's services as described in paragraphs (d)(1) and (d)(2) of this section; and
- (iii) Ensuring that home health aides providing services under arrangements have met the training requirements of paragraphs (a) and (b) of this section.

(e) Personal care attendant: Evaluation requirements--(1) Applicability. This paragraph applies to individuals who are employed by HHAs exclusively to furnish personal care attendant services under a Medicaid personal care benefit.

(2) Rule. An individual may furnish personal care services, as defined in Sec. 440.170 of this chapter, on behalf of an HHA after the individual has been found competent by the State to furnish those services for which a competency evaluation is required by paragraph (b) of this section and which the individual is required to perform. The individual need not be determined competent in those services listed in paragraph (a) of this section that the individual is not required to furnish.

[54 FR 33367, August 14, 1989, as amended at 56 FR 32974, July 18, 1991;  
56 FR 51334, Oct. 11, 1991; 59 FR 65498, Dec. 20, 1994; 60 FR 39123,  
Aug. 1, 1995]





## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **Sec. 484.48 Condition of participation: Clinical records.**

A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. The HHA must inform the attending physician of the availability of a discharge summary. The discharge summary must be sent to the attending physician upon request and must include the patient's medical and health status at discharge.

(a) Standards: Retention of records. Clinical records are retained for 5 years after the month the cost report to which the records apply is filed with the intermediary, unless State law stipulates a longer period of time. Policies provide for retention even if the HHA discontinues operations. If a patient is transferred to another health facility, a copy of the record or abstract is sent with the patient.

(b) Standards: Protection of records. Clinical record information is safeguarded against loss or unauthorized use. Written procedures govern use and removal of records and the conditions for release of information. Patient's written consent is required for release of information not authorized by law.

[54 FR 33367, Aug. 14, 1989, as amended at 60 FR 65498, Dec. 20, 1994]



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **Sec. 484.30 Condition of participation: Skilled nursing services.**

The HHA furnishes skilled nursing services by or under the supervision of a registered nurse and in accordance with the plan of care.

(a) Standard: Duties of the registered nurse. The registered nurse makes the initial evaluation visit, regularly reevaluates the patient's nursing needs, initiates the plan of care and necessary revisions, furnishes those services requiring substantial and specialized nursing skill, initiates appropriate preventive and rehabilitative nursing procedures, prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs, counsels the patient and family in meeting nursing and related needs, participates in in-service programs, and supervises and teaches other nursing personnel.

(b) Standard: Duties of the licensed practical nurse. The licensed practical nurse furnishes services in accordance with agency policies, prepares clinical and progress notes, assists the physician and registered nurse in performing specialized procedures, prepares equipment and materials for treatments observing aseptic technique as required, and assists the patient in learning appropriate self-care techniques.

[54 FR 33367, August 14, 1989, as amended at 56 FR 32974, July 18, 1991]



**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

## **Section VII**

### **Location of Teaching Guides and Reference Materials**

**Orient to the location of the Knowledge/Resource Center and Location of Equipment**





**Abundant Life Home Health Agency, LLC**

**Orientation Packet**

## **Section VIII**

### **Safety Equipment and MSDS**

**Educate on Emergency Preparedness and employees responsibility during a disaster.**



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Safety is an Agency Wide Priority

- A. All home care personnel will be alert to safety factors in the home environment. Quality Improvement is an ongoing agency goal. Please report any findings to your supervisor that may improve safety or quality of care. The patient/client and family/caregiver will be encouraged to:
1. Have grab bars installed in the bathroom.
  2. Use non-skid mats or emery strips in the tub.
  3. Use a shower stool or transfer bath bench.
  4. Remove throw rugs or other environmental hazards such as loose extension cords, small mats and slippery waxed floors.
  5. Use assistive equipment such as toilet handrails, or walking belt, as indicated by the patient/client's condition.
  6. Always lock any wheeled equipment.
  7. Utilize a medication sheet to ensure proper administration of prescribed medications.
  8. May apply distinct and complete labeling of medications, including large letters indicating if it is for internal or external use and good illumination of the medication cabinet in order to avoid errors in self-administered medications.
  9. Refrain from smoking or being near open flames while using oxygen.
  10. Post no smoking sign in highly visible place if oxygen is in use.
- B. Home care personnel will provide assistance in obtaining safety equipment whenever possible.

Falls are the second leading cause of accidental death in the United States. Seventy-five percent of these falls occur in the older adult population. One third of the older adults who fall, sustain a hip fracture and are hospitalized, die within a year. Falls not only affect the quality of life of the individual but also influence the caregiver and family. Health care costs for falls and rehabilitation average 70 billion dollars a year! Even if the fall does not result in hospitalization, fear of falling becomes a major factor. Fear leads to inactivity and loss of confidence. This, in turn produces a cycle of fear, loss of self-confidence, and inactivity, thereby decreasing the quality of life and increasing the risk of falls. The agency shall protect all individuals from preventable injuries and illnesses. The agency will undertake a program of education and enforcement in safety directed at employees and patients.

#### **Procedure:**

1. Perform a home safety check.
2. Make referrals to Physical Therapy as needed. Tinetti Assessment may be utilized to help identify mobility issues.
3. Educate patients on the following Fall Prevention Tips:
  - Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
  - Get up slowly after you sit or lie down.



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- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

### Safety is an Agency Wide Priority

- Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.

### Equipment Malfunction

- A. Personnel should report any medical equipment malfunction to the Director of Nurses and/or Case Manager.
- B. An Unusual Occurrence (Incident/Accident) Report will be completed if injury or the potential for injury has occurred.
- C. If the medical equipment malfunction or misuse results in serious injury, illness or death, the Administrator shall be notified immediately.
- D. If you suspect that a piece of equipment is malfunctioning contact the DON/Case Manager immediately. If a piece of equipment is malfunctioning you should call the DON/Case Manager immediately. Do not attempt to unplug/unhook or correct the issue without consulting with the DON/Case Manager first. Prior to placing equipment into use assess the equipment for obvious damage or frayed electrical lines, if this is apparent do not use the equipment. Report it to the DON/Case Manager. Patient Safety is an agency wide priority, proper instruction on equipment to the patient/caregiver is an important in reducing equipment issues. Staff are encouraged to educate patients/caregivers and required to document their teaching.

### Reporting Emergencies

An **EXTREME EMERGENCY** may be, but is not limited to:

- 1) Unresponsiveness (except in a known comatose patient).
- 2) Severe chest pain with diaphoresis, nausea, radiation of pain to neck or arm or cardiac arrest.
- 3) Signs and symptoms of hemorrhage or acute bleeding (G.I.), vomiting or diarrhea.
- 4) Extreme respiratory distress, duskiness with impending arrest.
- 5) Fall with obvious fracture.
- 6) Initiate CPR if no MD orders or DNR in place to prevent it and patient status indicates CODE.

In the event of an **EXTREME EMERGENCY**:

1. Call for emergency transfer to hospital immediately.
2. Call physician.
3. Stay with the patient until emergency medical personnel arrive.
4. Document exactly what happened on the visit slip, appearance of the patient when first seen by Agency personnel on the day the emergency was discovered and all steps and actions taken.
5. Complete verbal orders for transfer.

A **MODERATE EMERGENCY** may be, but is not limited to:

- 1) Change in pulse, such as threadiness, irregularity, tachycardia or bradycardia
- 2) Blood pressure with systolic less than 90 or diastolic greater than 110
- 3) Shortness of breath with dusky appearance, change in breath sounds
- 4) Decreased urinary output over twenty-four (24) hours
- 5) Blood sugar via glucometer greater than 250 or less than 60 (or anything abnormal for given patient)
- 6) Vomiting or diarrhea with potential for dehydration
- 7) Temperature > 101 degree p.o.
- 8) Signs/symptoms of infection of wound or decubitus not previously identified

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- 9) Fall with suspicion of injury
- 10) Medication irregularities, i.e., questionable dosages or potential interactions between medications prescribed

In the event of a **MODERATE EMERGENCY**:

1. Stay with the patient until you are satisfied that appropriate follow-up has been initiated.
2. Call the office and report to the person taking your call that this is a *moderate emergency*, and the name of the patient.
3. Call the physician if directed to do so.
4. Document exactly what happened on the visit slip, appearance of the patient when first seen by Agency personnel on the day the emergency was discovered, and all steps and actions taken. Complete any verbal orders, which may have been received.

A **MINOR EMERGENCY** may be, but is not limited to:

- 1) Fluctuation in vital signs, which are not life-threatening
- 2) Medication irregularities, i.e., questionable dosages or potential interactions between medications prescribed (but patient is in no immediate danger)
- 3) Complaints of pain, weakness, diaphoresis, upset stomach, unexpected weight loss greater than 5 lbs., UTI, GI symptoms indicating impending illness.
- 4) Falls without apparent injury
- 5) Change in wound or decubitus size

In the event of a **MINOR EMERGENCY**:

1. Call the office
2. Document exactly what happened on the visit slip, appearance of patient when first seen by Agency personnel on the day the emergency was discovered, and all steps and actions taken. Complete any verbal orders, which were received.
3. It is not necessary to stay with the patient until resolved (except see below).

**NOTE:** As with all written guidelines, certain situations do not fit the criteria listed. When unusual situations occur, **DO NOT HESITATE** to call the office and/or nurse on call for advice. Field staff can tell the physician directly when it would cause a delay to call the office first. If you call the physician, report the conversation and any change to the plan of care to the supervising therapist as soon as possible. Also, remember to document the situation thoroughly as soon as possible on the visit slip and clinical record.

Be aware that patients living alone or those without responsible family/caregivers present may need to be attended to until resolution is met.





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## Fire Safety

### ***Chapter 1- Fire Emergencies: General Instructions***

Despite everyone's most conscientious efforts, fire and other emergency situations may occur. It is important to have appropriate planning, training and skill to be ready and able to react effectively. The training and information you receive is designed to help prepare you so that if an incident does occur, your response should be immediate, intelligent and most importantly, effective.

The following instructions need to be followed throughout the agency for all Fire Emergencies (e.g., fire, smoke, odor of smoke or burning, crackling noises, unusual heat conditions, and any automatic detector activation). Although specifically geared to "fire" type emergencies, much of this would apply in any generalized emergency situation.

#### **GENERAL INFORMATION:**

1. ALL AUTOMATIC ALARMS shall be treated as TRUE EMERGENCIES. Everyone should immediately implement the Fire Plan and begin an evacuation as outlined in your evacuation plan, regardless of the cause of the automatic alarm.
2. ANY Staff members and any other occupants in the building(s) at the time of an alarm or other emergency shall render such assistance as directed.
3. Beds, mattresses and other bulky equipment should NEVER be used to evacuate occupants unless absolutely necessary. (Use blanket drags, carries, etc.)
4. STAY LOW. Keep yourself and all occupants low if in a smoke involved area. The fire generated smoke and gases are potentially more dangerous than the actual flames.
5. Elevators shall not be used during a fire or emergency situation, other than by firefighters.
6. NO ONE other than firefighters shall enter or re-enter a fire or smoke involved structure.
7. Based on your training and/or your obligation, you may need to re-enter areas that are not involved with fire or smoke to assist others. Use your training and caution if necessary to do this. If re-entry is attempted, make someone aware of your actions, to provide accountability for arriving emergency responders.
8. REPORT ALL FIRES TO THE FIRE DEPARTMENT IMMEDIATELY, EVEN IF IT APPEARS TO BE OUT, OR IS CONSIDERED INSIGNIFICANT!
9. If your local fire department is responding to assist, DO NOT reset your alarm until they arrive and evaluate the situation.



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## “R.A.C.E. PLAN”

### **REMOVE ALERT CONFINE EXTINGUISH**

The following general instructions explain these fundamental steps and provide guidance in the event of an emergency. It must be understood and stressed that each emergency will present itself in a unique way and with a different set of circumstances each time. Therefore, staff must be creative and confident to implement these steps in various situations.

In addition, it is important to note, that although these “steps” are presented in an organized manner in order to provide guidance on the importance and general sequence of these events, in the case of a true emergency, it could happen that many of the functions of this Guideline will be conducted at the same time or in an order appropriate to that specific situation. In all cases sound practical judgment, experience and training will prevail.

Pending the arrival of the fire department or other back up and responding personnel, **YOU are the first line of defense**. The lives of those entrusted to your care, and possibly your very own, may well depend upon your reactions.

**TO SUMMON HELP IN ANY EMERGENCY SITUATION...  
IMMEDIATELY CALL .... 911**

### **REMOVE**

**DO NOT PANIC - REMAIN CALM - DO NOT SHOUT OR YELL.**

**YOUR FIRST CONCERN IS FOR LIFE SAFETY - SAFETY OF THE OCCUPANTS, OTHER STAFF AND YOURSELF IS OF PARAMOUNT IMPORTANCE.**

**EVACUATE EVERYONE TO A POINT OF SAFETY.** All occupants in the building must be evacuated as quickly and as orderly as possible to a pre-designated POINT OF SAFETY, using the following guidelines:

#### **1. ORDER OF REMOVAL OF OCCUPANTS:**

***Remove anyone in immediate danger (i.e., in the room of origin).***

Evacuate occupants who can walk on their own. (*This is done first to facilitate evacuating the most, the fastest*)

Evacuate occupants who cannot walk, require additional assistance, use walkers, etc.

Evacuate occupants who are connected to life sustaining devices or medical management devices.

#### **2. HOW TO EVACUATE THE OCCUPANTS:**

Movement of any occupant shall be done as planned in advanced. As a general rule, the method that is used during non-emergency situations is going to be the best method for movement under emergency situations.



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#### 3. WHERE TO EVACUATE:

ANYONE IN IMMEDIATE DANGER should utilize the nearest and most immediate EXIT. If you have to escape through smoke, crawl on your hands and knees where air will be cleaner. Test all doors in your escape path for heat **prior** to opening them. Always test doors with the back of your hand. Remember to practice your escape plan several times annually.

ACCOUNTABILITY: As soon as all occupants are gathered in a safe place (either within the building, in an area of refuge, or outside), someone (i.e. staff in charge) shall take a roll call, using a checklist roster. If anyone is missing, immediately report this to the first arriving fire personnel. If staff and/or occupants are trapped by smoke, close doors, stay low, block openings to room and open a window to attract attention of rescuers.

### ***ALERT***

**ALERT ALL NEARBY STAFF** – By voice or use of code phrase. (*This may be accomplished simultaneously with the **Remove** step*)

**PULL THE NEAREST ALARM BOX IF PROVIDED.** This will automatically notify the occupants, and possibly the Fire Department and additional help. In addition this may initiate automatic fire protection features of the building.

**CALL 911- If no fire alarm is available, immediately call 911.** If there is an alarm system available, make a back-up call to 911 as soon as everyone is in a point of safety. Although redundant, this assures response and provides additional information to the responders.

Give the dispatcher the following information:

NAME, LOCATION, BRIEF DESCRIPTION OF THE INCIDENT, ANSWER ALL QUESTIONS. PREPARE TO FOLLOW INSTRUCTIONS, AND DO NOT HANG UP UNTIL DIRECTED BY THE DISPATCHER.

### ***CONFINE***

**CONFINE THE FIRE BY CLOSING ANY DOORS,** FIRE DOORS AND OTHER OPENINGS INTO THE ROOM OR AREA OF ORIGIN.

Closing a door can be a very simple and effective method of containing the fire, buying time for evacuation.

### ***EXTINGUISH***

**EXTINGUISH THE FIRE.** Attempt to extinguish the fire only after **all** occupants are in a point of safety (unless extinguishment of the fire is needed to evacuate, i.e., fire is between you and the door). Any attempts to extinguish the fire should be considered a “**Last-Resort**”. Evacuation should **always** be your first priority.

Fire Prevention is potentially the most powerful strategy for reducing both life and property fire hazards.  
**A FIRE THAT NEVER HAPPENS CAUSES NO LOSS OR DAMAGE !!!!**

The most important thing that can be done to protect people from a fire is to prevent it from occurring. By preventing the outbreak of fire, you not only save lives, but also avoid property damage. Everyone has a responsibility to protect those that they support from fire. Assuring adherence to common fire safety practices; regarding the use of appliances and other dangerous items, and assuring that all fire protection



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systems are operating properly all promote good fire safety. Practicing the Fire Plan is also an integrated component of a well-rounded fire prevention program.



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## **Section IX**

# **HIPAA Training**



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In 1996, Congress enacted the Health Insurance Portability and Accountability Act, also known as **HIPAA**. Among the primary purposes of HIPAA are (1) to protect people from losing their health insurance if they change jobs or have pre-existing health conditions, (2) to reduce the costs and administrative burdens of healthcare by creating standard electronic formats for many administrative transactions that are currently carried out on paper, and (3) to develop standards and requirements to protect the privacy and security of [confidential healthcare information](#).

Recently, the Department of Health and Human Services issued new regulations referred to as the **Privacy Rule** and **Security Rule**. The regulations require healthcare organizations to adopt processes and procedures to ensure the highest degree of patient confidentiality. These processes include administrative, physical and technical safeguards to ensure that medical information is stored, transmitted and received in a safe and secure manner.

As you can imagine, the HIPAA regulations impact virtually every department of every entity that has access to confidential health information. Hospitals, medical practices, insurance companies, medical-device manufacturers and other healthcare organizations are undergoing major changes in the way they handle patient information.

The Privacy and Security Rules provide stiff penalties for those who fail to comply with the requirements or who improperly disclose or misuse [protected health information](#) (PHI). It is important that all who may come into contact with PHI understand and carry out their responsibilities under the Rules, as outlined in this training program.

HIPAA is a broad and far-reaching law. Entities covered by the Privacy and Security Rules include healthcare [plans](#), [providers](#) and [clearinghouses](#).

The Rule also extends to the business associates of covered entities, which include auditors, consultants, lawyers, data and billing firms, and others with whom the covered entities have agreements involving the use of protected health information. The covered entity must receive satisfactory assurances that the business associate will comply with the Privacy and Security Rules, though the covered entity need not monitor the business associate's work unless it learns of a problem with compliance. You do not need a business associate agreement for employees, cleaning services, and contracted employees such as a physical therapist who perform a substantial portion of their work for this agency. The Privacy Rule requires the return or destruction of all protected health information (PHI) at the termination of a business associate agreement contract only where feasible or permitted by law.

In addition, the Rules apply to any company that offers healthcare and treatment to its employees on-site. Thus, if an employer or school operated an on-site clinic, the clinic would be a covered entity, and its patient information would be subject to the Privacy and Security Rules.

### ***Entities Covered by State Law***

When covered entities use or transmit protected health information in any form, they must comply not only with the Privacy and Security Rules, but also with any state laws regarding privacy of medical records. In the event of a conflict between HIPAA and state law, HIPAA *preempts* state law unless the state law is more strict. (In other words, whichever provides greater protection to patients must be followed.)



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HIPAA establishes a single set of transaction standards for electronic healthcare transactions, thus enabling healthcare providers and insurance companies to communicate more fluidly. The Privacy and Security Rules cover the following types of information transactions:

1. Healthcare claims (professional, institutional and dental);
2. Health plan eligibility inquiries and responses;
3. Enrollment and disenrollment in a health plan;
4. Healthcare payment and remittance advice;
5. Health plan premium payments;
6. Claim status inquiries and responses;
7. Referral certification and authorization; and
8. Coordination of benefits.

The Rules also require covered entities to use special coding standards for all transactions involving electronic data interchange (EDI), including the use of "unique identifiers" for providers, health plans, employers and patients. These new coding standards are still being developed and refined by the Department of Health and Human Services.

The Privacy and Security Rules protect individually identifiable health information transmitted or maintained by a covered entity, no matter what form it takes.

That means that when a doctor takes notes in a medical chart, when a hospital data-entry clerk types health insurance information into a computer, or when healthcare providers discuss a patient's condition, any identifiable health information becomes **protected health information** (PHI) under HIPAA. Medical records are protected health information. Patients and authorized patient representatives are allowed access to their medical records. The patient can authorize a person to receive PHI information at any time and may also revoke authorization at any time. The need to provide in writing the person(s) that they wish to allow access to PHI. If a patient wants to request a restriction on the disclosure of his/her protected health information it must be in writing. However, the patient may request to review their records in person and are not required to provide the request in writing.

When a patient requests access to his/her medical records you can provide a summary if you think it is too difficult for the patient to interpret. You must have the requestor agree on charges for the summary in advance. When a patient requests copies of his/her medical records you can charge reasonable cost-based fees for providing the copies/summaries.





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Note, however, that employment records held by a covered entity in its role as an employer are not considered PHI.

While many covered entities may seek to rely on practice-management software or healthcare clearinghouses as a means of ensuring HIPAA compliance for their healthcare transactions, software alone cannot provide a complete solution. Most of the work in complying with HIPAA for all covered entities is in developing and administering systems and policies that prevent the misuse of PHI in a comprehensive and consistent way. This agency has 60 days to respond to a request to amend a record. The agency can refuse to make amends in certain cases.

The Privacy Rule requires a covered entity to:

- Provide patients with a [Notice of Privacy Practices](#) (NPP); and
- Make a good-faith effort to obtain a patient's [written acknowledgment](#) of receiving the NPP.

The NPP must inform patients of (1) the uses and disclosures of PHI that the entity may make, (2) the patient's right to access and amend their medical information, and (3) the covered entity's responsibilities with respect to PHI. Notice of Privacy Practices (NPP) must be given to each patient at the first visit after April 13, 2003, posted on the company Web site, if it has one, and posted in the office. If I forget to give a Notice of Privacy Practices (NPP) to a patient, I have to mail it on the date of service and document my actions. The agency can make changes to the NPP if it has reserved the right in the notice.

Once it has obtained the acknowledgment or has made a good-faith effort to do so, the entity may:

- Use PHI for its own treatment, payment or healthcare operations; and
- Disclose PHI to other covered entities for their treatment, payment or certain limited healthcare operations.

When using or disclosing PHI or when requesting PHI from another covered entity, a covered entity must make reasonable efforts to limit PHI to the [minimum necessary](#) to accomplish the intended purpose of the use or disclosure.

As a [general rule](#), a covered entity may not use or disclose protected health information for purposes other than treatment, payment and healthcare operations without the patient's written authorization. A copy of an authorization is acceptable if all elements are included.





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#### **Marketing**

The Privacy Rule prohibits a covered entity from disclosing PHI to others for marketing purposes without the patient's written authorization. For example, a pharmacy may not provide a pharmaceutical company a list of patients with a particular disease or condition in order for the pharmaceutical company to market drugs to those patients without their authorization.

At the same time, communications regarding treatment, case management or the recommending of alternative therapies are excluded from the definition of "marketing," as are communications that promote health in a general manner. Thus, for example, a health-related newsletter that a covered entity distributes to patients to inform them about new healthcare developments would not be considered marketing under the Privacy Rule.

#### **Incidental Disclosures**

The Privacy Rule allows "incidental" disclosures of PHI, as long as the covered entity uses reasonable safeguards and adheres to the "minimum necessary" standard. For example, doctors' offices may use waiting-room sign-in sheets, hospitals may keep charts at bedside, doctors may talk to patients in semi-private rooms, and medical staff may confer at the nurse's station without violating the Privacy Rule.

Since many of us receive, store and transmit PHI as part of our day-to-day responsibilities, The Privacy Rule requires the following administrative safeguards to ensure that PHI is not compromised:

1. Designating a Privacy Officer to be responsible for the development and implementation of privacy policies;
2. Providing physical safeguards to protect our computer systems and related equipment from fire, other environmental hazards and intrusion;
3. Using technical safeguards like encryption software to transmit health information over the Internet;
4. Requiring business associates (lawyers, consultants, auditors, billing companies, pharmacists, etc.) to confirm that they will protect PHI;
5. Developing a system to track who accessed what information; and
6. Implementing rules for addressing violations of privacy, security and transaction regulations, including establishing a process for making complaints and preventing retaliation against anyone who reports a HIPAA violation. The patient may lodge a complaint to any staff member or the regulatory body.
7. If the Secretary of Health and Human Services (HSS) validates a complaint: It may result in a compliance review.



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8. If a non-authorized disclosure of protected health information (PHI) is made: You must keep a record of this for six years and give the patient a full accounting upon proper request.

Employees must receive an initial training on HIPAA and also requires those with access to PHI to undergo periodic training on these and other appropriate privacy procedures, and to keep documented proof that these trainings have been given. Everyone who works in my office, including unpaid volunteers, contract employees, and casual laborers, must be trained or show documentation of training about HIPAA

A privacy officer should conduct the following steps:

- Identify the internal and external risks of disclosure of protected health information (PHI)
- Create and implement a plan to reduce the risk of releasing PHI in those areas identified
- Train all personnel on the practice's privacy and security of PHI.
- Monitor the implementation and enforce appropriately any breaches of policy.

The Security Rule also requires that administrative, physical and technical safeguards are in place to prevent the improper use or disclosure of PHI. The required **administrative** safeguards are as follows:

- **Certification Review:** A technical evaluation to ensure that our computer environment is secure from intrusion.
- **Chain of Trust Agreements:** Agreements with external recipients of PHI confirming that they will protect the confidentiality of data exchanged.
- **Contingency Plan:** A plan for responding to system emergencies, including the performance of backups, emergency-mode operations, and disaster-recovery procedures.
- **Policies & Procedures:** Policies and procedures for the proper use of healthcare information.
- **Access Controls:** A plan for granting different levels of access to healthcare information, including policies that determine each individual's right to access the information.
- **Internal Audit Procedures:** An in-house review of system activity records (such as log-ins, file accesses, and security incidents).
- **Personnel Security:** Security checks and special training for all employees with access to sensitive information regarding the proper use and handling of PHI, and documentation to verify that the training has occurred.



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- **Security Configuration Management:** Procedures for the security of our computer systems, such as virus checking and security testing.
- **Security Incident Procedures:** Instructions for reporting security breaches.
- **Security Management Process:** A process to ensure that we have the proper infrastructure in place to prevent and detect security breaches.
- **Termination Procedures:** Procedures to prevent a terminated employee from having access to confidential information.

HIPAA also requires those with access to PHI to undergo periodic training on these and other appropriate security procedures, and to keep documented proof that these trainings have been given.

The Security Rule also requires a number of **physical** steps to ensure that PHI contained in computers is properly protected from fire and environmental hazards, as well as from intrusion. Physical safeguards include the following:

- **Security Management:** Assignment of responsibility for Security management.
- **Media Controls:** A set of procedures that govern the receipt and removal of hardware and software (such as diskettes, tapes, and personal data assistants).
- **Physical Access Controls:** Procedures that deter intruders from accessing environments where sensitive information resides.
- 
- **Equipment Controls:** Security policies for bringing hardware and software into and out of offices, including policies on how to dispose of hardware and other storage media.
- 
- **Guidelines on Workstation Use:** Procedures describing the proper functions to be performed on computers, and how to handle sensitive information that may be displayed on computer screens.

Finally, the Security Rule requires certain **technical** safeguards for PHI, including:

- **Access Controls:** Controls to ensure that access to sensitive information is available on a need-to-know basis, based on roles and context.



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- **Audit Controls:** Controls to record and examine system activity, helping to eliminate unnecessary access to sensitive information.
- **Authorization Controls:** Controls for obtaining consent for the use and disclosure of health information.
- **Data Authentication:** Controls to help ensure that health data has not been altered in an unauthorized manner.
- **Entity Authentication:** Controls to ensure that data is sent to the intended recipient and received by the intended party. These controls include the use of password protections, PIN numbers and, when sent over public networks, encryption.

### ***Sending PHI via E-mail and Fax***

According to the Security Rule, it is permissible to use the Internet to transmit PHI, as long as (1) an acceptable method of encryption is used to protect confidentiality, and (2) appropriate authentication procedures are followed to ensure correct identification of the sender and receiver. Although faxes are transmitted over telephone lines, they are not considered to be "covered transactions," so they may be sent without additional security precautions.

The HIPAA regulations take effect for covered entities on April 14, 2003, while various parts of the Security Rule go into action between now and April 2005. Failure to comply with the Privacy or Security Rule can lead to significant financial and other penalties:

- Civil monetary penalties for each individual failure to comply with HIPAA provisions include a fine of \$100 for each violation with a cap of \$25,000 per year for multiple violations of the same provision.
- Criminal penalties for a basic offense include fines of up to \$50,000 and/or imprisonment for up to one year.
- Criminal penalties for an offense committed under false pretenses include fines of up to \$100,000 and/or imprisonment of up to five years.
- Criminal penalties for an offense committed with the intent to use PHI for one's commercial advantage include fines of up to \$250,000 and/or imprisonment of up to ten years.



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## **Section X**

### **Aide Training**



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## Advance Directives and End of Life Training

### Questions and Answers about Advance Directives

More than ever before, people are being asked to take part in decision about end-of-life care. Yet, most people still do not discuss end-of-life care at all, even if they are seriously thinking about these issues and some guidelines for discussions with their physicians, families, and loved ones. This fact sheet is also designed to help patients understand the medical, legal, and personal choice they may face in the future.

#### 1. What rights do patient have regarding their medical treatment?

Patients are entitled to have complete information about their illness and how it may affect their lives, and they have the right to share or withhold that information from others. People with cancer should also be informed about any procedures and treatments that are planned, the benefits and risks, and any alternative that may be available. Patients may be asked to sign an “informed consent” form, which includes this information. Before signing such a form, patients should read it carefully and ask the physician any questions they might have.

Patients have the right to make decisions about their own treatment. These decisions may change over time. In the face of worsening disease, some patients may want to try every available drug or treatment in the hope that something will be effective. Other patients may choose to forgo aggressive medical treatment. Many patients turn to family member, friends, or caregivers for advice. But, it is the patient’s decision how much for how little treatment to have. Sometimes a patient is unable to make this decision, due to severe illness or change in mental condition. That is why it is important for people with cancer to make their wishes known in advance.

#### 2. What is end-of-life care? What are advance directives?

**End-of-life care** is a general term that refers to the medical and psychosocial care given in the advanced or terminal stages of illness. **Advance Directives** are the legal documents such as the living will, durable power of attorney, and healthcare proxy that allow people to convey their decision about end-of-life care ahead of time. Advance directives provide a way for patients to communicate their wishes to family, friends, and health care professionals and to avoid confusion later on, should they become unable to do so.

Ideally, the process of discussing and writing advance directive should be ongoing, rather than a single event. Advance directive can be modified as a patient’s situation changes. Even after advance directive have been signed, patients can change their minds at any time.

#### 3. Why are advance directive important?

Complex choices about end-of-life care are difficult even when people are well. If a person is seriously ill, these decisions can seem overwhelming. But, patients should keep in mind that avoiding these decisions when they are well will only place a heavier burden on them and their loved ones later on. Communicating wishes about end-of-life care will ensure that people with terminal illnesses face the end of their lives with dignity and with the same values by which they have lived.

#### 4. Why is it important to write a will?

A will is important so that patients can give instruction about distribution of their money and property when they die. Patient can name a trusted family member, friend, or professional to handle their personal affairs (also known as an executor). It is advisable to seek the expert advice of a lawyer in drawing up a will so that the decision made about taxes, beneficiaries, and asset distribution will be legally binding. This process can relieve a patient’s family and friends of an enormous burden in case of dispute or question about allocation of the patient’s assets.

#### 5. What is a living will?

A living will is a set of instruction documenting a person’s wishes about medical care intended to sustain life. It is used if a patient becomes terminally ill, incapacitated, or unable to communicate or make



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decisions. Everyone has the right to accept or refuse medical care. A living will protects the patient's right and removes the burden for making decision from family, friends, and physicians.

### Advance Directives and End of Life Training

There are many types of life-sustaining care that should be taken into consideration when drafting a living will. These include:

- The use of life-sustaining equipment (dialysis machines, ventilators, and respirators)
- "do not resuscitate" orders; that is, instruction not to use CPR if breathing or heartbeat stops
- artificial hydration and nutrition (feeding tube)
- withholding of food and fluids
- palliative/comfort care
- organ and tissue donation

It is also important to understand that a decision not to receive "aggressive medical treatment" is not the same as withholding all medical care. A patient can still receive antibiotics, nutrition, pain medication, radiation therapy, and other intervention when the goal of treatment becomes comfort rather than cure. This is called palliative care; its primary focus is helping the patient remain as comfortable as possible. Patients can change their mind and ask to resume more aggressive treatment. If the type of treatment a patient would like to receive changes, however, it is important to be aware that such a decision may raise insurance issue that will need to be explored with the patient's health care plan. Any change in the type of treatment a patient wants to receive should be reflected in the patient's living will.

After a living will has been drawn up, patients may want to talk about their decision with the people who matter most to them, explaining the values underlying their decisions. Most states require the document be witnessed. Then, it is advisable to make copies of the document, place the original in a safe, accessible place, and give copies to the patient's physician, hospital, and next of kin. Patients may also want to consider keeping a card in their wallet declaring that they have a living will and where it can be found.

#### 6. What is a health care proxy and durable power of attorney for health care?

A health care proxy is an agent (a person) appointed to make a patient's medical decision if the patient is unable to do so. Generally, people assign someone they know well and trust to represent their preferences when they can no longer do so. Patients should be sure to ask this person for agreement to act as their agent. An agent may have to exercise judgment in the event of a medical decision for which the patient's wishes are not known.

The durable power of attorney for health care is the legal document. After it is written, it should be signed, dated, witnessed, notarized, copied, distributed, and incorporated into the patient's medical record.

Patients may also want to appoint someone to manage their financial affairs if they cannot. This is called a durable power of attorney for finances, and is a separate legal document from the durable power of attorney for health care. Patient may choose the same person or someone different from their health care proxy to act as their agent in financial matters.

#### 7. Where can people get assistance with their advance directives?

If patients need help making the decisions discussed in this fact sheet, they should not hesitate to call on family, friends, and other loved ones.

Although a lawyer is not needed to complete advance directive, it is important to be aware that each state has its own laws for creating advance directive. Because these laws can vary in important details, special care should be taken to adhere to the laws of the state a patient lives in or is treated in. It is possible that a living will or durable power of attorney signed in one state may not be recognized in another. Appropriate forms can be obtained from health care provider, legal offices, offices on aging, and state health departments.





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## Advance Directives and End of Life Training

The patient with end-stage illness will most probably have various symptomatic problems that will affect ability to eat. A few of these are mentioned below with some suggestion to offer the patient.

<p><b>Bloating or early satiety</b></p> <ul style="list-style-type: none"> <li>• Eat small, frequent meals</li> <li>• Eat slowly</li> <li>• Sit upright when eating</li> <li>• Eat easily digestible foods avoiding fatty foods &amp; gas forming vegetables</li> <li>• Drink fluids between rather than with meals</li> </ul> <p><b>Chewing problems</b></p> <ul style="list-style-type: none"> <li>• Modify food consistency, going from soft to ground to pureed based on severity of problem</li> <li>• Moisten foods</li> <li>• Emphasize soups, stews, cooked &amp; cold cereals, eggs, custards, puddings, &amp; liquids</li> <li>• Chop, mash, or strain cooked fruits &amp; vegetables</li> <li>• Try baby foods, they can be used along (spice to taste) or added to soups &amp; broths</li> </ul> <p><b>Colostomies</b></p> <ul style="list-style-type: none"> <li>• Chew foods thoroughly &amp; avoid swallowing air</li> <li>• Avoid foods that can cause irritation: nuts, popcorn, skins &amp; seeds from fruits &amp; vegetables or coconut</li> <li>• Avoid gas forming foods: cabbage, brussel sprouts, green peppers, cucumbers, onions, beans, peas, corn, broccoli, &amp; cauliflower</li> <li>• Avoid foods that may produce odors; onions, fish, &amp; eggs</li> </ul>	<p><b>Constipation</b></p> <ul style="list-style-type: none"> <li>• Drink plenty of fluids</li> <li>• Drink a glass of prune juice or hot liquid in the morning or evening to stimulate bowel function</li> <li>• Increase fiber or bulk in diet if able</li> </ul> <p><b>Diarrhea</b></p> <ul style="list-style-type: none"> <li>• Decrease fiber in diet</li> <li>• Avoid foods that may cause cramps; fatty foods, caffeine, spicy foods, carbonated beverages, &amp; gum</li> <li>• Keep liquids warm or at room temperature because extremes in temperature may stimulate the bowel &amp; aggravate diarrhea</li> <li>• Avoid lactose-containing foods if a lactase deficiency is suspected</li> <li>• Take liquids between rather than with meals</li> <li>• Potassium can be depleted with large fluid losses. If a patient has large volume, frequent diarrhea, encourage increased fluid &amp; potassium intakes (unless contraindicated). Some high potassium foods: bananas, oranges, orange juice, watermelon, tomato sauce &amp; juice, potatoes, meat, kidney beans, peanut butter, wheat germ, milk, yogurt, molasses, raisins, &amp; apricots.</li> </ul> <p><b>Dry mouth</b></p> <ul style="list-style-type: none"> <li>• Encourage frequent mouth rinsing with salt/soda water (1tsp salt &amp; baking soda per quart of warm water). Avoid commercial mouth washers due to alcohol which causes dryness.</li> <li>• Increase fluid intake</li> <li>• Use a humidifier</li> <li>• Use moistened mouth swabs</li> </ul>
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## Advance Directives and End of Life Training

<p><b>Pain</b></p> <ul style="list-style-type: none"><li>• Pain must be adequately controlled before any thought can be given to nutritional therapy</li></ul> <p><b>Swallow dysfunction (dysphagia)</b></p> <ul style="list-style-type: none"><li>• Modify food consistencies (refer to chewing problems)</li><li>• Thick liquids are sometimes better tolerated than thin (they cause less gagging). Add ice cream or mashed banana to milk or milk shakes to make them thicker.</li><li>• Recommend high-calorie, commercial supplements</li><li>• Recommend liquid multivitamins</li><li>• Have the patient try tilting their head back or forward to facilitate swallowing.</li></ul>	<p><b>Taste alterations (ageusia)</b></p> <ul style="list-style-type: none"><li>• Experiment with new flavors &amp; foods</li><li>• Use condiments on chicken, meat, &amp; fish</li><li>• Drink or rinse mouth with carbonated water, ginger ale, or tea after meals to help get rid of bad tastes.</li></ul> <p><b>Viscous saliva</b></p> <ul style="list-style-type: none"><li>• Milk &amp; milk products may cause increased phlegm production. Patients can try low fat or soybean milk products, or use ginger ale or club soda to “cut” milk &amp; shakes.</li><li>• Clear liquids, broths, hot tea with lemon, popsicles, lemonade, carbonated beverages, sherbets, &amp; ices may be better tolerated than thick liquids (commercial clear liquid high-calorie protein supplements are available)</li></ul>
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# **Alzheimer and Dementia Training**

#### **History**

Alzheimer's disease (AD) was first discovered in 1906 by a German doctor named Alois Alzheimer. It is a disorder of the brain, causing damage to brain tissue over a period of time. The disease can linger from 2 to 25 years before death results. AD is a progressive, debilitating and eventually fatal neurological illness affecting an estimated 4-5 million Americans. It is the most common form of dementing illness.

Alzheimer's disease is characterized clinically by early memory impairment followed by language and perceptual problems. This disease can affect anyone - it has no economic, social, racial or national barriers.

#### **Causes**

There is no one cause for Alzheimer's disease. AD may be sporadic or passed through the genetic make-up. The disease causes gradual death of brain tissue due to biochemical problems inside individual brain cells. The symptoms are progressive, but there is great variation in the rate of change from one person to another. Although in the early stages of Alzheimer's the victim may appear completely healthy, the damage is slowly destroying the brain cells. The hidden process damages the brain in several ways:

- Patches of brain cells degenerate (neuritic plaques)
- Nerve endings that transmit messages become tangled (neurofibrillary tangles)
- There is a reduction in acetylcholine, an important brain chemical (neurotransmitter)
- Spaces in the brain (ventricles become larger and filled with granular fluid)
- The size and shape of the brain alters - the cortex appears to shrink and decay

Understandably, as the brain continues to degenerate, there is a comparable loss in mental functioning. Since the brain controls all of our bodily functions, an Alzheimer victim in the later stages will have difficulty walking, talking, swallowing and controlling bladder and bowel functions. They become quite frail and prone to infections such as pneumonia.

#### **Dementia vs. Normal Aging**

As a person grows older, he/she worries that forgetting the phone number of a best friend must mean he/she is becoming demented or getting Alzheimer's disease. Forgetfulness due to aging or increased stress is not normal aging and is not dementia.

"Dementia" is an encompassing term for numerous forms of memory loss. There are many types of dementia such as Alzheimer's disease, Multi-Infarct dementia or Parkinson's disease. When a person has dementia, he/she will lose the ability to think, reason and remember and will inevitably need assistance with everyday activities such as dressing and bathing. Changes in personality, mood are also symptoms of dementia. Many dementias are treatable and reversible. Alzheimer's disease is the most common form of untreatable, irreversible dementia.



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#### Alzheimer's Disease - Stages of Progression

Alzheimer's Disease can be characterized as having early, middle, and late stages through which the patient gradually progresses, but not at a predictable rate. The range of the course of the disease is 2-25 years. NOTE: Stages very often overlap. Everyone progresses through these stages differently.

**First Stage:** This is a very subtle stage usually not identified by either the impaired person or the family as the beginning signs of the disease. Subtle changes in memory and language along with some confusion occur at this time. The family usually denies or excuses the performance deficiencies at this stage.

- Forgetfulness/memory loss
- Impaired judgment
- Trouble with routines
- Lessening of initiative
- Disorientation of time and places
- Depression
- Fearfulness
- Personality change
- Apraxia (forgetting how to use tools and equipment)
- Anomia (forgetting the right word or name of a person)

**Second Stage:** As Stage 1 moves onto Stage 2, there is usually a particular significant event which forces the family (and impaired person) to consider that something is really wrong. At this time, they usually go to a doctor to diagnose the problem.

- Poor short-term memory
- Wandering (searching for home)
- Language difficulties
- Increased disorientation
- Social withdrawal
- More spontaneity, fewer inhibitions
- Agitation and restlessness, fidgeting, pacing
- Developing inability to attach meaning to sensory perceptions: (taste, touch, smell, sight, hearing)
- Inability to think abstractly
- Severe sleep disturbances and/or sleepiness
- Convulsive seizures may develop
- Repetitive actions and speech
- Hallucinations
- Delusions



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Third (Final Stage): This stage is the terminal stage and may last for months or years. The individual will eventually need total personal care. They may no longer be able to speak or recognize their closest relatives.

- Little or no memory
- Inability to recognize themselves in a mirror
- No recognition of family or friends
- Great difficulty communicating
- Difficulty with coordinated movements
- Becoming emaciated in spite of adequate diet
- Complete loss of control of all body functions
- Increased frailty
- Complete dependence

### COMMON PROBLEMS WITH DEMENTIA

#### Delusions

Suspiciousness: accusing others of stealing their belongings

People are "out to get them"

Fear that caregiver is going to abandon

Current living space is not "home"

#### Hallucinations

Seeing or hearing people who are not present

#### Repetitive actions or questions

They forget they asked the question

Repetitive action such as wringing a towel

#### Wandering

Pacing

Sundowning: trying to get "home"

Generally feeling uncomfortable or restless

Increased agitation at night

#### Losing thing/Hiding things

Simply do not remember where items are

Might hide things so that people don't "steal" them

#### Inappropriate sexual behavior

Person with AD loses social graces and is only doing what feels good

#### Agnosia: inability to recognize common people or objects

A wife of forty years will become a stranger to the person with AD, he might even think she is the hired help

Might not recognize a spatula or the purpose of the spatula and/or cannot verbalize the name or purpose of the object.



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Apraxia: loss of ability to perform purposeful motor movements  
Cannot tie a shoe or manipulate buttons on a shirt

Catastrophic reactions  
(Causes) AD person often becomes excessively upset and can experience rapidly changing moods. The person becomes overwhelmed due to factors such as too much noise, too many people around, unfamiliar environment, routine change, being asked too many questions, being approached from behind.

(Reactions) AD person may become angry, agitated, weepy, stubborn or physically violent. It is best to attempt to avoid catastrophic reactions rather than dwell on how to handle them.

### HANDLING DISTURBING BEHAVIORS

One of the most difficult challenges for caregivers is how to handle some of the disturbing behaviors that Alzheimer's can cause. Symptoms such as delusion, hallucinations, angry outbursts, suspiciousness, failure to recognize familiar people and places are often the most upsetting behaviors for families. The following points may help in responding to disturbing symptoms.

First, try to understand if there is a precipitating factor causing the behavior. Were there household changes, too much noise or activity, was the daily routine upset? Time of day can also affect behavior (Sundowning). Being aware of these factors can help to better plan activities or anticipate problems.

1. Keep tasks, directions and routine simple without being condescending
2. Always give the person plenty of time to respond
3. Attempt to remain calm and remind yourself that the behavior is due to the disease
4. Avoid arguing
5. Write down the answers to frequently asked questions, then remind them to look at the message
6. Reduce environmental noise: television, radio, too many people talking
7. Use distraction when unacceptable behavior starts: bring them into a different room, start talking about childhood or another favorite topic, show them magazines, ask them to help you do something like dusting or sweeping
8. Do not overreact or scold for problem behavior: redirect or distract
9. Be reassuring with touch, eye contact and tone of voice
10. Find the familiar: old pipe, favorite chair, family pictures
11. Avoid denying hallucinations: try non-committal comments like, "You spoke with your mother, I miss my mother too"
12. Be sure to inform physician of hallucinations, no matter how tame
13. Restless behavior or pacing is usually unavoidable, however you can make the environment safe by installing locks that are above reach, remove unnecessary obstacles, make sure the person is wearing some kind of identification.



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## **Activities of Daily Living**

Activities of daily living (ADLs) are those things we all need to do on a regular basis to ensure our health and well-being. ADLs are those need-to-do things that take up so much of our day and that we all take for granted – until we can't do them anymore. Activities involving health and hygiene are called basic activities of daily living. By contrast instrumental activities of daily living are those abilities that allow a person to live independently.

### **Basic Activities of Daily Living**

- Eating
- Bathing
- Dressing
- Toileting
- Continence
- Ability to get out of bed or a chair
- Walking (can be with the aid of a cane or walker)

### **Instrumental Activities of Daily Living**

- Food Preparation
- Housekeeping and Laundry
- Managing Financial Matters
- Shopping
- Use Telephone
- Take Medication
- Responsible for Transportation (public transit, auto, etc.)



## **Abundant Life Home Health Agency, LLC**

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## **Nutrition Components**

### **3 major groups :**

- Proteins
- Carbohydrates
- Fats

### **Other important components:**

- Vitamins
- Minerals
- Water

### **Principles of Good Nutrition**

1. Balance
2. Variety, Variety, Variety
3. Moderation

### **Balance**

We need a good balance of the 3 main groups of nutrition, ie carbohydrates, proteins and fats to stay healthy. Vitamins, minerals and water should also be taken in the right amounts.

The general guideline for our caloric intakes is:

- 15% to 20% from proteins
- 15% to 30% from fats
- 50% to 85% from carbohydrates

### **Variety**

- Every food or food group has its own unique nutritional values
- Only a good mix of the various food groups will give you the complete essential nutritional needs
- A wide variety of food groups helps to complement each other in nutrition's

### **Moderation**

- Too much of any particular food can result in unbalanced nutritional intakes, causing excess weight and too much of certain nutrients
- On the other hand, too little of any particular food can lead to certain nutritional deficiencies
- Taking food in moderate amounts helps to prevent any imbalance

### **Complications of Poor Nutrition**

- Heart disease
- Cancer
- Stroke
- Diabetes
- Osteoporosis
- Many others...



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#### Dehydration

How do you know if you're properly hydrated? Generally speaking, the clearer the urine, the better hydrated you are. If it is a clear-pale lemonade color, you are hydrated. If it is a darker lemonade to apple juice color, you are dehydrated. And if it is dark and cloudy, you are severely dehydrated.

Why is it so important to stay hydrated?

The body depends on water for survival. Did you know that water makes up more than half of your body weight? Every cell, tissue and organ in your body needs water to function correctly. For example, the body uses water to maintain its temperature, remove waste and lubricate joints. Water is essential for good health.

How does a body lose water?

When you go to the bathroom, sweat, and even when you breathe. Water is lost even faster when the weather is really hot, during exercise, or with a fever. Vomiting and diarrhea can also lead to rapid fluid loss. If you don't replace the water you lose, you can become dehydrated.

Symptoms of dehydration include:

- Little or no urine, or urine that is darker than usual
- Dry mouth
- Sleepiness or fatigue
- Extreme thirst
- Headache
- Confusion
- Feeling dizzy or lightheaded
- No tears when crying

#### Special Diets

There are many types of diets for all different reasons, such as weight loss, religious beliefs, vegetarian, but the diets most associated to our patient are medical based. Here are a few of those types of diets.

People's dietary choices are sometimes affected by intolerance or allergy to certain types of food. There are also dietary patterns that might be recommended, prescribed or administered by medical professionals for people with specific medical needs.

- Best Bet Diet: A diet designed to help prevent or mitigate multiple sclerosis, by avoiding foods with certain types of protein.
- Colon Cancer Diet: Calcium, milk and garlic are thought to help prevent colon cancer. Red meat and processed meat may increase risk.
- Diabetic diet: An umbrella term for diets recommended to people with diabetes. There is considerable disagreement in the scientific community as to what sort of diet is best for sufferers.
- DASH Diet (Dietary Approaches to Stop Hypertension): A recommendation that those with high blood pressure consume large quantities of fruits, vegetables, whole-grains and low fat dairy foods as part of their diet, and avoid sugar sweetened foods, red meat and fats. Promoted by the US Department of Health and Human Services, a United States government organization.





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- Elemental diet: A medical, liquid-only diet, in which liquid nutrients are consumed for ease of ingestion.
- Elimination diet: A method of identifying foods which cause a person adverse effects, by process of elimination.
- Gluten-free diet: A diet which avoids the protein gluten, which is found in barley, rye and wheat. It is a medical treatment for coeliac disease.
- Gluten-free, casein-free diet: A gluten-free diet which also avoids casein, a protein commonly found in milk and cheese.
- Ketogenic diet: A high-fat, low-carb diet, in which dietary and body fat is converted into energy. Used as a medical treatment for refractory epilepsy.
- Liquid diet: A diet in which only liquids are consumed. May be administered by clinicians for medical reasons, such as after a gastric bypass or to prevent death through starvation from a hunger strike.
- Specific Carbohydrate Diet: A diet that aims to restrict the intake of complex carbohydrates such as found in grains and complex sugars. It is promoted as a way of reducing the symptoms of irritable bowel syndrome (IBS), Crohn's disease, ulcerative colitis, coeliac disease and autism.

### Meal Preparation

1. Get the patients input on what meal items they want prepared. Consider if the requested item fits in the patients diet. (Regardless it is the patient's choice but encourage the patient to consider their diet, if the patient is not willing to change their request, prepare the request meal.
2. Clean.  
This allows for clear counters for food prep and it's easier to find your equipment. An empty dishwasher and sink gives you somewhere to put your dirty stuff and a head start on cleaning. Remember to *clean as you go*. This is a key tip for meal preparation.
3. Check the refrigerator for items that may go with the meal.  
A little left over roasted sweet potatoes will add a nice richness and color to the mashed potatoes.
4. Put all the food on the counter that you need and determine the order to start each item.
5. Prepare the items per recipe or carton instructions.
6. Serve and remind patient if items are hot!
7. Clean up any mess!



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## Erikson's Stages of Development

These eight stages, spanning from birth to death, are split in general age ranges.

### 1. Infancy: Birth-18 Months Old

*Basic Trust vs. Mistrust – Hope*

During the first or second year of life, the major emphasis is on the mother and father's nurturing ability and care for a child, especially in terms of visual contact and touch. The child will develop optimism, trust, confidence, and security if properly cared for and handled. If a child does not experience trust, he or she may develop insecurity, worthlessness, and general mistrust to the world.

### 2. Toddler / Early Childhood Years: 18 Months to 3 Years

*Autonomy vs. Shame – Will*

The second stage occurs between 18 months and 3 years. At this point, the child has an opportunity to build self-esteem and autonomy as he or she learns new skills and right from wrong. The well-cared for child is sure of himself, carrying himself or herself with pride rather than shame. During this time of the "terrible twos", defiance, temper tantrums, and stubbornness can also appear. Children tend to be vulnerable during this stage, sometimes feeling shame and low self-esteem during an inability to learn certain skills.

### 3. Preschooler: 3 to 5 Years

*Initiative vs. Guilt – Purpose*

During this period we experience a desire to copy the adults around us and take initiative in creating play situations. We make up stories with Barbie's and Ken's, toy phones and miniature cars, playing out roles in a trial universe, experimenting with the blueprint for what we believe it means to be an adult. We also begin to use that wonderful word for exploring the world—"WHY?"

While Erikson was influenced by Freud, he downplays biological sexuality in favor of the psychosocial features of conflict between child and parents. Nevertheless, he said that at this stage we usually become involved in the classic "Oedipal struggle" and resolve this struggle through "social role identification." If we're frustrated over natural desires and goals, we may easily experience guilt.

The most significant relationship is with the basic family.

### 4. School Age Child: 6 to 12 Years

*Industry vs. Inferiority – Competence*

During this stage, often called the Latency, we are capable of learning, creating and accomplishing numerous new skills and knowledge, thus developing a sense of industry. This is also a very social stage of development and if we experience unresolved feelings of inadequacy and inferiority among our peers, we can have serious problems in terms of competence and self-esteem.

As the world expands a bit, our most significant relationship is with the school and neighborhood. Parents are no longer the complete authorities they once were, although they are still important.



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#### 5. Adolescent: 12 to 18 Years

##### *Identity vs. Role Confusion – Fidelity*

Up until this fifth stage, development depends on what is done to a person. At this point, development now depends primarily upon what a person does. An adolescent must struggle to discover and find his or her own identity, while negotiating and struggling with social interactions and “fitting in”, and developing a sense of morality and right from wrong.

Some attempt to delay entrance to adulthood and withdraw from responsibilities (moratorium). Those unsuccessful with this stage tend to experience role confusion and upheaval. Adolescents begin to develop a strong affiliation and devotion to ideals, causes, and friends.

#### 6. Young adult: 18 to 35

##### *Intimacy and Solidarity vs. Isolation – Love*

At the young adult stage, people tend to seek companionship and love. Some also begin to “settle down” and start families, although seems to have been pushed back farther in recent years.

Young adults seek deep intimacy and satisfying relationships, but if unsuccessful, isolation may occur. Significant relationships at this stage are with marital partners and friends.

#### 7. Middle-aged Adult: 35 to 55 or 65

##### *Generativity vs. Self-absorption or Stagnation – Care*

Career and work are the most important things at this stage, along with family. Middle adulthood is also the time when people can take on greater responsibilities and control.

For this stage, working to establish stability and Erikson's idea of *generativity* – attempting to produce something that makes a difference to society. Inactivity and meaninglessness are common fears during this stage.

Major life shifts can occur during this stage. For example, children leave the household, careers can change, and so on. Some may struggle with finding purpose. Significant relationships are those within the family, workplace, local church and other communities.

#### 8. Late Adult: 55 or 65 to Death

##### *Integrity vs. Despair – Wisdom*

Erikson believed that much of life is preparing for the middle adulthood stage and the last stage involves much reflection. As older adults, some can look back with a feeling of *integrity* — that is, contentment and fulfillment, having led a meaningful life and valuable contribution to society. Others may have a sense of despair during this stage, reflecting upon their experiences and failures. They may fear death as they struggle to find a purpose to their lives, wondering “What was the point of life? Was it worth it?”



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## COMMUNICATION AND INTERPERSONAL SKILLS

### A. Guidelines for Starting a Conversation

1. Knock on the door before entering, identify yourself by name and title and greet patient by the preferred name.
2. Approach the patient in a calm and courteous manner.
3. Explain why you are there and what you are going to do.
4. If you are going to perform a procedure, explain the procedure to patient and encourage patient to participate as appropriate.

### B. Guidelines for Talking and Listening

1. Get patient's attention before speaking.
2. Use courtesy when communicating. Talk courteously with patient during care, listening and responding appropriately.
3. Speak in a language that is familiar and appropriate for the patient--avoid slang or words with more than one meaning.
4. Use a normal tone of voice and adjust your volume to the patient's needs.
5. Speak slowly and adjust your rate to the individual patient's needs.
6. Speak clearly--avoid mumbling.
7. Keep your message brief and concise--avoid rambling.
8. Face the patient. Sit at patient's eye level and maintain frequent eye contact with patient as appropriate.
9. Send positive messages by use of encouragement, praise, smiles, gentle touch and other methods acceptable to patient.
10. Be sure your verbal and nonverbal message match.
11. Use open posture, leaning slightly toward patient while listening.
12. Pay attention and really listen to what the patient is saying.
13. Give, receive and/or request feedback as appropriate to assure that the communication is understood.

### C. Guidelines For Encouraging Patients To Express Feelings

1. Use silence to allow patient to think and continue talking (this shows respect and acceptance).
2. Use broad opening statements like "You seem quiet today".
3. Use open-ended questions like "and then what happened?"
4. Use noncommittal responses like "Oh, I see", "Go on", "Hmm..."
5. Use responses that indicate you understand the patient's feelings such as "You really miss your son."

### D. Guidelines for Avoiding Barriers to Conversation

1. Avoid interrupting or changing the subject.
2. Avoid expressing your opinion if it implies passing judgment.
3. Avoid talking about your own personal problems and the problems of other patients and co-workers.
4. Avoid pat answers such as "Don't worry" as this can make patients feel their concerns are not important.
5. Avoid questions that can be answered with "Yes" or "No" unless you want only direct answers.
6. Avoid questions that start with "Why" to avoid defensive responses.

### E. Guidelines for Ending a Conversation

1. Tell patient that you are finished, that you have to leave and, if appropriate, when you will be back. Be sure to come back at designated time.
2. Tell the patient that you enjoyed the conversation.
3. Leave the patient in a position of comfort and safety, with call signal and other needed items within easy reach.

### F. Communicating with Patients who have Vision Loss

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201  
Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856-3638  
Email: AbundantlifeHHA@gmail.com / AbundantlifeHHAatampa@gmail.com



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1. Follow steps A thru E of this Procedural Guideline.
  2. Identify self by name and title as you enter room to avoid startling patient.
  3. Encourage and assist patient to keep glasses clean and to wear them.
  4. Stand comfortably close to patient in a good light and face patient when you speak.
  5. Speak in a normal tone of voice. Do not speak too loud.
  6. Use talk and touch to communicate. Encourage patient to do the same.
  7. Give ongoing, step by step explanations of what you are going to do and what is expected of the patient.
- Clarify patient's understanding as appropriate.
8. Do not rearrange the environment without the patient's knowledge and approval. Replace items to their original location in patient's room.
  9. Tell patient when you are finished and when you are leaving.

#### **G. Communicating with Patients who have Hearing Loss**

1. Follow steps A thru E of this Procedural Guideline.
2. Alert the patient by approaching from the front or side and lightly touching patient's arm. Avoid startling the patient.
3. Eliminate distracting background noise and activity if possible.
4. Speak at a slightly lower pitch and at a normal or only slightly increased volume--avoid shouting.
5. Encourage and assist the patient to use a hearing aid as appropriate.
6. If the patient hears better in one ear, stand on the preferred side.
7. Stand comfortably close to patient in a good light and face patient while you speak.
8. Speak slowly, clearly and distinctly using your lips to emphasize sounds--do not chew gum or cover your face with your hands while talking.
9. Use short words and sentences, clarify patient's understanding then rephrase message if needed.
10. Keep conversations short and limited to a single topic.
11. Do not convey negative messages by your tone of voice or body language.
12. Write out key words, if needed, or use other communication assistive devices such as communication boards if available.
13. If the patient uses sign language, try to find someone who "signs" to interpret.

#### **H. Communicating with Patients who have Problems with Speaking**

1. Follow steps A thru E of this Procedural Guideline.
2. Keep conversation short, but frequent. Ask direct questions if patient can answer "Yes" or "No."
3. Allow the patient adequate time to respond.
4. Listen carefully. Don't pretend to understand the patient if you don't.
5. Emphasize the positive aspects such as the words you understand.
6. If you can't understand the words, validate what you think the patient is saying or feeling.
7. Take time to complete each conversation to avoid conveying impatience.
8. Monitor your body language to assure you are not sending negative messages.
9. Encourage and assist the patient to point, nod, write, or to use assistive devices for communication such as picture boards and word boards as appropriate.

#### **Guidelines for Effective Interpersonal Relations**

1. Maintain open communication, be a good listener and encourage patients to express their feelings.
2. Be honest. Your best efforts will fail if you are not sincere.
3. Respect each patient as a unique individual with own behavior patterns.
4. Be courteous, patient and hopeful.
5. Develop supportive and trusting relationships with patients by being supportive and trustworthy.
6. Show patients that you care "about" them as well as caring "for" them.
7. Understand and accept patients – without judging.
8. Don't take patient's behavior personally.
9. Identify honest examples of patients' strengths and successes and provide positive feedback to patient.



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#### Why is non-verbal communication important?

Basically, it is one of the key aspects of communication (and especially important in a high-context culture). It has multiple functions:

- Used to **repeat** the verbal message (e.g. point in a direction while stating directions).
- Often used to **accent** a verbal message. (e.g. verbal tone indicates the actual meaning of the specific words).
- Often **complement** the verbal message but also may contradict. E.g.: a nod reinforces a positive message (among Americans); a “wink” may contradict a stated positive message.
- **Regulate** interactions (non-verbal cues convey when the other person should speak or not speak).
- May **substitute** for the verbal message (especially if it is blocked by noise, interruption, etc.) — i.e. gestures (finger to lips to indicate need for quiet), facial expressions (i.e. a nod instead of a yes).





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## BODY MECHANICS

#### A. Purpose

1. To maximize strength
2. To avoid injury to the aide and the patient

#### B. General Guidelines and Precautions for Lifting and Moving

1. Wear loose clothing and low heeled, comfortable, non-skid shoes to allow good body mechanics.
2. Always get help from co-workers when needed before lifting heavy objects or patients who are unable to stand.
  - a. Plan the lift ahead of time.
  - b. Lift on signal such as "on the count of three."
3. Elevate the bed to comfortable working height when working at the bedside. Remember to return the bed to the lowest horizontal position when finished for patient safety.
4. Maintain good posture and good body alignment while lifting.
  - a. Keep your back straight.
  - b. Keep your knees bent.
  - c. Keep your weight evenly distributed on both feet.
  - d. Keep your feet at shoulder width (about 12 inches apart) to provide a broad base of support.
5. Use the strongest and largest muscles to do the job. Leg and arm muscles are the strongest. Back and abdominal muscles are the weakest.
6. Bend from the hip and knees--not waist--when lifting objects.
7. Always squat down to lift heavy objects from the floor.
8. Keep objects close to your body when lifting and carrying.
9. Use both hands when lifting or moving heavy objects.
10. Slide, push or pull heavy objects rather than lifting them, when possible.
11. Use the weight of your body to help push or pull objects.
12. Work with smooth, even movements--not quick, jerky motions.
13. Face your work and avoid twisting your body.
14. To change the direction of your work, take short steps and turn your whole body without twisting your back and neck.
15. Avoid unnecessary bending and reaching.
16. Do not lift objects higher than your shoulders.



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### *Maslow's Hierarchy of Needs*

This hierarchy suggests that people are motivated to fulfill basic needs before moving on to other needs. As people progress up the pyramid, needs become increasingly psychological and social.







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## **Assistive Technology**

Assistive technology devices are mechanical aids which substitute for or enhance the function of some physical or mental ability that is impaired. Assistive technology can be anything homemade, purchased off the shelf, modified, or commercially available which is used to help an individual perform some task of daily living. The term assistive technology encompasses a broad range of devices from “low tech” (e.g., pencil grips, splints, paper stabilizers) to “high tech” (e.g., computers, voice synthesizers, braille readers). These devices include the entire range of supportive tools and equipment from adapted spoons to wheelchairs and computer systems for environmental control. The Individuals with Disabilities Education Act (IDEA), the federal special education law, provides the following legal definition of an assistive technology device: “any item, piece of equipment, or product system... that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” Under IDEA, assistive technology devices can be used in the educational setting to provide a variety of accommodations or adaptations for people with disabilities.



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## **The emotional effects of having a serious physical illness**

A serious physical illness can affect every area of your life:

- relationships
- work
- spiritual beliefs
- how we socialize with other people.

A serious illness can make us feel sad, frightened, worried or angry.

It may be because:

- You feel out of control of your body and your situation generally. You may feel that there is nothing that you can do.
- You feel lonely and isolated from family and friends. Sometimes it can be difficult to talk about the illness with those close to you. You don't want to worry or upset them.

For some of us, the emotional impact of a serious physical illness can be overwhelming. Cancer or heart disease, for example, can make us very anxious and depressed. It can stop us from doing the things we need to do in our daily lives.

### **Why are depression and anxiety more likely to happen if you have a serious physical illness?**

- People become depressed and anxious when they are stressed for any reason. Being ill and having treatment are stressful. This is probably the most common reason.
- Some drug treatments, such as steroids, affect the way the brain works and so cause anxiety and depression directly.
- Some physical illnesses, such as an under-active thyroid, affect the way the brain works. They cause anxiety and depression directly.
- Anxiety and depression are common. You may just happen by chance to become anxious or depressed at the same time as you become physically ill.

### **How can depression and anxiety be helped?**

There are several different types of professional who may be able to help you. These include your GP, trained counselors, psychotherapists, clinical psychologists and psychiatrists. Any treatment suggested will depend on your symptoms, the severity of your anxiety and depression, and your circumstances. It may involve talking, antidepressant tablets or both.



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#### Perineal Care

**Perineal** care is performed after a patient uses the bedpan, becomes incontinent, and as a part of daily bathing. As the nurse's aide performs perineal care, she is able to observe the skin on the perineal area for signs of infection such as lesions or swelling, which can be early signs of more serious conditions. Care performed regularly and properly will reduce the risk of urinary tract infection which can lead to bladder and kidney infection. Before you begin, wash your hands thoroughly and put on a pair of gloves. Then, follow these steps:

1. Ask the patient to open his or her legs if they are able. If not, you will need to gently separate the legs.
2. Using a washcloth and warm water, gently clean the skin of the perineal area moving from front to back. Do not move from back to front due to the risk of introducing germs from the anal area into the urethra, a primary source of urinary tract infection.
3. When you are finished washing, dry the area thoroughly to prevent skin from becoming chapped.
4. Never reuse linens used to clean the perineal area to clean any other part of the body. Use a clean washcloth for this area only to minimize the spread of germs.
5. If bed linens are soiled or become wet during the cleaning process, you will need to replace them as quickly as possible.
6. Place used linens in the appropriate receptacle. Help the patient move to a comfortable position. Dispose of gloves and wash hands.

As you work, remember it is important to look for signs that may indicate infection. This can include pain or tenderness in an area, rashes, sores, or boils. If you notice any of these signs, report them to your supervisor immediately. Proper care can help your patient remain comfortable as they recover.

#### Bedpan

Find out how to assist with use of a bed pan in this important PCA skill. For patients who are unable to walk or stand, the use of a bedpan may be necessary. Assisting your patient in the use of the bedpan can minimize embarrassment and prevent unpleasant messes. Before you begin, wash your hands to prevent the spread of germs. Greet your patient, and explain that you will be helping him/her to use the bedpan. Ensure the patient has adequate privacy, and put on a pair of gloves. Assist the patient into a supine position (laying on the back, face up), and then help him/her turn onto their side. Follow these steps to make the process safe and efficient:

- Place the bedpan against the patient buttocks, and then roll the patient back onto his/her back. Ask the patient to spread their legs to ensure the bedpan has been properly placed. Raise the head of the bed to make the patient comfortable, and then step away to allow the patient privacy. Remove gloves and dispose of them properly. Wash your hands thoroughly.
- When the patient is finished, again ensure that the patient has adequate privacy. Wash your hands and put on gloves.
- Return the head of the bed to a flat position, and assist the patient in turning onto his/her side. As you turn the patient, support the bedpan in order to prevent contents from spilling onto the bed. If a spill does occur, you will need to immediately change bed linens.
- Remove the bedpan and set it aside. Ensure that the patient's buttocks and genitals are clean to prevent infection. Return the patient to a comfortable position of his/her choice. Provide a damp cloth to allow the patient to wash his/her hands, if the patient wishes.
- Measure the output and record appropriately, then dispose of the secretions as directed. Ensure that the bedpan is either replaced or cleaned.



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- Remove your gloves and immediately wash hands for at least one minute.

Careful use of the bedpan will prevent infection and allow the patient to complete necessary bodily or bowel functions with a minimum of discomfort. Try to remain professional as you assist the patient with this process, and ensure proper hand washing procedures are followed.

### Catheter Cleaning

A Foley catheter is a sterile (germ-free) tube that is inserted through your urethra and into your [bladder](#) to drain urine. The catheter has a small balloon filled with solution that holds the catheter inside your bladder. A Foley catheter is also called an indwelling urinary catheter.

Gather all of the supplies needed for your catheter care. This would include:

- A basin of clean warm water or use of a clean sink with running warm water.
- Two clean washcloths and a clean towel
- Soap

1. Wash your hands thoroughly with soap and water before and after cleaning and touching the catheter, drainage bag, or urine.
2. Apply soap and water to one washcloth and thoroughly clean the area around the meatus then rinse well to remove all soap.
3. Rinse the washcloth, apply more soap, and clean the rest of the area between your legs and buttocks. For female patients, it is important to wipe from front to back to prevent an infection. For male patients, it is important to begin at the tip of the penis and wash downward toward the body.
4. Rinse and pat dry the area well with the towel.
5. Change the water in the basin and clean the catheter next.
6. Apply soap to the second washcloth.
7. Firmly grasp the catheter to prevent tugging on it and gently wash the tubing. Begin at the meatus and wash the first 2 to 3 inches of the tube, moving away from the body toward the drainage bag. **DO NOT** wash from the tubing toward the body because this may push bacteria into the meatus.
8. Gently remove any drainage or crusting that may be present on the tube.
9. Gently dry the tubing.
10. Do not use any powders in this area.
11. After cleansing, the catheter should be secured to the inner thigh to prevent irritation around the meatus and to prevent pulling the catheter out.

### Drainage Bag

The drainage bag should be emptied, at a minimum, two to three times a day. The bag should not be allowed to become full. This will put pressure on the catheter and cause tugging and irritation at the meatus. It also will be too heavy and bulky to carry around.

1. Wash your hands before and after emptying the bag.
2. The bag should be kept below the level of the hip (bladder) at all times to prevent urine from flowing back into the tubing and into the bladder.
3. Use a clean container to empty urine into if your doctor wants you to measure the amounts in the drainage bag. Otherwise, you can also empty the bag directly into the toilet.
4. Carefully open the spigot (pour spout) at the bottom of the bag to empty. Do not allow the spigot to touch the container or toilet. This causes contamination of the bag with bacteria.
5. Clean the end of the spigot with rubbing alcohol on a gauze pad or cotton ball.
6. Close the spigot securely to prevent leaking.
7. Do not allow the drainage bag to rest on the floor.



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8. When completed position drainage bag so that is the tubing is not kinked and the bag does not tug on the patient.

#### Urinary Tract Infection (UTI)

Symptoms of lower urinary tract infections usually begin suddenly and may include one or more of the following signs:

- The urge to urinate frequently, which may recur immediately after the bladder is emptied.
- A painful burning sensation when urinating. (If this is the only symptom, then the infection is most likely urethritis, an infection limited to the urethra.)
- Discomfort or pressure in the lower abdomen. The abdomen can feel bloated.
- Pain in the pelvic area or back.
- The urine often has a strong smell, looks cloudy, or contains blood. This is a sign of *pyuria*, or a high white blood cell count in the urine, and is a very reliable indicator of urinary tract infections.
- Occasionally, fever develops.

#### Colostomy

A surgically-created opening in the abdomen and the colon (or large intestine). The surgeon brings the colon through the abdominal opening and sews it down to the skin.

- You will hear this new opening referred to as “stoma”, “ostomy”, or “colostomy”.

#### Types of Ostomies:

**Colostomy:** Typically installed as a result of the loss of all or a portion of the patient's colon (large intestine).

**Ileostomy:** Similar to a colostomy, an ileostomy is connected to the small intestine and can also be temporary or permanent.

**Urostomy:** A common form of ostomy which is designed to divert urine from the genitals into a pouch for collection.

Handling an ostomy means dealing with human waste and as a result, you must handle it carefully. Always wear latex gloves when handling the ostomy valve and be sure to clean the tube thoroughly after each evacuation. Pay close attention to the instructions included with the ostomy to ensure that you handle it correctly and that you replace the valve as needed. It's best to empty the bag before it gets too full to prevent leaks and spills.

#### Procedure:

##### Changing a 1-Piece Pouch

1. Gather all supplies (Washcloth, Pen, Pouch, Scissors, Stoma Paste, Stoma Measuring Guide)
2. Gently remove the pouch from skin working from top to bottom.
3. Wash skin around your stoma with a soft cloth and water.
4. As needed, shave the hair around stoma starting close to the stoma and moving outward in order to prevent nicking the stoma.



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5. Using the Stoma Measuring Guide, measure and select the smallest size that fits around the stoma without touching it.
6. Trace the correctly-sized pattern on back of pouch.
7. Cut along traced line.
8. Check the fit of the pouch.
9. Remove backing paper from the wafer adhesive.
10. Squeeze out stoma paste or “caulking” around cut opening on the back of wafer.
11. Re-clean skin and dry well.
12. Apply pouch to the skin.
13. Remove remaining strips of backing paper.
14. Close tail.
15. Cover pouch with hand for 5 minutes to trap body heat, which “melts” wafer onto skin.

#### Changing a 2-Piece Pouch

1. Gather all supplies (Washcloth, Pen, Wafer/Pouch, Scissors, Stoma Paste, Stoma Measuring Guide)
2. Gently remove the pouch from skin working from top to bottom.
3. Wash skin around your stoma with a soft cloth and water.
4. As needed, shave the hair around stoma starting close to the stoma and moving outward in order to prevent nicking the stoma.
5. Using the Stoma Measuring Guide, measure and select the smallest size that fits around the stoma without touching it.
6. Trace the correctly-sized pattern on back of wafer.
7. Cut along traced line.
8. Check the fit of the wafer.
9. Snap the wafer and pouch together and check the seal.
10. Remove backing paper from the wafer adhesive.
11. Squeeze out stoma paste or “caulking” around cut opening on the back of wafer.
12. Re-clean skin and dry well.
13. Apply pouch to the skin.
14. Remove remaining strips of backing paper.
15. Close tail.
16. Cover pouch with hand for 5 minutes to trap body heat, which “melts” wafer onto skin.

### Constipation and Diarrhea Symptoms

**Constipation** is a symptom, not a disease. Constipation is when a person passes small amounts of hard, dry stool, usually fewer than three times a week. People who are constipated may find it difficult and painful to have a bowel movement.

Other constipation symptoms include feeling:

- Bloated
- Uncomfortable
- Sluggish.

**Diarrhea** is not an illness; it is a symptom, similar to the way fever is a symptom. Depending on the cause of diarrhea, other symptoms may or may not accompany it. So when someone asks, "What are diarrhea symptoms?" he or she is most likely interested in the other symptoms that may come along with diarrhea.

While diarrhea is extremely common, many people are not familiar with its formal definition. Diarrhea is defined as loose, watery, unformed stools occurring more than three times in one day. People with diarrhea may pass more than a quart of stool a day. Diarrhea is not the occasional loose stool or the frequent passing of formed stools.

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Diarrhea may be accompanied by a number of other symptoms. These symptoms can help your healthcare provider diagnose the cause of diarrhea. Symptoms that may be present with diarrhea include:

- Cramping abdominal pain (or stomach pain)
- Bloating
- Nausea
- An urgent need to use the bathroom
- An inability to control the bowels (fecal incontinence)
- Feeling sick to the stomach
- Fever
- Chills
- Muscle aches or pain
- Headache
- Low heart rate
- Joint pain
- Alternating constipation
- Blood in stool
- Mucus in stool

### Skin Care

The skin consists of three layers: Epidermis, dermis, and subcutaneous tissue. The outermost layer, the epidermis, is composed mostly of dead skin cells that are constantly being shed and replaced. The dermis or second layer has sweat glands, oil glands, nerve endings, and small blood vessels called capillaries, which are all woven together by a protein called collagen. Collagen provides nourishment and support for skin cells. The nerves ending in this layer transmit sensations of pain, itch, touch and pleasure. The hair follicles also originate in this layer. Destruction of either the epidermis or dermis can leave the body open and susceptible to infection. The subcutaneous adipose tissue is the deepest layer of skin and is a layer of fat and collagen that houses larger blood vessels and nerves. This layer is important in controlling the temperature of the skin itself and the body and protects the body from injury by acting as a shock absorber. The thickness of this layer varies throughout the body and from person to person. Underneath the subcutaneous tissue lays muscle and bone.

For the most part, the skin is tough, pliable and resistant to injury. If the skin becomes injured or broken, it is generally very resilient and has an amazing ability to self-repair and heal. Despite this resiliency, the skin is susceptible to breakdown, if subjected to prolonged abuses, such as excessive pressure, shear force, friction or moisture. This is a major concern for persons with transverse myelitis or other neuroimmunologic conditions that cause paralysis and/or decreased sensation.

For people with paralysis, the skin is at increased risk for breakdown for several reasons. Paralysis itself affects the skin and underlying tissue. There is loss of collagen which weakens the skin and makes it less elastic. The lack of muscle function around boney areas of the body leads to muscle atrophy, resulting in less padding, which in turn, adds to the risk of skin breakdown. People with paralysis often have difficulty shifting their weight, repositioning themselves, or transferring without assistance.

Impaired sensation is often present, limiting the ability to sense when to make a weight shift or position adjustment. People with impaired sensation are also vulnerable to injury from many other hazards, such as, heat, cold, sun and trauma. Loss of sensation put an individual at risk for burns from very ordinary activities, such as using a lap top computer sitting directly on your lap or sitting too close to a fireplace. Injury can be caused from things that are too cold such as, ice packs or cold exposure causing frostbite. Ingrown toenails can become infected and sunburn can become severe without feeling it.

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When limited mobility is coupled with decreased sensation, a person is more likely to develop a specific type of skin breakdown called a pressure ulcer. According to the National Pressure Ulcer Advisory Panel, a pressure ulcer is defined as a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. Pressure ulcers are one of the leading causes of complication across the life span of persons with paralysis. Up to 95 % of adults with spinal cord injury will develop at least one serious pressure ulcer at some time during their life.

Skin breakdown can range from minor scrapes, cuts, tears, blisters or burns to the most serious pressure ulcers with the destruction of tissue down to and even including the bone. A pressure ulcer, especially one that requires surgery, such as a muscle flap or skin graft, can cost thousands of dollars to treat, require lengthy hospitalization, and weeks to months away from family, work, school or community activities. It has been estimated that for persons with spinal cord injury the cost of care for pressure ulcers is about \$1.2 to 1.3 billion dollars annually.

With a concerted effort, skin breakdown is, for the most part, preventable. It can occur, however, even in people who maintain the most diligent care and use the proper equipment. If skin breakdown is identified early, when still in the minor stages, and if the cause of the breakdown can be identified and eliminated, healing should occur fairly quickly. If it is not identified in its early stages, skin breakdown can rapidly progress from minor to serious.

Skin breakdown is caused in several different ways, including friction, shear, moisture and pressure. These causes can occur individually or in combination. Friction, moisture and sheer are identified as contributing factors to pressure ulcers. A friction injury occurs when the skin rubs on surfaces, such as a bed sheet, arm rest or brace and has the appearance of a scrape, abrasion or blister. This type of injury is typically seen on the heels and elbows and may result from repositioning, propping or rubbing due to increased spasticity.

A shearing injury occurs with dragging or sliding of a body part across a surface and has the appearance of a cut or tear. This type of injury can occur from dragging your bottom during a transfer or sliding down in bed when the head of the bed is elevated. With the sliding force, bone is moved against the subcutaneous tissue while the epidermis and dermis remains essentially in the same position; against the supporting surface such as a wheelchair or bed. This action causes occlusion of the blood vessels, decreasing blood flow, oxygen and nourishment to the skin, which eventually leads to breakdown. Sometimes a shear injury will actually tear the tissue over the tailbone and with unrelieved pressure will become a pressure ulcer.

Too much moisture over-hydrates the skin, making it weak and more sensitive to friction, shear and breakdown (think about being in the tub or pool for a long time). Primary sources of excess skin moisture include sweating, bowel and bladder accidents, and drainage from wounds.

Pressure ulcers occur when skin, soft tissue and blood vessels are compressed or squeezed between a bony prominence (such as your tailbone) and an external surface (such as your wheelchair cushion). With compression of these vessels, the blood that nourishes the cells and takes away waste is cut off, starving the tissue of oxygen and vital nutrients. Without food and oxygen, tissue dies and skin breakdown begins. The body tries to compensate by sending more blood to the area. This process results in redness and swelling, places even more pressure on the blood vessels, and further endangers the health of the skin and underlying tissue. Ultimately, a pressure ulcer forms. Increased pressure over short periods of time and slight pressure over long periods of time have been shown to cause equal amounts of damage.

Many factors have been identified as responsible for the development of skin breakdown and pressure ulcer formation. In addition to immobility, impaired sensation and the external factors described above,  
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many internal contributing factors have been identified. These internal factors include poor nutrition and hydration, weight, impaired circulation and oxygenation, impaired cognition or thinking, substance abuse, depression and age. Nutritional factors important to prevent or heal wounds include a balanced diet with an adequate intake of protein, vitamin C, vitamin A, and zinc, as well as an adequate intake of fluids (8). When a person is overweight, extra pounds place extra pressure on vulnerable skin areas increasing the risk of compression of blood vessels. Individuals that are underweight often have decreased muscle mass with less fat padding over bony areas leaving them vulnerable to skin breakdown. Smoking, diabetes, anemia and other vascular conditions all lead to decreased circulation, increasing risk for skin breakdown. Individuals who are depressed or have impaired thinking and judgment due to substance abuse are less likely to be vigilant with regard to important self-care issues, such as skin health. Young children generally have more resilient and elastic skin and more baby fat and padding so they often have very little difficulty with skin break down. As children move into adolescence, their skin loses some of its elasticity. They generally have more body weight, putting more stress on pressure areas, such as the ischeal tuberosities and tailbone with sitting. Teens often begin to have more difficulty with skin breakdown. As we continue to age, our skin becomes increasingly less pliable and resilient. We experience the loss of collagen and muscle mass, as well as decreased circulation, making the skin more vulnerable. The elderly are most prone to skin tears and stripping due to fragile, thin, and vulnerable skin. In addition, incontinence may become a more frequent issue for bedridden or ill persons, increasing problems with moisture as described above.

#### **Avoid prolonged pressure on any one spot**

Encourage patients to reposition frequently. If the patient is unable the aide must assist with relieving pressure. When seated in a wheelchair, do weight shifts every 15 minutes. When lying in bed, reposition every 2 - 4 hours. Use pillows or wedges behind your back and between bony areas, such as knees and ankles. "Float" your heels and ankles off of the bed by supporting your lower leg with a pillow. Keep the head of the bed up less than 30 degrees to prevent shearing of skin from sliding down or the need to be pulled back up. If you use a wheelchair most of the day, avoid lying on your back at night. Instead, turn side to side to give your backside a break. Better yet, sleep on your stomach, if this position is comfortable and you are able to breathe safely. When positioned on your stomach, you have fewer pressure points, and can generally turn less frequently. Being on your stomach gives your backside a break, and allows you to stretch your hip flexor muscles and hamstring muscles, all for the price of one!

#### **Maintenance of a clean and safe environment**

Ensuring that the homes of our home health patients are clean and safe is an essential component in the provision of effective healthcare. It is also of paramount importance for our patients and their families to ensure a germ free environment to maintain optimal health and ward off respiratory problems, insect and rodent infestation and other health and environmental problems. A clean and tidy premise is also fundamental to assist our patients to remain healthy. And finally, a clean, safe and healthy home environment is critical to prevent and/or control the spread of healthcare associated infections.

The goal of healthy housekeeping is to reduce the number of microorganisms in the home to minimize the risk of infection and accidents to both the patient and other family members.

Keep patient area free of clutter and filth.

#### **Mobility and Transfers**

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Assisting your patient to ambulate regularly provides exercise and helps prevent mobility and circulation problems for the patient. Many patients who need your assistance may have difficulty getting to a standing position and then walking without help. Falls can be very dangerous for patients, particularly the elderly, and may result in severe injuries. For this reason, the use of a transfer belt can make the process safer and more comfortable for the patient. Before you begin, assist the patient into suitably warm and comfortable clothing that will not hamper movement, such as a robe. Then, ensure the patient is wearing rubber-soled shoes or slippers that will provide traction. If your patient requires oxygen or an IV, ensure that the proper equipment is available such as a portable oxygen tank or IV pole with wheels. If necessary, provide the patient with a walker or cane to assist with movement. Once you are ready, follow these steps to ensure safety:

1. Lower the patient's bed to the lowest level, and lock the wheels. Assist the patient in sitting, and then moving legs so that they hang over the edge of the bed. Allow the person to remain in this position for a period of time to ensure the patient is not becoming dizzy.
2. Apply the transfer belt around the patient's waist. Help the person to stand by first standing in front of the patient. Have the patient place his/her hands on the bed alongside the legs, and feet on the floor. Tell the patient to lean forward, while you grasp the transfer belt with an underhand grip. Place your feet alongside the patient's feet, and flex your knees slightly. Assist the patient to a standing position by gently lifting and steadying the person. Remain in this position for a brief period to ensure the patient does not feel dizzy and his/her respiration remains constant.
3. Once you are certain the patient is steady, provide a cane or walker. The patient should hold a cane using their strong side. Assist the person to walk by standing slightly behind the patient on their weaker side and holding the transfer belt using an underhanded grip.
4. As you walk, monitor the patient carefully. If you notice changes in the persons respiration, or if the patient reports feeling dizzy or tired, you will need to discontinue the walk. Be sure you do not rush the patient, and allow them to move at whatever pace is comfortable. If the patient needs a rest, allow him or her to sit until they feel ready to walk again. Use the same procedure for standing from a chair as you did when helping them get up from bed.
5. After the patient is returned to his/her bed, be sure to again wash your hands. Do not leave the transfer belt on the patient after they return to bed.

### Passive ROM

Performing passive range of motion checks on a patient can indicate the progress of the patient's recovery and prevent complications from stiff joints. If practical, range of motion exercises should be performed as you give a patient his or her bath. Before you begin, wash your hands. Greet your patient, and explain that you will be checking his or her range of motion by performing several exercises. Then, follow these steps:

1. Raise the height of the bed until you can comfortably reach the patient to assist if necessary.
2. Start with range of motion tests on the head. Ask the patient to turn the head from one side to the other. This check should not be performed on a patient who has a neck or spinal cord injury as it could aggravate the problem.
3. Next, move to the arms. Have the patient flex and extend both arms at the elbow. Then, have the patient move the arms in a crossing motion toward the body and then away. Ask the patient to move all fingers and flex their wrists. Perform each test ten times per arm.
4. Move to the legs, and ask the patient to flex and extend each knee, then move the leg toward the centerline of the body and back. Perform ten times on each leg. Ask the patient to flex and extend feet at the ankles, and then move or wiggle the toes.



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For a bed-bound patient, checks should be performed once or twice per day to ensure that joints do not become contracted. If the patient experiences stiffness or an inability to move a joint, it may be an indication of contractures and should be reported immediately. As you perform each test, observe the patient for signs of swelling or inflammation in any of the joints. If your patient reports severe pain or shows signs of respiratory distress while performing tests, notify nursing staff right away. There are six different positions that you can use to perform checks:

**Supine Position** – the patient lies on the back with arms extended to each side.

**Sims Position** – the patient is positioned on either side with both legs straightened.

**Lateral Position** – the patient is lying on one side with the top leg flexed, and the flexed leg and top arm are elevated on a pillow for support.

**Semi-Fowler Position** – the patient lies on the back with the head of the bed elevated to a 45 degree angle.

**High-Fowler Position** – the patient lies with the head of the bed raised to a 90 degree angle.

As you perform these checks, monitor the patient for any difficulty completing exercises. Notify nursing staff of any issues right away. Range of motion checks will help your patient to remain more comfortable and prevent complications arising from contractures of joints.

### Contractures

Prevention of contractures is very important in maintaining ability to walk and to do daily living activities. Contractures are prevented by actively exercising the muscles and joints through their range daily. If the individual cannot do so due to muscle weakness, the family, caregivers, aides, or friends can do gentle passive range of motion under the guidance of programs developed by the physician, the physical therapist, or the occupational therapist. Splints are also important in preventing contractures, especially at night when sleeping postures frequently encourage the development of contractures.

### Special Needs of the Elderly

There are a number of aspects that are involved in taking care of elderly or aged people. Having a good amount of awareness about the various possible needs and requirements of the elders, is extremely important for those people who have the responsibility of taking care of their aged family members, parents or relatives.

#### Financial Needs

If elderly individuals happen to be living on their own, i.e. without anyone else's support, it is but natural that they will have a certain amount of financial needs. They will need to fend for themselves for everything such as food, groceries, medicines, etc. Pensioners would have the benefit of a steady source of monthly income (whatever be the amount trickling in). However, those senior citizens who do not have any pension facilities or any other sources of income would have to live entirely on the basis of their savings or through special senior citizen government finance schemes.

#### Health Care Requirements

Senior health is the most important requirement when it comes to elderly needs. With advancing age, the body tends to slow down and becomes less efficient. Elderly people are prone to a few age-related health issues. This is a normal aspect of life and one cannot help it. However, through proper care and nursing facilities, one can definitely help in keeping most of these health issues in check and preventing them from causing any serious harm. Regular medical checkups are necessary. They can help in anticipating potential future health-related issues. At the same time, they may help in identifying serious health problems at an early enough stage during which treatment is possible.



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#### **Dietary Requirements**

As people age, their digestive system gradually starts weakening. Aged and elderly people especially, face this problem wherein they start finding certain foods indigestible or difficult to digest. What one must realize is that their diet can no longer be the same as it was say, twenty years ago. Their diet should now be modified accordingly such that it remains a nutritious, balanced diet and yet, contains foodstuffs that their system is able to accept, without causing them any discomfort or problems. Often, the diets of elderly people need to be altered depending on their medicinal prescriptions.

#### **Activities of Daily Living (ADLS)**

Elderly people whose mobility has become limited due to aging, he or she would require a certain amount of assistance in his or her daily routine. They may require assistance in basic activities like walking, eating, bathing, dressing, etc.

#### **Social and Other Needs**

Just because they have become older and slower, does not mean that you should ignore them or let them be confined to themselves. Remember, a few years down the line, you yourself will be in their position. Spend time with them, chat with them and make them feel wanted, cared for and loved. Pay special attention to their room. You could consider installing a few senior citizen friendly appliances which they would be comfortable using. Also, you should consider installing certain medical alarms that are specially made keeping in mind elderly citizens.



Abundant Life Home Health Agency, LLC

Orientation Packet

# AIDE Training

## *Certificate of Completion*

Name \_\_\_\_\_ Date \_\_\_\_\_

The person named above has completed AIDE Training

*Presented by*



Abundant Life Home Health Agency, LLC  
28870 US Hwy 19 N, Ste 325  
Clearwater, Fl, 33761

Presenter Name and Title \_\_\_\_\_

Date of Completion \_\_\_\_\_

Number of hours training \_\_\_\_\_

# Communication with Cognitively Impaired Clients

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Developed by Melissa Slate, RN, MSN

## Objectives

By the end of this educational encounter the clinician will be able to:

1. Identify measures to assist in communicating with cognitively impaired clients
2. Recognize barriers to effectively communicate with cognitively impaired clients
3. Recognize three kinds of communication

## Purpose

The purpose of this course is to assist the nurse or clinician in the enhancement of communication skills that will be useful in working with cognitively impaired clients.

## Introduction

Communication has been defined as “the transmission of information, thoughts, and feelings so that they are satisfactorily received or understood”. So one may infer from this statement that in order for communication to be present, there has to be a message sent and that message must be understood; this can present a challenge for both the client (who may have a cognitive deficit) and the clinician who is trying to care for the client.

We communicate with clients multiple times a day every day that we care for them. It is vitally important that we be able to convey our messages to them and that they are able to understand the messages that we are trying to deliver to them even though they may have difficulties with their cognitive abilities.



## Types of Communication

Communication is simply the sending of a message from one person to another. There are many types and ways of communicating.

Communication can be:

- Written,
- Oral
- Sent with body signs (body language)

**Some examples of written communication are letters, email, newspapers, and magazines.**

**Some examples of spoken, or oral, communication are:**

- talking,
- singing
- TV and radio broadcasts

Body language is the nonverbal sending of messages. This form of communication may be conscious or unconscious. Clients who have tightly knitted brows, gritted teeth and a sorrowful expression may be sending you the non-verbal message that they are in pain. Clients who grunt, or hit tables and chairs may be trying to gain your attention. Non-verbal communication may or may not be congruent. In other words, the signals that a person's body is sending may or may not agree with what they are saying. A skilled clinician will always assess both the verbal and non-verbal communication of a client.

Clinicians who care for clients send messages through body language as well. Clinicians who stand while talking with a client or have their arms crossed over their chests convey the message that they are closed to communication, while sitting at the client's eye level with arms at sides conveys that they are prepared and ready to listen to the client.

Just because our client has cognitive impairments or deficits does not excuse us from trying to attempt to communicate with them. Through attempts at communication we look after not only their physical needs, but also their psychosocial, spiritual, and emotional needs as well. The challenge is upon us the caregiver to find ways of communicating our message to the cognitively impaired client and having it understood.

Communication is not one sided. Communication implies the exchange of messages between two or more persons; therefore we must be able to understand the messages that our clients are trying to send to us even though they are not able to speak. We must take the time and make the effort to be a good receiver of the messages that our clients need for us to understand

It takes a conscious effort to develop the skills necessary to send and receive effective messages of cognitively impaired or ill clients or clients that are confused, not alert, or sleepy. Developing these special skills does not come automatically it takes practice.

## WHAT IS A COGNITIVE IMPAIRMENT?

A cognitive impairment is any deficit in mental functioning that makes it difficult for the impaired person to send, receive, or interpret messages or communications. The client may be unable to think, speak, understand, or remember. This kind of deficit can be temporary and last for moments to days or months or it may be permanent. The cause of the impairment can vary from individual to individual and be a result of stroke, dementia, or other physical problems within the brain. It can also be the result of medications that cause the client to be drowsy, sleepy, or less alert than normal.

Persons who have difficulty with communication come in all ages, shapes, and sizes. Communication deficits are not limited to babies, young children, or elderly persons so it is important that we refrain from making stereotypes about the types of individuals that experience communication deficits. Sometimes it may be necessary for you to include the parents of a young child or family members of an elderly person when trying to communicate with the client.

Some other people who may not be able to communicate include those who have:

*Alzheimer's disease and other forms of dementia.* Many people with Alzheimer's disease and other kinds of dementia have trouble sending and receiving a message.

*had a stroke or CVA.* People that have had a stroke may have trouble thinking. Some may know what they want to say, but they just cannot find the word that will send a message to other people. This is called *expressive aphasia*. They may also have trouble understanding a message from other people. This is called *receptive aphasia*.

- *Alzheimer's disease and other forms of dementia.* Many people with Alzheimer's disease and other kinds of dementia have trouble sending and receiving a message
- *a brain injury.* People that have had an accident with a head or brain injury may have trouble both sending and getting a message. They may also be disoriented and even in a coma.
- *a developmental problem.* This kind of problem is found in about 1 in 10 families in our country. A developmental problem can happen before a person is born, when they are born or while they are growing up as a



young child. Some of these people are not able to talk or understand what a person is saying to them.

- *severe sleepiness.* It is difficult to communicate with people that are very sleepy and lethargic. We often see these kinds of clients in our hospitals and nursing homes.
- *a mental illness.* People with a severe mental illness may be unable to communicate because of their illness or as a side effect of the medication that they are taking.
- *a coma state.* You should always speak to a person in a coma in the same way that you would speak to them when they are awake, however, they may not understand what you are saying and they will not be able to tell you what they want or need.
- *Other persons who may be cognitively impaired* or be unable to communicate include: clients experiencing effects of diabetes such as hyper or hypoglycemia may be temporarily cognitively impaired. The same thing goes for clients who have just had surgery and are awakening from anesthesia. Clients who have been injured and have facial or jaw injuries may not have any cognitive impairment, but may still be unable to communicate.

## HOW TO COMMUNICATE WITH CLIENTS AND RESIDENTS THAT HAVE COGNITIVE PROBLEMS

When communicating with clients that have cognitive impairments you should choose simple language and speak slowly and distinctly; avoid using medical jargon if they don't understand these words. Words like ambulation, void, or NPO will add to the client's confusion and frustration when trying to communicate so always remain calm and be reassuring.

Some of the other things that you should do to help when you communicate with a person who is cognitively impaired are:

- include the family and friends in the communication when a client or resident is not able to understand what you are trying to say;
- ask the family and friends how the person can be helped to communicate with you;
- speak in a plain way, using words that are simple. For example, instead of asking if the person is hungry, ask, "Would you like to eat some eggs?";
- talk to clients and residents in a place that is quiet and that does NOT have a lot of distractions. Turn off the radio and TV while you are talking to

the person, after you ask them for permission.

- make sure that the person can see you. Turn on the lights if the room is too dark;
- keep the message as short and simple as you can. Many people do best with short talks rather than long ones with a lot of information at one time. It is better to talk for a couple of short sessions, rather than one or two long ones;
- discuss one thing at a time;
- draw pictures or write things down for the person if this helps them understand what you are trying to say;
- repeat the message as often as needed;
- ask one question at a time and listen to or observe for the answer;
- let the client draw a picture or write things down for you if this makes it easier for them to tell you what they want or need;
- ask "yes" or "no" questions. For example, if you want to know if a client wants to eat fruit, ask "do you want an apple or a pear?", instead of "do you want to eat a piece of fruit?";
- use real objects whenever you can. For example, show the person the real object, like an apple, if you are asking the client if they would like to eat it.
- speak slowly and in a clear way; if you tend to speak fast, you may need to slow your speech and speak clearly. But do not slow your speech so much that it sounds distorted. This can cause further problems.
- talk with a low pitch, not with a high pitched voice;
- face the person that you are talking to;
- make eye contact with the person, this helps the older person see and pay attention to you. Make sure that the lighting is helping and not interfering with the person's vision. While bright light often helps, it also can create glare that interferes with vision.
- listen to the person; if the older person is having difficulty thinking of a particular word, you can ask for other information about the missing word. For example, if the person is saying that he played bingo last night, but all that is coming out is "I went to play; oh, I can't remember the word, the name of the game." You might ask how to play the game, where it is played, or offer a few choices. Do not continuously complete the other

person's thoughts or sentences; always give opportunities for the person to express him or herself before interrupting.

- look at the person's face. Is the person trying to tell you something? Do they look like they are in pain? Are they holding a part of their body, like their hand or their head? Do they look sad? Do they look angry?;
- give the person their eyeglasses and hearing aid, if they wear them; not all communication problems can be solved completely. Therefore, you and the older person may have to accept that communication is different now. For example, poor hearing may make it impossible to carry on a conversation unless the room is quiet and the person is wearing a hearing aid. That does not mean that you have to give up conversation. It just means that you have to make sure that the older person brings to the conversation not only his or her natural wit and special ways of expression, but also hearing aids.
- Use gestures when appropriate. Point to objects or demonstrate an action, such as brushing your teeth.

Always show respect and caring

Do not argue over the correct answer. Relatives are often confused. He may call you his mother and mean his wife. Also remember he may be speaking his reality. If he says it is winter even though it is the middle of July, it may feel like, look like, and be what "winter" is for him.

- communicate with touch and a calm voice when you want to tell a person that you care and they can not understand the spoken word.

## SUMMARY

Communication is a very important part of client care. You must use the special skills described in this class when your client has a cognitive impairment so that messages can be sent and received.

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## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **HOME HEALTH AIDE COMPETENCY TEST**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

AHCA Form # 3110-1007, February 2001

### **Home Health Aide Competency Test Written Examination**

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201  
Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856-3638  
Email: AbundantlifeHHA@gmail.com / AbundantlifeHHAtampa@gmail.com



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#### ***I. ROLE OF THE HOME HEALTH AIDE***

**An aide may perform certain duties. Mark the following true or false for tasks you may legally perform as a home health aide. T=True F=False**

- \_\_\_\_\_ 1. Reinforce a dressing.
- \_\_\_\_\_ 2. Apply a hot pack.
- \_\_\_\_\_ 3. Give an enema.
- \_\_\_\_\_ 4. Administer medication.
- \_\_\_\_\_ 5. Change a sterile dressing.
- \_\_\_\_\_ 6. Assist with change of a colostomy bag.
- \_\_\_\_\_ 7. Give a rectal suppository.
- \_\_\_\_\_ 8. Give a tubal feeding.
- \_\_\_\_\_ 9. Give insulin.
- \_\_\_\_\_ 10. Cut Nails.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

**11. As a home health aide, you:**

- A. work alone.
- B. work as part of the health care team.
- C. may become the leader of the health care team.
- D. will never get any further training after orientation.

**12. When you work in the home, you will be:**

- A. responsible for making decisions without any help.
- B. working under the supervision of a professional supervisor.
- C. away from your office and have no way to contact your employer.
- D. responsible for calling the physician with information.

**13. As home health aide, it is your responsibility to:**

- A. plan the client's care.**
- B. do only the tasks that the registered nurse or therapist assigns to you.
- C. try to do your best, but not ask for any help.
- D. compare assignments with your co-workers.

#### **II. COMMUNICATION**

**Mark the following true or false. T=True F=False**

- \_\_\_\_\_ 14. In the home, it is important to be a good listener.
- \_\_\_\_\_ 15. Always tell the patient what you are going to do before starting a procedure.
- \_\_\_\_\_ 16. You only communicate through words.



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CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

**17. Which of the following is important in communicating with people:**

- A. courtesy.
- B. tact.
- C. listening.
- D. all of the above.

**18. Body language is:**

- A. a way of communicating feelings by using the body, facial expressions and the eyes.
- B. only used by clients to tell their doctors what is causing them problems.
- C. only used by persons who are deaf and mute.
- D. the newest dance craze.

**19. Aide care for a conscious patient should be preceded by:**

- A. asking the patient for his permission to go ahead with the procedure.
- B. telling the patient you would like to have his cooperation.
- C. giving an explanation of what is going to be done.
- D. explanation to the patient that the doctor ordered this done.

**20. Miss Ferris, a home health aide, is assigned to care for Mr. Conway. Miss Ferris**

**notices that she feels very angry when she is with Mr. Conway. What should Miss Ferris do because she feels this way?**

- A. Tell Mr. Conway how she is feeling.
- B. Find out if other aides have felt this way.
- C. Try to pretend that Mr. Conway is someone she likes.
- D. Talk with the agency supervisor about the situation.

**21. A patient accuses a home health aide of stealing five dollars. The aide has not taken the patient's money, but the patient does not believe this. What should the aide do?**

- A. Ask the other aides who care for the patient if they took the five dollars.
- B. Ask the patient why the aide is being accused.
- C. Offer to give the patient five dollars.
- D. Notify the agency supervisor.



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### III. OBSERVATION, REPORTING AND DOCUMENTATION

Mark the following true or false. T=True F=False

- \_\_\_\_\_ 22. If you do not chart a task that you do for a patient, legally, it was not done.
- \_\_\_\_\_ 23. If the patient has a new area of skin breakdown, and the nurse is coming in two days, you do not need to report the skin breakdown to your supervisor.
- \_\_\_\_\_ 24. A rapid pulse and shortness of breath in a patient usually indicates the patient is excited and does not need to be reported to the nurse.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

25. The patient tells you he has not moved his bowels in three days. What should you do?

- A. Tell him not to worry about it.
- B. Tell him to take a laxative.
- C. Report it to the nursing supervisor.
- D. Pretend you didn't hear him.

26. Which of these actions is the home health aide permitted to take in relation to drug **administration**?

- A. Recording and reporting the patient's reaction to the medication.
- B. Handing out nonprescription medications to the patient who asks for them.
- C. Adjusting the dosage of medications given to the patient.
- D. Adjusting the times medications are given to fit into the patient's activities schedule.

27. When a patient complains of pain, what should the home health aide do first?

- A. Ask the patient to describe the pain.
- B. Call the patient's doctor.
- C. Offer the patient some warm tea.
- D. Change the patient's position.

28. A patient's prescription for heart pills has recently been changed. The home health aide should notify the agency supervisor immediately if the patient makes which of these comments?

- A. "The pills are very expensive."
- B. "These pills are different shape from the pills I used to take."
- C. "I have a rash on my stomach since I've been taking these pills."
- D. "I can't take these pills unless I have really cold water to drink."

29. Mrs. Rand, who has diabetes and takes insulin regularly, tells the home health aide that she feels very nervous and jittery. What should the aide do immediately?

**A. Take her temperature.**

- B. Find out when she has her next doctor's appointment.
- C. Have her lie down in bed.
- D. Give her a glass of orange juice.





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#### **IV. READING AND RECORDING TEMPERATURE, PULSE AND RESPIRATIONS**

**Mark the following true or false. T=True F=False**

- ☐ 30. Always report a pulse rate if the beats per minute are under 60 or over 100.
- ☐ 31. The temperature of an unconscious patient should be taken orally since they are not moving about.
- ☐ 32. Recording a patient's "TPR" or vital signs is not important as long as you remember what they were.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

33. For which, if any, of these body areas is 99.6 degrees F. a normal temperature?

- A. Axilla.
- B. Mouth.
- C. Rectum.
- D. None of the above.

34. When taking a patient's pulse, you should take it for:

- A. 15 seconds.
- B. one full minute.
- C. 5 seconds.
- D. two minutes.

35. When a patient's respirations are being counted, it is best that the patient:

- A. tries to breath evenly.
- B. tries to breathe as deeply as he can.
- C. sits up straight.
- D. not be aware that the respirations are being counted.

#### **V. INFECTION CONTROL**

**Mark the following true or false. T=True F=False.**

- ☐ 36. Hand washing is the single best way to decrease the transfer of pathogens.
- ☐ 37. Gloves should be worn when handling items soiled by body fluids.
- ☐ 38. The catheter drainage bag must be lower than the bladder, but not on the floor.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

39. During a visit, you need to wash your hands after removing gloves:



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- A. before you give physical care to the patient.
- B. after you pet the dog.
- C. before you leave the patient's home.
- D. all of the above.

40. In what situation should gloves be used?

- A. The patient is vomiting.
- B. The patient has been incontinent of stool.
- C. The patient has drainage wound.
- D. All of the above.

## VI. BODY FUNCTIONS AND CHANGES

Mark the following true or false. T=True F=False

- \_\_\_\_ 41. Diarrhea can cause dehydration and other serious complications and should be reported.
- \_\_\_\_ 42. If a person complains of pain, it is important to have the patient describe the pain and then report it to the nurse and record it in your notes.
- \_\_\_\_ 43. It's normal for most people to complain of pressure, swelling, or bloating in their ankles, feet, stomach or legs.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER**

44. If you notice the patient's catheter is not draining, the first thing you should do is:

- A. call your supervisor.
- B. empty the drainage bag.
- C. check the tubing to see if it is kinked.
- D. do nothing, this is the nurse's problem.

45. Which of the following is not recommended for promoting good daily bowel habits:

- A. plenty of water.
- B. laxatives.
- C. exercise.
- D. well balanced meals.

46. The patient's pulse has been between 90 and 110 beats per minute since his first aide visit. Now you find it to be 58 beats per minute. What should you do next?

- A. Tell the patient he must be getting better.
- B. Wait 15 minutes and take the pulse again.
- C. Inform the supervisor right away.
- D. Just record the pulse in the normal way.

47. Mrs. Amos has not had a bowel movement for three days. She has always given herself an enema if she does not have a bowel movement for that long a time. Mrs. Amos asks the home health aide to give her an enema. What should the aide do?



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- A. Give Mrs. Amos an enema.
- B. Tell Mrs. Amos to wait another day.
- C. Suggest that Mrs. Amos take a laxative first.
- D. Contact the agency supervisor to discuss the situation.

## **VII. MAINTAINANCE OF A CLEAN, SAFE ENVIRONMENT**

Mark the following true or false. T=True F=False

- \_\_\_ 48. A bedside call bell needs to be available so the bed bound patient can summon assistance.
- \_\_\_ 49. Bedrails should never be used to secure vest restraints.
- \_\_\_ 50. Smoking in bed is fine for anyone who is not confused.

### **CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER**

51. Part of your duties as a home health aide are to assure safe home environment. This includes:

- A. proper infection control with good hand washing.
- B. electrical and fire safety.
- C. moving things which may cause the patient to fall.
- D. all of the above.

52. A patient is receiving oxygen through a nasal cannula. What safety precautions should **the home health aide take?**

- A. Keep the television set at least 5 feet from the oxygen tank.
- B. Do not permit the patient to drink soda.
- C. Allow no smoking in the patient's room.
- D. Do not use any lotions that contain oil in the patient's room.

## **VIII. EMERGENCY PROCEDURES**

Mark the following true or false. T=True F=False

- \_\_\_ 53. For an injury with profuse bleeding, apply pressure and call for assistance.
- \_\_\_ 54. If the patient begins to have a seizure, your first responsibility is to prevent the patient from injuring himself.
- \_\_\_ 55. If the patient falls and complains of pain in his hip, you should help him to get up and walk to the bed.

### **CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

56. A patient is choking on some object that is caught in his airway. Before first-aid **measures are applied, find out:**

- A. if the patient's pulse rate is over 80.
- B. if the patient can swallow clear fluids.



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- C. if the patient can speak or cough.
- D. What medications the patient has taken in the past 24 hours.

57. While giving a bath on a shower chair, the patient suddenly gasps and becomes **unresponsive. The home health aide should:**
- A. call for family assistance and continue with the bath.
  - B. leave the patient and call 911.
  - C. lower the patient to the floor, call for the family to call 911, determine if CPR is needed and initiate it if indicated.
  - D. tell the family to stay with the patient while you call 911 and the supervisor.
58. For which of these emergencies is a knowledge of pressure points essential?
- A. Health stroke.
  - B. Burns.
  - C. Food poisoning.
  - D. Bleeding.
59. The telephone numbers of all of the following are important to a patient. Which number must the home health aide have next to the telephone?
- A. The patient's clergyman.
  - B. The drugstore.
  - C. The emergency medical squad.
  - D. The next-door neighbor.

## IX. HUMAN DEVELOPMENT

Mark the following true or false. T=True F=False

- \_\_\_ 60. Every patient is the same and has the same needs and wants.
- \_\_\_ 61. It is all right to use any item in the home without asking as long as it is for the patient's personal care.
- \_\_\_ 62. You may use the telephone in the patient's home without asking permission.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

63. A neighbor has asked you some questions about the patient you are presently taking **care of. "Mrs. Collier is dying, isn't she?" How will you answer her?**
- A. "Mrs. Collier is doing as well as can be expected."
  - B. "I am sorry, but I cannot discuss Mrs. Collier."
  - C. "Yes, it's too bad, but she's very ill."
  - D. "How did you know about Mrs. Collier and her illness?"



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64. Which of these statements about the elderly is true?
- A. They cannot change.
  - B. They can learn new things.
  - C. They want to become dependent on others.
  - D. They do not enjoy meeting new people.
65. When working with person who are disabled, the general goal of care is to:
- A. provide constant supervision.
  - B. provide total care.
  - C. promote maximum self-care and independence within the limits of the person's **ability.**
  - D. promote the complete return of the person's abilities.
66. It is Mrs. Amos's usual time for lunch, but she says she is not hungry yet. This is the first time that Mrs. Amos has made this type of statement. What should the home health aide do?
- A. Insist that Mrs. Amos eat at this time.
  - B. Tell Mrs. Amos to let the aide know when she wants to eat, and remind her that it is **important that she have lunch.**
  - C. Tell Mrs. Amos that if she does not eat by herself, she will have to be fed.
  - D. Tell Mrs. Amos that it took a lot of time to prepare the food and that she should eat **it while it is fresh.**
67. The ability to make observations is even more important when working with infants and young children than it is when working with adults. The chief reason for this is that infants and young children:
- A. do not like to be told what to do.
  - B. are usually sicker than adults.
  - C. enjoy human contact more than adults.
  - D. cannot explain how they feel.

## X. PERSONAL CARE

Mark the following true or false. T=True F=False

- \_\_\_\_ 68. It is important to keep a patient covered during a bedbath except for the part being washed.
- \_\_\_\_ 69. Massaging of bony prominences helps to prevent skin breakdown by increasing the blood supply to the area.
- \_\_\_\_ 70. When giving peri-care to a patient after a BM, wash using a front to back motion in order not to spread fecal material to other areas.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**



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71. Which of the following is most appropriate practice to promote good skin care in the **elderly**:
- A. keep the skin clean and well moisturized.
  - B. apply alcohol to bare areas of the skin.
  - C. wash daily with scented soaps.
  - D. all of the above.
72. If dentures are not worn when sleeping, where should you store them?
- A. Wrap in a washcloth.
  - B. Put in a sterile container.
  - C. Wrap in a guaze pad.
  - D. Place in a clean container in clean water.
73. Why is it important that a patient have good mouth care?
- A. Bacteria in the mouth can cause tooth decay and gum infections.
  - B. The saliva in the mouth is the source of stomach juices.
  - C. Poor oral hygiene causes more saliva to be made.
  - D. Poor oral hygiene interferes with the sense of smell.
74. An elderly male patient occasionally wets his trousers. What should the home health **aide** do?
- A. Give him fluids with his meals only.
  - B. Avoid giving his coffee and tea.
  - C. Tell him if he urinates on himself he will have to be put in diapers.
  - D. Encourage him to go to the bathroom at least every two hours.
75. In giving foot care to a patient who has diabetes, the home health aide may take which of these actions?
- A. Clean under the toenails.
  - B. Cut the toenails.
  - C. Soak the patient's feet for more than 5 minutes in a basin of warm water.
  - D. Put lotion on the patient's feet after drying them.

## **XI. SAFE TRANSFER TECHNIQUES AND AMBULATION**

Mark the following true or false. T=True F=False

- \_\_\_\_ 76. Always transfer a patient towards his good side.
- \_\_\_\_ 77. There is no need to be near an object to pick it up, just reach.
- \_\_\_\_ 78. It's best to use a gait belt if a patient is unsteady.



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**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

79. A patient lying on his back has slid down in bed and needs help in moving up again. To start this, the patient should, if possible:
- A. raise himself on his elbows.
  - B. separate his legs widely.
  - C. arch his back.
  - D. flex his knees and push with his heels.
80. Before helping a patient into or out of a wheelchair, which of these actions are necessary?
- A. Have the brakes unlocked and leave the foot pieces down.
  - B. Lock the brakes and fold the foot pieces up.
  - C. Have the brake unlocked and the foot pieces up.
  - D. Lock the brakes and leave the foot pieces down.
81. When assisting a patient to walk with his walker, you should:
- A. clear a pathway and remove all safety hazards.
  - B. stay close to the patient's side.
  - C. stand on the other side of the room.
  - D. A and B.
82. A patient who has been on bed rest is to get up in a chair. The home health aide helps the patient to sit on the edge of the bed. The patient says, "I am dizzy." What should the aide do?
- A. Rub the patient's feet.
  - B. Help the patient to a standing position and see if the dizziness goes away.
  - C. Put a cool compress on the patient's head.
  - D. Support the patient in a sitting position and wait a minute or so to see if the dizziness goes away.**
83. Patient has had a stroke and has a right-sided weakness. The patient can walk with a little assistance. It is best for the home health aide to assist the patient by walking in which of these positions?
- A. Directly in front of the patient.
  - B. Directly in back of the patient.
  - C. On the patient's left side.
  - D. On the patient's right side.
84. Mr. Stone is 76 years old, needs help with bathing, and has a foley catheter in place. He has great difficulty walking and uses a wheelchair. When helping Mr. Stone from the bed to the wheelchair, which of these actions is essential.
- A. Place the foot supports of the wheelchair so that he can step up on them.
  - B. Have a blanket draped in the wheelchair.





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- C. Have the brakes on the wheelchair in a locked position.
- D. Place a pillow on the seat of the wheelchair.

## **XII. NORMAL RANGE OF MOTION**

Mark the following true or false. T=True F=False

- \_\_\_\_ 85. Passive range of motion exercises are for the prevention of contractures in patients with paralyzed limbs.
- \_\_\_\_ 86. During range of motion exercises, if you feel resistance or the patient complains of pain, you should continue anyway.
- \_\_\_\_ 87. It's best to have a pillow between the legs of a patient with a new hip replacement.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

88. To prevent bedsores in the elderly, you should:

- A. change the patient's position every two hours if they are unable to do so themselves.
- B. get the patient out of bed if they are allowed to do so.
- C. ensure adequate nutrition with special emphasis on protein intake.
- D. all of the above.

89. The home health aide should be sure to take which of these actions when caring for a **newborn baby**?

- A. Support the baby's head and neck when picking the baby up.
- B. Clean the inside of the baby's ears with cotton swabs.
- C. Use petroleum jelly to keep the area around the baby's naval moist.
- D. Hold the baby only at feeding and bathing times.

90. Which of these statements describes good body mechanics?

- A. Carry heavy objects as far away from the body as possible.
- B. Bend the knees when lifting an object off the floor.
- C. Bend over at the waist when lifting an object from the floor.
- D. Lift rather than push a heavy object.

91. When caring for a patient who is on bed rest, what should the aide do to prevent bedsores?

- A. Keep the top sheets well tucked in.
- B. Keep the bottom sheet free of wrinkles.
- C. Use only sheets that are 100% cotton on the patient's bed.
- D. Use only woolen blankets to cover the patient.





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92. Physical therapy has started range of motion exercise. Which of these statements about exercise is true?
- A. If a patient cannot talk, do not explain the exercises to the patient.
  - B. During exercise, all joints should be moved in all directions.
  - C. When the patient does not assist when the joint is moved through its range of **motion, the exercise is called active exercise.**
  - D. It is important to support the body parts above and below the joints when they are **moved during exercises.**

### **XIII. NUTRITION**

Mark the following true or false. T=True F=False

- \_\_\_ 93. Soy sauce is good to spice up a low salt diet.
- \_\_\_ 94. A regular diet is a well balanced diet with no restrictions.
- \_\_\_ 95. Bread and potatoes are a good source of protein.

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

96. Foods on a liquid diet would include:
- A. chicken, eggs and toast.
  - B. chopped and strained foods.
  - C. broth, tea and jello.
  - D. lightly seasoned foods.
97. Foods that are high in vitamin C include:
- A. oranges, tomatoes and watermelon.
  - B. potatoes, raisins and bananas.
  - C. liver, beef and chicken.
  - D. cheese, milk and cottage cheese.
98. If there is 50cc left in glass and the glass holds 150cc you should record the intake as:
- A. 90cc.
  - B. 120cc.
  - C. 100cc.
  - D. 50cc.
99. Which of these fluids is highest in protein?
- A. Vegetable broth.
  - B. Lemonade.
  - C. Tomato juice.
  - D. Eggnog.



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100. Milk is a good source of calcium. Which of these foods is also high in calcium?
- A. Cheese.
  - B. Bananas.
  - C. Orange juice.
  - D. Raisins.
101. When patients do not have enough fluids, they may develop which of these problems?
- A. Diarrhea.
  - B. Swelling.
  - C. Constipation.
  - D. Dandruff
102. If a patient is to have a fluid intake record kept, the right time to record the patient's fluid is:
- A. when the fluids are served to the patient.
  - B. when the patient has drank the fluids.
  - C. every 2 hours.
  - D. after each meal.
103. Patient on low salt diets are usually allowed to have which of these foods?
- A. Hard cheeses.
  - B. Canned soups.
  - C. Raisins.
  - D. Olives.

## **XIV. CULTURAL DIFFERENCES IN FAMILIES**

**CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.**

104. Patients sometimes express religious beliefs with which the home health aide does not agree. In dealing with these situations, which of these understandings should the aide use as a guide?
- A. Patients have a right to their own beliefs, which should be respected.
  - B. Patients should be told not to discuss their beliefs with aides.
  - C. Aides should explain their beliefs to patients.
  - D. Aides should pretend to have the same beliefs that patients have.



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#### HOME HEALTH AIDE COMPETENCY TEST – PRACTICAL PART

COMPETENCY SHALL BE DETERMINED THROUGH OBSERVATION OF THE AIDE'S PERFORMANCE  
OF EACH ACTIVITY

ACTIVITY	OBSERVED/D ATE	COMPETENT/D ATE	COMMENTS/INITIALS
<b>Demonstrate Vital Signs Reading and Recording</b>			
1. Temperature - Oral			
2. Temperature - Pediatric			
3. Blood Pressure			
4. Pulse – Apical			
5. Pulse – Radial			
6. Respirations			
7. Demonstrate Safe Techniques for Assisting with Ambulation			
<b>Demonstrate Use of Assistive Devices:</b>			



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8. Cane			
9. Crutches			
10. Walker			
11. Wheelchair			
12. Hoyer lift (optional)			
<b>Demonstrate Proper Body Mechanics:</b>			
13. Transferring self			
14. Transferring patient			

AHCA form 3110-1007, February 2001



Prepared by the Florida Health Care Association with the assistance of the Alzheimer Resource Center of Tallahassee, Florida to meet the statutory requirement of 400.4785(1) (a) F.S.

## **ALZHEIMER'S DISEASE (AD) AND RELATED DEMENTIAS**

### *History*

Alzheimer's disease (AD) was first discovered in 1906 by a German doctor named Alois Alzheimer. It is a disorder of the brain, causing damage to brain tissue over a period of time. The disease can linger from 2 to 25 years before death results. AD is a progressive, debilitating and eventually fatal neurological illness affecting an estimated 4-5 million Americans. It is the most common form of dementing illness.

Alzheimer's disease is characterized clinically by early memory impairment followed by language and perceptual problems. This disease can affect anyone - it has no economic, social, racial or national barriers.

### *Causes*

There is no one cause for Alzheimer's disease. AD may be sporadic or passed through the genetic make-up. The disease causes gradual death of brain tissue due to biochemical problems inside individual brain cells. The symptoms are progressive, but there is great variation in the rate of change from one person to another. Although in the early stages of Alzheimer's the victim may appear completely healthy, the damage is slowly destroying the brain cells. The hidden process damages the brain in several ways:

- Patches of brain cells degenerate (neuritic plaques)
- Nerve endings that transmit messages become tangled (neurofibrillary tangles)
- There is a reduction in acetylcholine, an important brain chemical (neurotransmitter)
- Spaces in the brain (ventricles become larger and filled with granular fluid)
- The size and shape of the brain alters - the cortex appears to shrink and decay

Understandably, as the brain continues to degenerate, there is a comparable loss in mental functioning. Since the brain controls all of our bodily functions, an Alzheimer victim in the later stages will have difficulty walking, talking, swallowing and controlling bladder and bowel functions. They become quite frail and prone to infections such as pneumonia.

### *Dementia vs. Normal Aging*

As a person grows older, he/she worries that forgetting the phone number of a best friend must mean he/she is becoming demented or getting Alzheimer's disease. Forgetfulness due to aging or increased stress is *not* normal aging and is *not* dementia.

"Dementia" is an encompassing term for numerous forms of memory loss. There are many types of dementia such as Alzheimer's disease, Multi-Infarct dementia or Parkinson's disease. When a person has dementia, he/she will lose the ability to think, reason and remember and will inevitably need assistance with everyday activities such as dressing and bathing. Changes in personality, mood are also symptoms of dementia. Many dementias are treatable and reversible. Alzheimer's disease is the most common form of untreatable, irreversible dementia.

### *Alzheimer's Disease - Stages of Progression*

Alzheimer's Disease can be characterized as having early, middle, and late stages through which the patient gradually progresses, but not at a predictable rate. The range of the course of the disease is 2-25 years. NOTE: Stages very often overlap. Everyone progresses through these stages differently.

**First Stage:** This is a very subtle stage usually not identified by either the impaired person or the family as the beginning signs of the disease. Subtle changes in memory and language along with some confusion occur at this time. The family usually denies or excuses the performance deficiencies at this stage.

- Forgetfulness/memory loss
- Impaired judgment
- Trouble with routines
- Lessening of initiative
- Disorientation of time and places
- Depression
- Fearfulness
- Personality change
- Apraxia (forgetting how to use tools and equipment)
- Anomia (forgetting the right word or name of a person)

**Second Stage:** As Stage 1 moves onto Stage 2, there is usually a particular significant event which forces the family (and impaired person) to consider that something is really wrong. At this time, they usually go to a doctor to diagnose the problem.

- Poor short-term memory
- Wandering (searching for home)
- Language difficulties
- Increased disorientation
- Social withdrawal
- More spontaneity, fewer inhibitions
- Agitation and restlessness, fidgeting, pacing
- Developing inability to attach meaning to sensory perceptions: (taste, touch, smell, sight, hearing)
- Inability to think abstractly
- Severe sleep disturbances and/or sleepiness
- Convulsive seizures may develop
- Repetitive actions and speech
- Hallucinations
- Delusions



**Third (Final Stage):** This stage is the terminal stage and may last for months or years. The individual will eventually need total personal care. They may no longer be able to speak or recognize their closest relatives.

- Little or no memory
- Inability to recognize themselves in a mirror
- No recognition of family or friends
- Great difficulty communicating
- Difficulty with coordinated movements
- Becoming emaciated in spite of adequate diet
- Complete loss of control of all body functions
- Increased frailty
- Complete dependence

## **COMMON PROBLEMS WITH DEMENTIA**

### **Delusions**

Suspiciousness: accusing others of stealing their belongings

People are “out to get them”

Fear that caregiver is going to abandon (results in AD person never leaving caregiver’s side)

Current living space is not “home”

### **Hallucinations**

Seeing or hearing people who are not present

### **Repetitive actions or questions**

They forget they asked the question

Repetitive action such as wringing a towel

### **Wandering**

Pacing

Sundowning: trying to get “home”

Generally feeling uncomfortable or restless

Increased agitation at night

### **Losing thing/Hiding things**

Simply do not remember where items are

Might hide things so that people don’t “steal” them

### **Inappropriate sexual behavior**

Person with AD loses social graces and is only doing what feels good

### **Agnosia: inability to recognize common people or objects**

A wife of forty years will become a stranger to the person with AD, he might even think she is the hired help

Might not recognize a spatula or the purpose of the spatula and/or cannot verbalize the name or purpose of the object

**Apraxia: loss of ability to perform purposeful motor movements**

Cannot tie a shoe or manipulate buttons on a shirt

**Catastrophic reactions**

*(Causes)* AD person often becomes excessively upset and can experience rapidly changing moods. The person becomes overwhelmed due to factors such as too much noise, too many people around, unfamiliar environment, routine change, being asked to many questions, being approached from behind.

*(Reactions)* AD person may become angry, agitated, weepy, stubborn or physically violent. It is best to attempt to avoid catastrophic reactions rather than dwell on how to handle them.

**HANDLING DISTURBING BEHAVIORS**

One of the most difficult challenges for caregivers is how to handle some of the disturbing behaviors that Alzheimer's can cause. Symptoms such as delusion, hallucinations, angry outbursts, suspiciousness, failure to recognize familiar people and places are often the most upsetting behaviors for families. The following points may help in responding to disturbing symptoms.

First, try to understand if there is a precipitating factor causing the behavior. Were there household changes, too much noise or activity, was the daily routine upset? Time of day can also affect behavior (Sundowning). Being aware of these factors can help to better plan activities or anticipate problems.

1. Keep tasks, directions and routine simple without being condescending
2. Always give the person plenty of time to respond
3. Attempt to remain calm and remind yourself that the behavior is due to the disease
4. Avoid arguing
5. Write down the answers to frequently asked questions, then remind them to look at the message
6. Reduce environmental noise: television, radio, too many people talking
7. Use distraction when unacceptable behavior starts: bring them into a different room, start talking about childhood or another favorite topic, show them magazines, ask them to help you do something like dusting or sweeping
8. Do not overreact or scold for problem behavior: redirect or distract
9. Be reassuring with touch, eye contact and tone of voice
10. Find the familiar: old pipe, favorite chair, family pictures
11. Avoid denying hallucinations: try non-committal comments like, "You spoke with your mother, I miss my mother too"
12. Be sure to inform physician of hallucinations, no matter how tame
13. Restless behavior or pacing is usually unavoidable, however you can make the environment safe by installing locks that are above reach, remove unnecessary obstacles, make sure the person is wearing some kind of identification

Alzheimer Resource Center of Tallahassee: (850) 561-6869 Website: [www.arc-tallahassee.org](http://www.arc-tallahassee.org)

Alzheimer's Foundation of America Website: <http://www.alzfdn.org>

## ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Alzheimer's disease and related Dementias handout, and I do commit to read this information.

I am aware that if, at any time, I have questions regarding this handout I should direct them to my Director of Nursing or the Administrator.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

•-----•

## **Clinical Concerns in HIV/AIDS**

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By Melissa K Slate, RN, BA, MA

### **Objectives**

By the end of this educational encounter, the clinician will be able to identify at risk populations for HIV/AIDS.

Clinician will demonstrate comprehension of new testing recommendations for HIV

Clinician will be able to recognize new health concerns in HIV patients

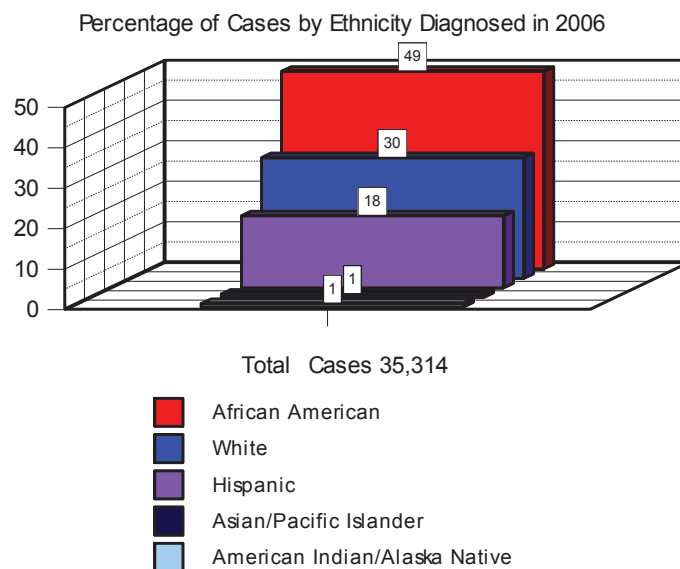
### **Introduction**

The history of AIDS in the United States goes back to approximately 1969, when it was thought that the disease was introduced to the US by a Haitian immigrant. In the early part of the 1980's, larger city doctors began seeing a type of cancer in young men that usually is restricted to older men of Mediterranean origin. What is now known as Kaposi's sarcoma was then coined as 'Gay Cancer' and added to the stigma of Homosexuality in the United States. However, cases in young children, women, and person's having blood transfusions began to occur and the symptoms were not limited to skin cancers, but also included specific types of pneumonia. In 1982, the CDC renamed the syndrome AIDS.

With the advanced strides made in medical treatment, persons with HIV are living longer. In New York City, where an estimated 100,000 persons are estimated to be living with the virus, over 30 percent of those are over fifty years of age. With medical advances that allow HIV patients to live longer, comes another set of realities as these patients are presented with compounding diagnoses never before encountered in this patient population and physicians are presented with the overwhelming task of attempting to manage the increased pathological burden in these patients.

While fewer people are dying of HIV, the numbers of infected persons are reaching epidemic proportions. In 2003, and estimated 1,039,000 to 1,185,000 persons in the United States were estimated to be living with HIV/AIDS and 24-27% of these persons were **totally unaware** that they were infected with the disease. This means that almost one fourth of over one million persons remain untreated and undiagnosed; and potentially are unknowingly spreading the disease to others.

Men still account for the greater number of HIV/AIDS cases present in the United States. In 2006, men accounted for three fourths of all cases diagnosed in the 33 states having confidential name based reporting.



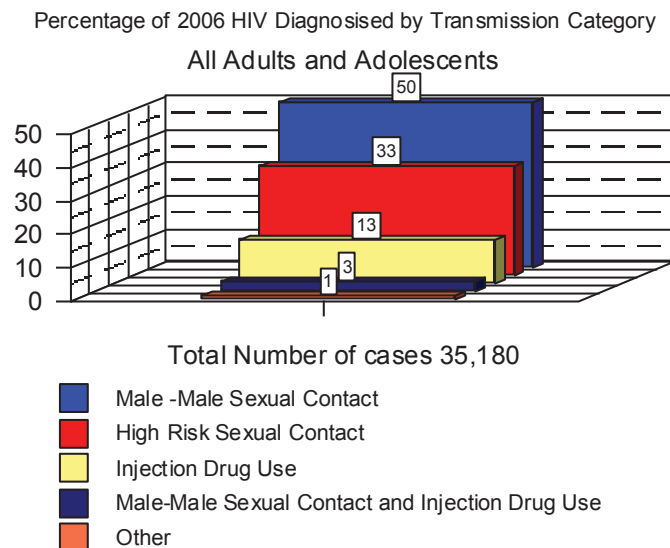
Data Based on the 33 states having confidential name based reporting

In 2006, the number of new HIV/Aids diagnoses is highest in the transmission category of men having sex with men (MSM). However, the rate of heterosexual high risk transmission among all groups is rapidly growing and is the most important factor in women being infected with the disease, even when IV drug use is present. These results were obtained after a 10-year study by the National Institute on Drug Abuse. The CDC categorizes the heterosexual transmission of HIV into two groups: primary and secondary. Primary transmission is defined as sexual contact with a partner with known risk factors for HIV transmission. Secondary transmission is contact with an HIV positive partner not known to be at risk for HIV. In 2001, more men reported sexual contact with a partner with risk factors for primary transmission for HIV while persons reporting secondary transmission were more likely to be women. Since 1988, the number of heterosexual mediated HIV/AIDS cases has continued to increase, changing the face of AIDS from a primarily high-risk behavior disease

to an increasingly generalized sexually transmitted entity. This is of particular concern in the medical community, because many heterosexual persons are still having a false sense of security about HIV/AIDS transmission and are engaging in unprotected sexual activity with very little knowledge about their risk.

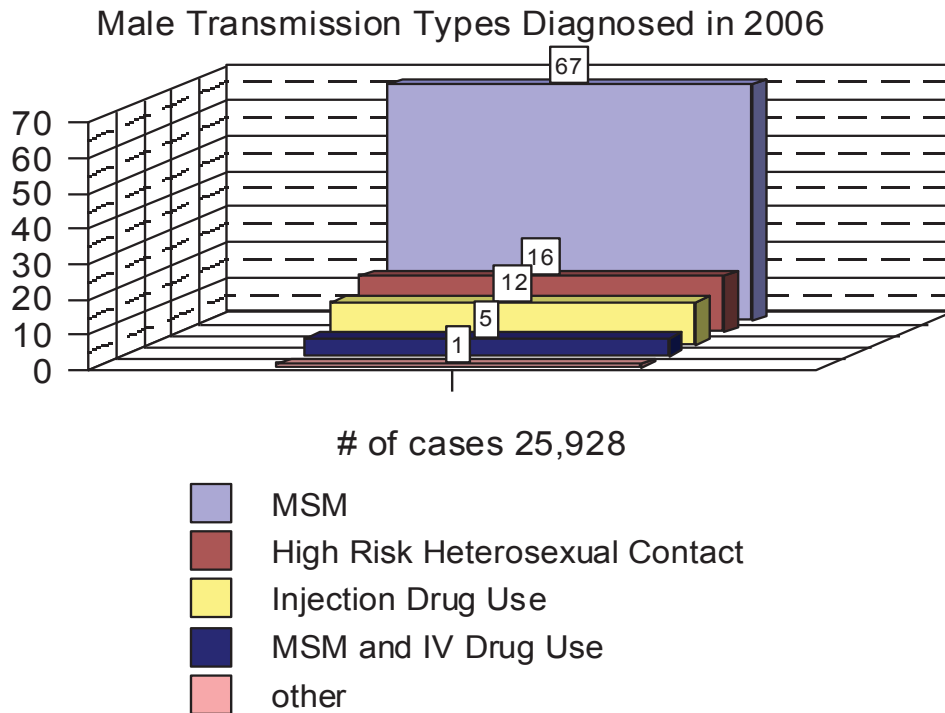
When the country was first introduced to HIV/AIDS, it was bombarded with information on the nightly news and in the media, leading to almost paranoia about the disease. However, in recent years media attention to the problem has diminished, leaving education about the disease largely in the hands on the medical and scientific community. This is bad news for persons not receiving routine health care services. This factor enhances the false sense of security in the heterosexual community regarding the risk of acquiring HIV. Additionally, it has been over 20 years since the public began receiving the reports of HIV/AIDS and a new generation is now in their late teens and early twenties and is engaging in sexual activity without the benefit of the early knowledge of HIV/AIDS that came with the initial media onslaught.

This data is backed up by the 2006 CDC report on HIV diagnoses by transmission category. Roughly, 83% of all cases diagnosed in 2006 were due to Heterosexual and MSM sexual contact. Total cases linked to injection drug abuse made up only 16% of all diagnosed HIV cases.



The rates of sexually acquired HIV/AIDS accounts for the majority of diagnosed cases in males in 2006. Male sexually acquired HIV diagnosis in 2006 accounted for 83% of all male cases compared to 80% of all female cases. When looking at actual case count figures, male sexual behaviors account for 3 times more diagnoses of HIV/AIDS than do female sexual behaviors. Males were slightly more likely to have an HIV diagnosis related to IV drug use (17%), than females were in 2006 (19%). These figures look deceptive at first; but when

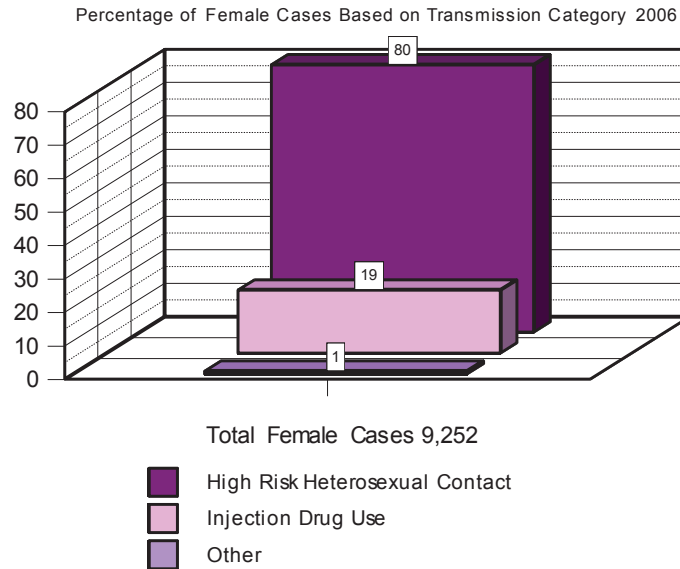
you divide the percentages by actual number of cases, male IV drug use accounts for almost 3 times more HIV cases than females. For men, homosexual contact remains the primary risk behavior associated with HIV/AIDS diagnosis in the United States. The prevalence of unprotected anal sex among homosexual males has been shown to be more of a risk than vaginal intercourse. In fact, among heterosexual individual who practice unprotected anal sex on at least an occasional basis have higher percentages of HIV/AIDS than do heterosexuals who practice unprotected vaginal intercourse.



Several studies have been conducted to determine why men seem to be more at risk for HIV infection than women. One study of uncircumcised men found that the cells on the inner side of the foreskin contained high numbers of cells that are targeted by HIV. Men also tend to have more sexual partners than women do and are more likely to engage in risky sexual behaviors. Social pressures of masculine ideals may play a role as well by overtly discouraging condom use and having discussions about sexual risk with their partner before engaging in intercourse.

Researchers are also finding out that genetic differences may play a role in why some people are more susceptible to HIV. A protein called CCL3L1, which blocks the AIDS virus, is found in varying amounts in individuals. Persons with more copies than average of this protein have been found to be less susceptible to HIV, while persons with fewer copies have been found to be more susceptible.

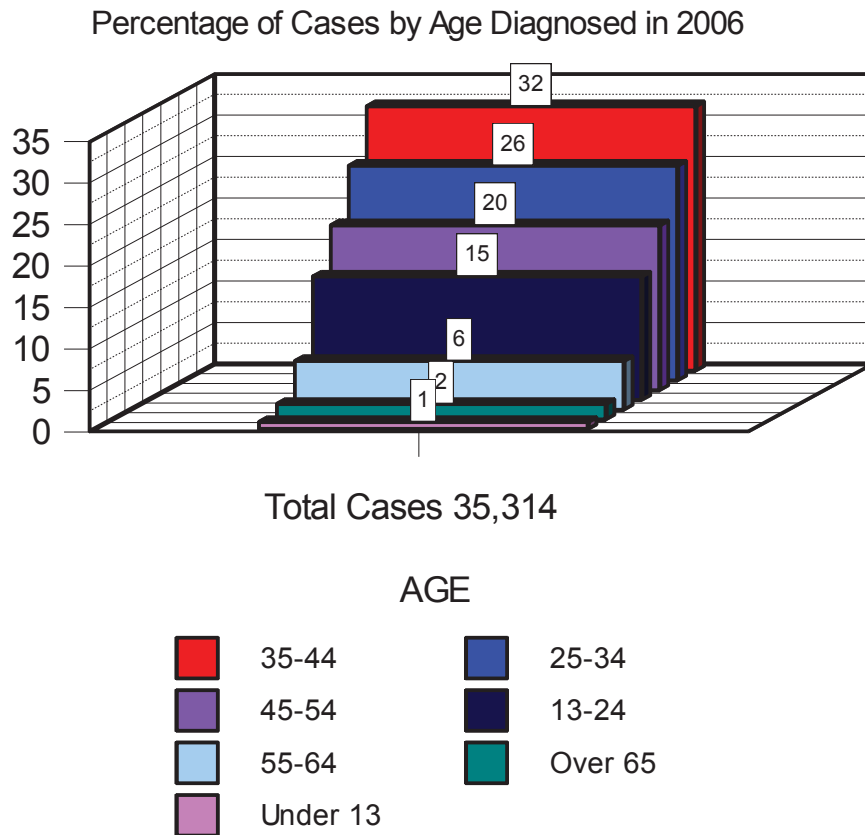




In women, factors for susceptibility have been found to be related biology. The vaginal tissue gives a greater surface area for exposure to the HIV virus from sexual fluids. Diminished vaginal lubrication, which can lead to breaks in the vaginal mucosa during intercourse, can also be a factor. In addition, cervical ectopy can increase the risk of contracting chlamydia, which can increase the risk of acquiring HIV infection. Cervical ectopy is a common condition and occurs when the regular squamous cells of the cervix become replaced by more fragile, thinner tissue in the cervical tract.

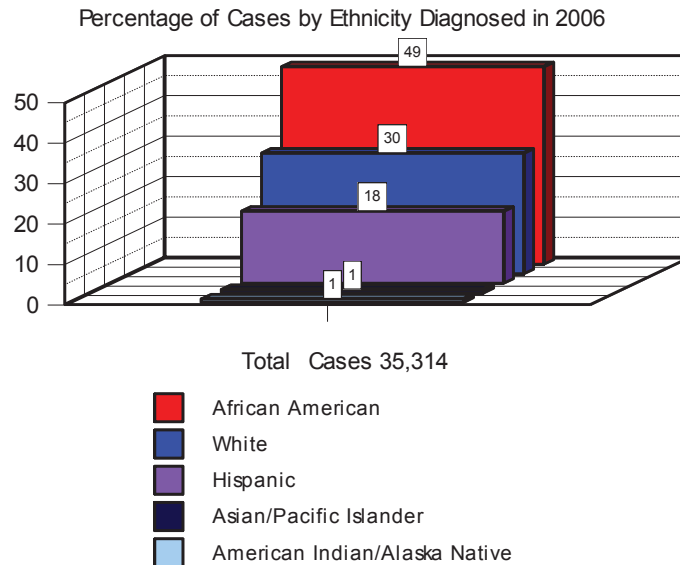
For women, the largest transmission category is high-risk heterosexual contact, which accounts for 80% of all the female cases of HIV diagnosed among the areas with confidential name based reporting in 2006. Injection drug use still carries approximately one fifth of the case diagnoses and remains a significant number among females.

Persons aged 25 to 54 account for 75% of all the cases of HIV diagnosed in 2006. Persons over fifty that are living with HIV/AIDS has steadily been increasing in recent years, and account for approximately 25% of persons that were living with the disease in 2005 and 15% of all the new diagnoses for that year. The largest age group within this category were persons aged 35 to 44 who accounted for 32 percent of all the diagnosed cases. Surprisingly the age group 13 to 24 accounted for only 15% of the cases that were diagnosed in 2006, by numbers that amounts to almost 5,300 cases.



HIV/AIDS is now becoming a growing concern for mature adults; however, they may think themselves immune to the risk. Risk factors for this age group are the same as for any other. A recent survey of sexual behavior among older adults showed that 73% of persons aged 57–64 had had sex during the past year, as had 53% of those aged 65–74 and 26% of those aged 75–85. The numbers of mature adults is expected to continue to climb well into the next decades, meaning that the numbers of mature adults with HIV/AIDS will also increase.

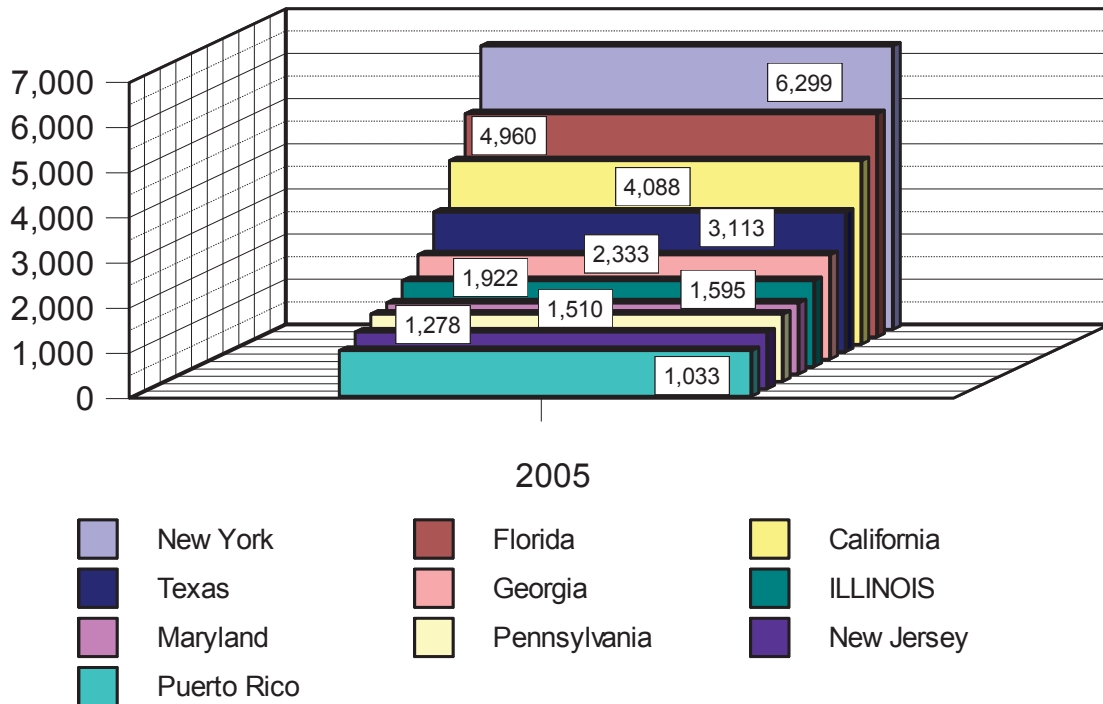
Increased attention needs to be aimed at this age group by the medical community when assessing HIV/AIDS risk. This age group often is not comfortable discussing preventative measures if they are engaging in sexual activity after a long-term relationship has ended. In addition, we must overcome our own stereotypes in thinking that the elderly are not sexually active. The healthcare community must take a proactive approach in initiating discussions about healthy sexual activity with mature adults; they are not likely to be the ones to take the first steps. There is great opportunity for health care workers to apprise these adults of risks and make them aware of the need for HIV/AIDS prevention.



HIV is growing among ethnic populations at an alarming rate. Almost fifty percent of the HIV cases diagnosed in 2006 were to African Americans and the number of cases among Latinos/Hispanics is growing in alarming numbers. Ethnic groups are hit harder not because of their ethnicity, but because of the barriers that they face. The barriers can be poverty, STD's and social stigmas. Ethnic groups also face more limited access to health care and may also be less educated, leading then to difficulties in understanding the limited amounts of accurate HIV information that they come in contact with. For ethnic groups, the risk factors for HIV are the same as other groups, and having any type of STD increases the chances of contracting HIV. In the Latino/Hispanic ethnic group, HIV is the fourth leading cause of death. Since these groups may not encounter health professionals on a regular basis, risk factors need to be assessed at any medical encounter, which the patient has and educational information or referral resources be provided.

Regional differences can also exist in how risk is perceived by the patient. In areas where HIV is more prevalent, patients and healthcare worker are more likely to be aware of the potential for infection. Patients may also harbor false perceptions of the prevalence of HIV in their area, increasing a false sense of security regarding their risk of contracting the disease. Areas that have shown to have the highest high numbers of HIV cases are New York, Florida, California, Texas, Georgia, Illinois, Maryland, Pennsylvania, New Jersey, and Puerto Rico.

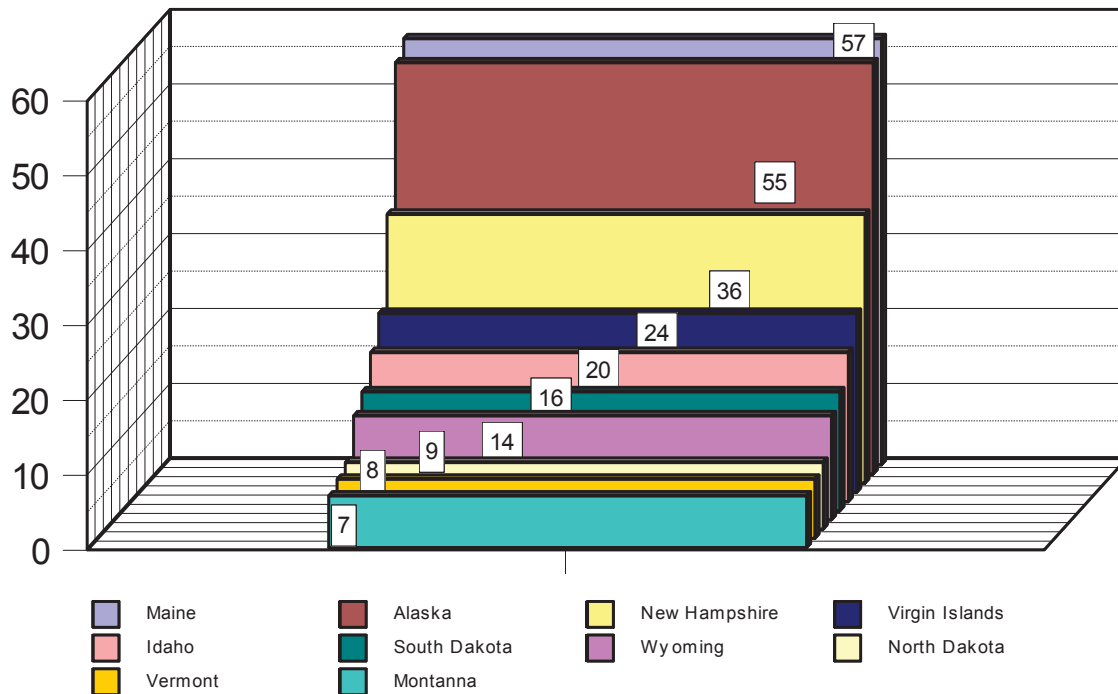
## States with Highest Number of HIV Cases



States having the fewest number of HIV cases in descending order are: Maine, Alaska, New Hampshire, Virgin Islands, Idaho, South Dakota, Wyoming, North Dakota, Vermont, and Montana. The differences in the highest and lowest numbers most likely are relevant to the population concentration in the individual areas. States having the highest number of cases tend to have the highest concentration of metropolitan areas with major US cities, while the areas with fewer cases tend to be less populated and more rural in nature. Patients may not know that they live in a high risk area and are more likely to come into contact with the HIV virus than their more isolated and rural counterparts, and therefore do not perceive the level of danger associated with their risky sexual behaviors.

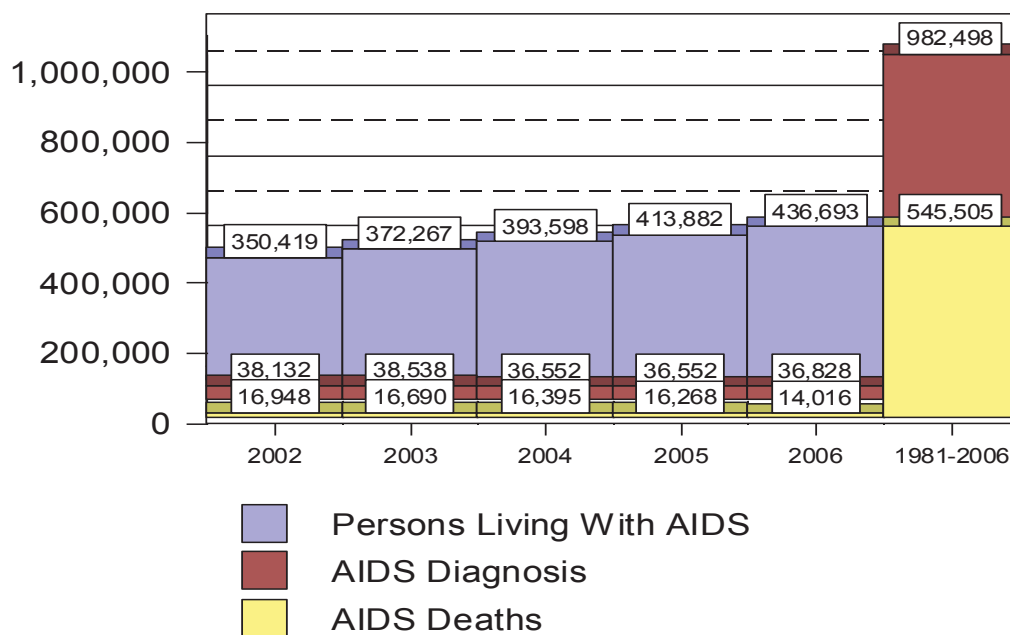
## States with Lowest Number of HIV Cases

7/2004 to 6/2005



As the numbers of AIDS diagnoses yearly continue to climb, the number of deaths per year stayed at a steady rate between the years 2002-2005 and dropped slightly in 2006. Not enough data is available yet to determine if this trend is going to continue, but it does reflect the achievements that have been made in treating the disease. Persons are now living longer, more viable lives with the diagnosis of HIV. AIDS has already claimed over one-half million lives since 1981. The battle does not lie in treating the disease, but detecting it and especially detecting it in the early stages of the illness, before the ravages of the disease have destroyed the body. The routine screening of blood donors has virtually eliminated blood transfusions as a means of transmission of HIV. Perinatal transmission has decreased to around 2% due to routine HIV testing during pregnancy combined with management practices for HIV positive mothers. The institution of these procedures proved the value of the screening process in the fight against HIV. However, routine screening to prevent sexual transmission had not been undertaken. This fact, in part, has lead to new recommendations by the Centers for Disease Control regarding HIV testing.

## Number of AIDS Diagnoses, Deaths, and People Living with Aids 2002-2006



### New Recommendations for HIV Testing

The CDC has recommended the routine screening of all patients aged 13-64 years in all healthcare settings unless their infection rate has been documented to be less than 0.1 percent. If no prevalence data is available, the institution should initiate routine testing until data yields determine positive results of less than 1 case per 1,000 cases screened. At this level of prevalence, routine screening is no longer warranted.

All patients beginning treatment for TB should be routinely screened for HIV infection.

Patients that seek treatment for STD, including treatment at STD clinics, should be routinely screened at each new patient complaint visit regardless of known or suspected risk status.

Guidelines for repeat screenings include the screening on all high-risk individuals on an annual basis. High risk individuals include: MSM or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test, injection-drug users and their sex partners, persons who exchange sex for money or drugs, and sex partners of HIV-infected persons. Health care personnel should encourage all patients and their partners to be tested before forming a new sexual relationship. Repeat screening for individuals not at high risk should be at the discretion of the clinician. If any occupational blood or body fluid exposure occurs and HIV test results are not

readily available, then the patient should be informed and testing should be completed at the time of the exposure. Under the new guidelines, a separate consent is not required for HIV testing. The consent is incorporated into the general consent for medical care. Patients should be informed orally or in writing that testing will be performed unless they opt out. The patient should be afforded the opportunity to decline testing and information should be provided about the meaning of positive and negative test results as well as information about HIV infection. Informational materials that are written in the patient's native language should be provided and the materials should be written as to be readily understood. Persons should be available to assist with translation services as necessary. If a patient declines testing, the decision should be documented in the medical record. Patients should not be tested without their knowledge, and testing must be voluntary and without coercion. The recommendations have not changed regarding testing in non-clinical settings such as community based centers or mobile testing facilities.

## **Growing Health Concerns Amid HIV Infected Populations**

### **Metabolic Syndrome**

Combination antiretroviral therapy (ART) has significantly decreased the mortality and morbidity of HIV and led to improved quality of life for its victims. However, concerns are now being raised about some of the long-term effects of the drugs and potential toxicities. Metabolic Syndrome, which is defined by the National Cholesterol Education Program as the presence of three or more of the following: abdominal obesity, hypertriglyceridemia, low HDL cholesterol, high blood pressure, and high fasting glucose, has become linked to the use of protease inhibitors, in particular stavudine and lopinavir/ritonavir when individual antiretroviral drugs were analyzed in HIV patients. This is of particular concern because of the increased risk of cardiovascular disease. A 2006 study by Massachusetts General Hospital found that exercise manages symptoms of metabolic syndrome. As many as 45 percent of HIV patients have this condition, which raises the risk of diabetes and heart disease. Metabolic syndrome is characterized as increased resistance to insulin, alterations in blood lipid levels, and increased blood pressure.

Also noted among patients with HIV and Metabolic syndrome are changes in the fat distribution within the body. Lipodystrophy is defined by the presence of peripheral lipoatrophy (diminished fat deposits in the face, arms, legs, buttocks, and prominent veins), central lipohypertrophy (increased fat deposits in the abdomen, breasts, dorsocervical region), and mixed lipodystrophy. "As detailed in the ATP III report, participants with three or more of the following criteria were defined as having the metabolic syndrome: waist circumference >102 cm in men and >88 cm in women; triglycerides  $\geq$ 150 mg/dl (1.69 mmol/l); HDL cholesterol <40 mg/dl (1.04 mmol/l) in men and <50 mg/dl (1.29 mmol/l) in women; blood



pressure  $\geq 130/85$  mmHg; and fasting glucose  $\geq 110$  mg/dl (6.1 mmol/l). Individuals met criteria for high blood pressure or high fasting glucose concentration if they were currently on antihypertensive or oral hypoglycemic therapies, respectively.” (Jerico, et. Al, 2005). The association of metabolic syndrome with protease inhibitors indicates that increased clinical diligence is necessary to prevent diabetes and heart disease as virtually all the components of metabolic syndrome consist of modifiable risk factors.

### **Hyperlactatemia and Lactic Acidosis**

Nucleoside reverse transcriptase inhibitors (NRTIs) have had a long association with hyperlactatemia and lactic acidosis. Lactic acidemia refers to the increased presence of plasma lactate without changes in blood pH, where lactic acidosis consists of increased plasma lactate with metabolic acidosis. The spectrum of lactic acidosis is quite variable with minimal symptoms including symptomatic hyperlactatemia with hepatic steatosis (fatty liver), to intermittent or chronic low-grade hyperlactatemia without acidosis, steatosis, or symptoms to fulminant multiorgan dysfunction characterized by severe acidosis and hemodynamic instability. Patients with lactate levels above 90mg/dl have an overall mortality rate of 80%. Generally, the first line treatment is to withhold antivirals until they can safely be reintroduced. It is desirable to withdraw therapy in all patients with lactic levels above 90 and in symptomatic persons with levels over 45. Other therapies are limited to those that are supportive in nature. All patients taking antiviral medication regimens need to be made aware of the potential and symptoms of lactic acidosis, especially after infection and to seek medical care at once if symptoms develop.

### **Bone Disease**

#### **Osteonecrosis, osteopenia, and osteoporosis**

Osteonecrosis is the death of bone tissue as a result of diminished blood flow. The destruction of bone most often occurs near the joint and affects the hip and shoulder joints, the knee joint and bones of the hand and wrist. Osteonecrosis affects patients predominantly with advanced HIV, and males between the ages of 20 and 50 years. Most of the patients also have at least one risk factor present from the non-HIV infected populations including: use of systemic corticosteroids, alcohol abuse, hyperlipidemia (particularly hypertriglyceridemia), hypercoagulable states, hemoglobinopathies, autoimmune disorders, pancreatitis, pregnancy, bearing heavy weight, trauma, and osteomyelitis. While there is no evidence that Osteonecrosis is directly linked to ART therapy, many HIV infected patients do have to take steroid medications. These medications should be used in the lowest effective dose and for the shortest length of time

possible. Surgical intervention to replace the affected joint is the only viable treatment available.

Osteopenia is the demineralization of bone and osteoporosis is the advancement of osteopenia to the point that bone fractures have occurred or are likely to occur with minimal trauma or stress to the bone. Osteopenia and osteoporosis occur at higher rates in patients on ART therapy than in the general population. Patients on heavy ART regimens demonstrate high levels of alkaline phosphate and osteocalcin, and some patients on protease inhibitors may show diminished growth of new bone; but the definite role of ART therapy in osteopenia is not yet determined. Lifestyle modifications are at this point the best course of therapy and include increase in weight-bearing exercise, weight loss, and smoking cessation, Dietary modification to include calcium rich foods equivalent to 1,500mgs of calcium per day and Vitamin D 400-1,000 IU per day.

### **Tuberculosis**

Tuberculosis, or TB, has in itself become a worldwide epidemic. In 2005, TB killed an estimated 1.6 million people. It is estimated that worldwide 195,000 of these individuals were infected with HIV. Why is TB so important among the HIV population? TB is the number one killer of persons infected with HIV and is the cause of death in one third of the individuals with fully involved AIDS. When someone becomes infected with the TB pathogen, it is much more likely that they will become ill with TB if they also are immunocompromised from HIV. Having HIV makes it much more likely that persons infected with TB will spread much more of the TB bacteria, resulting in more cases of latent TB and more TB cases in the general population. Being infected with TB and HIV at the same time results in a likelihood that is 800 times greater that the TB pathogen will become active within the body. Persons with HIV are at greater risk for infection and malignancy because of the weakened state of the immune system. TB in HIV infected persons is harder to diagnose and progresses at a faster rate than persons without TB. TB infection is much more likely to be fatal in persons with positive HIV status, and appears earlier in the course of HIV infection than other opportunistic infections. TB is the only HIV associated infection that poses a risk to HIV negative individuals. Since TB occurs so early in the course of HIV infection, it is also wise for the clinician to investigate cases of TB infection for HIV coinfection. The medication INH can be used to prevent TB infected individuals from progressing to active TB, and can be used to treat current TB infections. HIV infected persons who have latent TB should be treated with INH therapy.

### **Renal Failure**

The renal manifestations of HIV disease are quite diverse and may include: HIV associated nephropathy (HIVAN), HIV immune complex disease, ART or antibiotic associated renal damage, renal disease associated with microthrombi, and renal damage associated with comorbid diagnoses such as diabetes or amyloidosis related to heroin use, and Hepatitis C related glomerular basement membrane disease.

Although renal biopsy is performed only in rare instances, it is the only way of confirming HIVAN. Any person with HIV who has significant urinary protein, hematuria, or diminished renal function, especially African Americans, should have a renal biopsy performed. Studies have shown that African Americans with HIV have the same risk of End Stage Renal Disease as the entire general diabetic population. Renal biopsy in HIV is essential to determining the cellular pathology of the disease and for use as a tool to guide the treatment regimen.

The typical presentation of renal disease in an HIV infected individual is marked by significant urinary protein, rapidly declining renal function with poorly controlled HIV infection, diminished CD4 counts and elevated HIV RNA. Significant edema and high blood pressure are typically absent. Enlargement of the kidneys is usually noted on abdominal ultrasound.

The presence of HIVAN is classified as an absolute indicator for ART therapy without regard to the CD4 count. The kidney is able to be a reservoir for the HIV virus even though serum viral loads remain undetectable. HIVAN can progress from renal insufficiency to fully involved renal failure within a few weeks or months.

ART has been shown to cause dramatic reversal of HIVAN and is now a first line treatment in the course of the disease. ACE inhibitors and angiotensin II receptor blockade drugs have demonstrated the ability to delay the progression of renal insufficiency in the HIV population and are considered a sound medical choice in the treatment of HIVAN. For patients that are experiencing rapid decline in renal function despite the application of ART therapy, steroids may be used without significant increased risk of infection. The use of steroids has shown to diminish urinary protein excretion in patients afflicted with HIVAN and is considered a second line medical therapy.

When HIVAN ESRD first became recognized in the early 1980's the lifespan of these patients from the start of dialysis was three months. Since the arrival of ART the lifespan of HIVAN affected patients on dialysis approximates that of the general ESRD population. The patient should be referred for AV fistula creation if hemodialysis is chosen as a mode of therapy as problems associated with AV grafts, such as infection and thrombus, are magnified in the HIV population. Kidney transplant is a viable treatment option for HIVAN patients with well controlled HIV infection as long term renal graft survival rates differ little from the general population. However, there is a slightly higher rate of rejection episodes

in the post transplant period. HIV does not progress with the immunosuppression that a renal transplant requires as might first be assumed. Referral to a transplant surgeon should be made when the glomerular filtration rate falls below 25ml/min.

## Conclusion

Despite the fact that numbers of new HIV cases are climbing, patients are living longer with HIV/AIDS since the arrival of ART. This presents new challenges for clinicians as patients are living with more comorbid diseases. Clinicians will have to be more knowledgeable in managing the complex health problems in this patient population as well as more proactive with regard to prevention and patient teaching. Through early identification and intervention, many of the problems presented here can be drastically reduced.

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# **Bloodborne Pathogens and Infection Control**

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Developed by Melissa K. Slate, MSN, RN

## **Objectives**

By the end of this course, the nurse will be able to:

1. Recognize importance of infection control regulations in the workplace
2. Identify OSHA Regulations regarding bloodborne pathogens
3. Identify regulations regarding sharps safety and handling

## **Introduction**

The purpose of this educational activity is to give the nurse a working knowledge of Occupational Safety and Health Administration Standards (OSHA) and to educate and reinforce knowledge regarding bloodborne pathogen and sharps safety as well as other important OSHA standards relative to infection control for healthcare workers.

OSHA was established by an act of Congress in 1970 with the mission to “assure the safety and health of America’s workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health” (Shenold, 2008).

OSHA regulations in healthcare are enforced by a joint effort between OSHA, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and Medicare. All regulatory agencies work together by ensuring compliance with OSHA standards during surveys.

In 2005, there were 4.2 million job related accidents and illnesses that were non fatal in nature that amount to 117 billion dollars in costs. In 2006, there were a total of 5, 703 employee deaths, although these figures do not account for deaths that were from occupationally acquired illnesses.

Three federal agencies comprise OSHA as a whole: OSHA, within the Department of Labor; the Occupational Safety and Health Review Commission;

and the National Institute for Occupational Safety and Health (NIOSH), within the Department of Health and Human Services (Shenold, 2008).

The duties of OSHA include writing the standards or regulations for workplace safety, conducting reviews to assure compliance, and prosecuting violations of standards. The Review Commission is responsible for the mediation of disputes between OSHA and the employers, and NIOSH is responsible for research into best practices for workplace safety and making recommendations regarding proper procedures and equipment.

The need for OSHA in the healthcare environment came to the forefront with the emergence of the HIV virus and concern for the possibility of health workers acquiring the virus through patient contact. In 1989, OSHA made recommendations regarding bloodborne pathogens and after review and comments by experts in multiple sectors of healthcare the final rule was published in 1991.

### **Bloodborne Pathogens**

The bloodborne pathogens act of 1991 is to limit the exposure of the healthcare worker to blood and body fluids that could potentially cause occupational disease. The standards cover all employees who could reasonably be expected to come into contact with blood or other body fluids during the course of their job activities.

Employers are required to implement an Exposure Control Plan than makes Universal Precautions mandatory and treats all blood and body fluids as infectious with the exception of sweat. This plan centralizes hand hygiene and the use of Personal Protective Equipment (PPE) as protection against blood and body fluid infection. PPE includes gowns, gloves, masks, goggles and resuscitation bags. These materials must be available to the employee at no charge.

Also part of the standard are measures to prevent needle sticks and blood splashing, and to ensure the appropriate packaging and handling of body fluid specimens and to label the specimens and waste with biohazardous labeling before shipping or waste removal. The standard also requires methods for the disposal of contaminated sharps and the container used for such disposal.

Another rule of the standard allows for the vaccination, within 10 days of employment, of all healthcare workers at no charge, against Hepatitis B if they have occupational exposure to blood. For employees that have an exposure, post-exposure evaluation and followup such as laboratory evaluation, counseling, and prophylaxis are made available to the employee



Common pathogens transmitted by bloodborne exposure include Hepatitis B, Hepatitis C, and HIV.

### **Hepatitis C Virus (HCV)**

Hepatitis C can be transmitted to healthcare workers by accidental needle sticks, cuts, or blood splashed onto the conjunctiva. Following percutaneous injury the infection rate is only 1.8%. One thousand health care workers are infected on an annual basis and Hepatitis C is the number one cause of liver transplantation in the United States.

Hepatitis C is considered more lethal than Hepatitis B because there is no preventative vaccine for the illness. Hepatitis C can lead to liver failure and liver transplant. Often patients with Hepatitis C have HIV as well and both viruses can be acquired with one exposure of the health care worker. HCV is usually treated with interferon injections, but the medication is expensive, side effects are many, and the disease often returns when the treatment is stopped. It is not recommended that healthcare workers who have an exposure to HCV be treated by prophylaxis with interferon preparations.

### **HIV**

The likelihood of HIV infection after percutaneous injury is 0.3%. However, if the patient has severe advanced disease, the needle was used in an artery or vein prior to exposure and the needle is visibly contaminated with blood, then the risk is increased.

For healthcare workers who are exposed to HIV, then post-exposure prophylaxis is recommended with HIV specific medications to prevent seroconversion. A two-drug regimen must be used and continued for at least 4 weeks of therapy. The medications can cause side effects and are often discontinued by the worker due to the side effects, before the 4-week time interval is up (CDC, 2003).

### **Hepatitis B Virus (HBV)**

Hepatitis B virus is a highly infectious and transmissible virus. Between 6 and 62% of all needle stick exposures result in transmission of the hepatitis B virus. Vaccination of healthcare workers has dramatically reduced the incidence to occupational transmission of hepatitis B, however, not all workers who have the potential for blood exposure have been vaccinated against the virus.

If you receive a blood exposure, wash cuts and needle sticks with soap and water. There is no scientific evidence that squeezing the wound or using

antiseptics or bleach on the wound will prevent inoculation with bacteria or a virus. If the exposure is to the mouth, nose, or skin flush those areas immediately with water. For splashes to the eye, irrigate the eyes with clean water, saline, or sterile irrigation solution. You should report the exposure to the department that handles occupational events such as employee health, infection control, or occupational health. Prompt reporting is essential, as some measures may need to be taken to prevent infection within the first 24 hours if deemed appropriated to the situation.

The CDC reports that 385,000 hospital workers receive sharps injuries each year. These statistics prompted the requirement that all healthcare facilities have in place a plan to prevent needle stick injuries and that the plan is updated at least annually. This plan must be made accessible to employees, and education regarding the standards must be done as each employee is hired and at yearly intervals thereafter.

Employers are required to implement improved engineering controls to prevent the occurrence of needle sticks when feasible, such as needless systems, or needle shield devices. Employees should avoid the use of needles where safer controls have been instituted. Avoid recapping needles, if needles must be recapped, use the one-handed scoop technique. Never bend or break needles under any circumstance.

Dispose of sharps appropriately in designated sharps containers, which display the red sticker with the biohazard symbol. Never pick up broken glass with your hands, always use a dust pan and brush or other approved method as designated by your facility and dispose of it in a puncture proof container.

Sharps containers are required to be rigid, leak proof and puncture resistant at the bottom and around the sides. The containers must be placed in areas close to where the devices are to be used, maintained in an upright position and not allowed to become overly full. A sharps container is considered full when it is filled to  $\frac{3}{4}$  of its capacity, and should be closed and placed in the appropriate area for disposal.

When the containers are removed from the area, they must be closed immediately prior to moving, and placed in a secondary container if leaking. The secondary container must be closeable and able to contain the entire contents during shipping, handling, and transport. The secondary container must also be labeled or color-coded correctly.

Eating, drinking, applying cosmetics, or lip balm is prohibited in areas where contamination with blood or body fluids is likely to occur. In addition, no food or drink is to be kept in refrigerators or at workstations where contamination with body substances is likely.

All procedures involving blood or other body substances shall be performed in a manner to reduce the likelihood of splashing or spattering of droplets.

## **PPE**

Personal protective equipment shall be provided to the employee at no cost in the appropriate sizes. PPE is considered appropriate if it does not allow the passage of potentially infectious substances to the employee's work clothes, street clothes, undergarments or skin, eyes, mouth, or mucous membranes under normal circumstances and for normal durations of use. Hypoallergenic gloves, glove liners, powderless gloves or alternatives shall be provided for employees who are allergic to the gloves normally provided. The employer shall also clean, launder, or dispose of personal protective equipment at no cost to the employee.

If garments become soiled with blood or body fluids, the garments should be removed as soon as reasonably feasible to do so. All PPE should be removed before the employee leaves the immediate work area. When PPE is removed it shall be placed in the proper designated area for disposal, cleaning, storage, or decontamination.

When gloves become contaminated, they should be replaced as soon as it is feasible. They should also be promptly replaced if they become torn, punctured, or their ability to effectively act as a barrier is lost. When using gloves, remember to use the correct size. Gloves that are loose, floppy, and too big pose a hazard to the patient and the employee as they obscure the nurse's view during procedures and can be potentially caught in equipment posing an injury risk to the hands.

OSHA standards state that the employer shall provide handwashing stations for employees. If hand-washing facilities are not feasible then the employer is required to provide waterless antiseptic hand gel and clean towels. When using hand gel, hands should be washed with soap and water as soon as is reasonably possible. Hand washing should occur as soon as possible after the removal of gloves or other PPE.

When it is anticipated that blood or body fluid spattering or splashing is likely and it is reasonable to assume that contact with the eyes, face, or mucous membranes could occur, the employee shall wear a chin length face shield or a combination of mask and eye protection. The eye protection must have wraparound shields to protect the eyes from the sides.

Gowns, aprons, clinical jackets or other suitable protection shall be worn over the clothing when it can reasonably be expected that blood or body substance

contact is likely to occur. Surgical hoods or caps and shoe covers should also be worn when it is likely that gross contamination could feasibly occur.

The employee health department is most frequently responsible for the training and documentation of training on the proper use of Personal Protective Equipment (PPE). Since the employer is required to have documentation that the employee received and understood the training given, the employee health department should define clear objectives for the training and ensure that the content and testing of the training revolves around the objectives. Elements for PPE training should include:

When to wear PPE

How to properly put on, apply, wear, and dispose of PPE

When the use of PPE is necessary

Limitations of PPE

Care and Maintenance of PPE

### **Environmental**

All equipment shall be cleaned after use with an approved disinfectant per hospital policy after contact with blood or body fluids. Contaminated work surfaces shall be cleaned as soon as possible after the procedure is completed or as soon as is feasible if it is contaminated with blood or body substances. Work surfaces shall be cleaned at the end of every shift if there is possibility of contamination since the last cleaning.

Protective coverings of plastic or other materials shall be replaced as soon as possible when they become contaminated by potentially infectious material or at the end of the shift if they become contaminated during the shift.

Any pails, bins, or storage receptacles that are not designed to be disposable will be routinely inspected and removed for cleaning and decontamination when visible contamination is detected.

Laundry must not be sorted or rinsed in patient care areas. Contaminated laundry must be placed in red bags or in bags labeled with the biohazard symbol unless the facility uses Universal precautions in the handling of all soiled linens.

### **Tuberculosis (TB)**

According to the Centers for Disease Control (CDC), one third of the world's population was infected with TB in 2005. TB kills an estimated 2 million persons annually, and has become the second most common cause of death on the worldwide level after (HIV).

OSHA allows for the use of N95 disposable respirator for employee protection against Tuberculosis in the health care setting. The N95 disposable respirator must be fit tested. The N95 must be retested for fit on an annual basis and the employee must receive training in its use. The devices must be stored in a clean, sanitary, and convenient location. The employee must undergo a medical evaluation and be declared physically capable of performing regular duties while wearing the respirator without causing physical distress to the employee. The respirator must be one of the types that is approved for use by NIOSH.

### **Workplace Violence**

Homicide is the fourth leading cause of workplace death. In 2005, 792 workers were killed in workplace assaults in the United States. Each week 18,000 workers are the victims of non-fatal workplace assaults. Most of these assaults occur in hospitals, nursing homes and social service settings. Most of the assaults are inflicted by a patient or client.

### **Hazard Communication/ MSDS**

The Hazard Communication Standard was first made law in 1983. This OSHA standard is also called the right to know law, and its basis is the right of every employee to know about and have access to information concerning all potentially hazardous materials found in the workplace.

The employer must evaluate the workplace for potentially harmful chemicals, assure that they are properly and completely labeled, have available Material Safety Data Sheets (MSDS) on every potentially hazardous substance, train and document the training of employees, and maintain a written Hazard Communication Program. Training must also be conducted whenever a new hazardous chemical is introduced into the workplace. In addition to the above requirements, the employer is required to maintain protection for employees, eye wash stations, and must monitor the levels of exposure from hazardous chemicals to employees.

### **Radiation**

The employer is responsible to monitor levels of radiation exposure of employees whenever there is potential for contact with radiation. In the healthcare setting, common sources of radiation include radiation that occurs during the exposure of exposure of x-ray film or the presence of radioactive isotopes such as used in nuclear medicine. The employer is responsible for having appropriate monitoring

equipment available and areas of potential radiation exposure must be posted with a radiation symbol.

OSHA has set standards for radiation levels and a radiation-monitoring program is a requirement of OSHA standards. Employers are required to provide radiation-monitoring badges to employees likely to receive a radiation dose in excess of 25% of the quarterly allowable radiation limit and to employees who work in high radiation levels. When a healthcare facility can document that routine exposure levels are below 25% of the allowed quarterly limit, or the employee does not work in a high-level radiation area, then routine monitoring can be discontinued.

### **Chemical and Blood Spills**

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When a spill occurs certain factors must be evaluated:

- The location of the spill
- The size of the spill
- The characteristics of the substance involved
- The type of equipment needed to contain the spill

Supplies that may be needed to contain a spill may include:

- Neutralizers
- Absorbents such as sand or commercial solidifying agents
- Scoops, pans, or shovels
- Covered containers for disposal of clean-up waste

In the event of a spill the following priorities assessed and appropriate action(s) taken:

- Contamination of any employees or persons
- Notification of persons in immediate spill area.
- In the event of flammable spill, electrical devices should be turned off
- Containment of spill

Absorbent material should be poured around the area of the spill. The additional absorbent is placed in the center of the spill. The spill is then cleaned from the outer area, moving the contents toward the center. Proper protective equipment should be used during cleanup of the spill. The area of the spill should be ventilated if necessary. Cleanup of chemical spills should only be undertaken by personnel having the knowledge to safely contain and cleanup the spill. Some chemicals can present a greater hazard if improper clean up is attempted.

Spill kits for blood and chemicals should be placed in convenient areas within the facility. All personnel must be trained in the use of spill kits and that training must be documented. Written policies must also be in place for dealing with spills and the storage of chemicals.

### **Fire Safety**

OSHA regulations mandate that any facility that houses patients have a fire safety program. Smoke alarms, sprinklers, and fire extinguishers must be present. Fire safety is a part of the employer's Hazards Communication program and training in fire safety must be documented. All employees must know the fire risks associated with chemicals, gases, or equipment. The employee must be trained in rescuing patients, and the location and correct use of fire extinguishers. The acronym RACE (Rescue, Alert, Confine, Extinguish) is used by many hospitals to assist employees in remembering how to manage fire.

### **Indoor Environmental Air Quality**

During the 1970's, changes in the way that buildings were made resulted in virtually airtight structures. This decrease in natural ventilation can allow for the buildup of emissions from office products, mechanical equipment, biological contaminants such as fungi, and air pollution.

The NIOSH office is responsible for the oversight of air quality in the workplace. NIOSH has found that most problems of physical complaints that the employee believes to be poor air quality are really due to a variety of factors in addition to the quality of the air such as lighting, temperature, building comfort and ergonomics, and physical and job related stressors.

With regard to hospitals, one area of concern is the operating room where ergonomic concerns exist along with potential problems due to latex allergy and anesthetic gases such as nitrous oxide.

NIOSH has identified these measures to help with air quality in operating rooms:

- A properly functioning air scavenging system must be in place
- Monitoring of anesthetic equipment with leak test monitors
- Monitor room air
- Replace improperly fitting hoses, gaskets, seals and other parts of the anesthesia administration equipment which would allow the escape of anesthetic gases
- Make sure that waste nitrous oxide emissions into the room are controlled by scavenging systems and vented vacuum pumps



## **Ergonomics**

Back injuries are the most common injury of the workplace. However, back injuries are not the only threats to employee disability. Approximately 75% of all jobs now require the use of video display terminals or computers. These changes in the workplace have led to increased employee problems with occupational related neck pain and carpal tunnel syndrome.

OSHA attempted to pass universal Ergonomic standards in 2001, but the standards were struck down by lawmakers. As of this time, OSHA has no standard that is specific to ergonomics, but this does not mean that they will not issue citations. At the present OSHA can utilize the General Duty Clause to issue citations for ergonomics related hazards. "The General Duty Clause (CFR Par 1977.1) states:

(a) Each Employer--

(1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.

(2) shall comply with occupational safety and health standards promulgated under this Act.

(b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders pursuant to this Act which are applicable to his own actions and conduct.

## **Latex Glove and Allergy Management**

An increasingly important problem for both employees and patients is the problem of Latex allergy in the healthcare setting. Latex allergy has been increasingly seen since Universal Precautions requiring the use of gloves for all contact with body substances was implemented. Most latex allergies are not serious, however, in some instances they can be life threatening. Persons at highest risk for latex allergy include medical personnel, persons with previous history of allergies, and persons with repeated exposure to latex.

There are three main categories of latex allergy:

- Irritant contact dermatitis- A non-allergenic inflammatory response to latex gloves. A combination of sweat and glove powder irritates the dermatitis. Irritant contact dermatitis is manifested by rash of the hands



with cracks, sores, dryness, and flaking. Irritant contact dermatitis can be controlled or eliminated by wearing cotton glove liners, using vinyl or nitrile gloves, or avoiding glove use altogether whenever possible.

- Allergic Contact Dermatitis- The symptoms of allergic contact dermatitis are almost identical to Irritant Contact Dermatitis. However, in this case it is caused by the activation of a cellular response due to repeated exposure to latex.
- Hypersensitivity immune system response is an actual allergic manifestation of latex allergy. The patient may experience systemic symptoms such as itching, hives, shortness of breath, and anaphylaxis in response to latex. This can be a life-threatening emergency.

The changing of gloves to a non-latex product may not solve the problem. Some non-latex gloves still contain chemical sensitizers. Latex proteins can become airborne in the powder from gloves being used by other healthcare workers and glove powder can be deposited on environmental surfaces. Latex is also found in a multitude of sources in the healthcare setting such as urinary catheters, elastic, and foam rubber.

## **Conclusion**

A full examination of all OSHA regulations and issues applicable to the healthcare setting is beyond the scope of this educational encounter. What has been aimed to accomplish is to give the clinician a working knowledge of OSHA standards and an understanding of how those standards apply to workplace health and safety.

OSHA regulations are under constant scrutiny and revision as the equipment, procedures, and technology of the workplace continually changes. Employers are required to provide the employee with annual retraining on applicable standards and when major changes occur. Knowledge of current OSHA standards will make the healthcare environment a safer place for all employees.

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## References

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# OSHA: Regulations for Healthcare Providers

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By Melissa K Slate, RNC

## Objectives

By the end of this course, the nurse will be able to:

1. Recognize importance of OSHA regulations in the workplace
2. Identify OSHA Regulations regarding bloodborne pathogens
3. Identify regulations regarding sharps safety and handling

## Introduction

The purpose of this educational activity is to give the nurse a working knowledge of Occupational Safety and Health Administration Standards (OSHA) and to educate and reinforce knowledge regarding bloodborne pathogen and sharps safety as well as other important OSHA standards relative to healthcare workers.

OSHA was established by an act of Congress in 1970 with the mission to “assure the safety and health of America's workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health” (Shenold, 2008).

OSHA regulations in healthcare are enforced by a joint effort between OSHA, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and Medicare. All regulatory agencies work together by ensuring compliance with OSHA standards during surveys.

In 2005, there were 4.2 million job related accidents and illnesses that were non fatal in nature that amount to 117 billion dollars in costs. In 2006, there were a total of 5, 703 employee deaths, although these figures do not account for deaths that were from occupationally acquired illnesses.

Three federal agencies comprise OSHA as a whole: OSHA, within the Department of Labor; the Occupational Safety and Health Review Commission;

and the National Institute for Occupational Safety and Health (NIOSH), within the Department of Health and Human Services (Shenold, 2008).

The duties of OSHA include writing the standards or regulations for workplace safety, conducting reviews to assure compliance, and prosecuting violations of standards. The Review Commission is responsible for the mediation of disputes between OSHA and the employers, and NIOSH is responsible for research into best practices for workplace safety and making recommendations regarding proper procedures and equipment.

The need for OSHA in the healthcare environment came to the forefront with the emergence of the HIV virus and concern for the possibility of health workers acquiring the virus through patient contact. In 1989, OSHA made recommendations regarding bloodborne pathogens and after review and comments by experts in multiple sectors of healthcare the final rule was published in 1991.

### **Bloodborne Pathogens**

The bloodborne pathogens act of 1991 is to limit the exposure of the healthcare worker to blood and body fluids that could potentially cause occupational disease. The standards cover all employees who could reasonably be expected to come into contact with blood or other body fluids during the course of their job activities.

Employers are required to implement an Exposure Control Plan than makes Universal Precautions mandatory and treats all blood and body fluids as infectious with the exception of sweat. This plan centralizes hand hygiene and the use of Personal Protective Equipment (PPE) as protection against blood and body fluid infection. PPE includes gowns, gloves, masks, goggles and resuscitation bags. These materials must be available to the employee at no charge.

Also part of the standard are measures to prevent needle sticks and blood splashing, and to ensure the appropriate packaging and handling of body fluid specimens and to label the specimens and waste with biohazardous labeling before shipping or waste removal. The standard also requires methods for the disposal of contaminated sharps and the container used for such disposal.

Another rule of the standard allows for the vaccination, within 10 days of employment, of all healthcare workers at no charge, against Hepatitis B if they have occupational exposure to blood. For employees that have an exposure, post-exposure evaluation and followup such as laboratory evaluation, counseling, and prophylaxis are made available to the employee

Common pathogens transmitted by bloodborne exposure include Hepatitis B, Hepatitis C, and HIV.

### **Hepatitis C Virus (HCV)**

Hepatitis C can be transmitted to healthcare workers by accidental needle sticks, cuts, or blood splashed onto the conjunctiva. Following percutaneous injury the infection rate is only 1.8%. One thousand health care workers are infected on an annual basis and Hepatitis C is the number one cause of liver transplantation in the United States.

Hepatitis C is considered more lethal than Hepatitis B because there is no preventative vaccine for the illness. Hepatitis C can lead to liver failure and liver transplant. Often patients with Hepatitis C have HIV as well and both viruses can be acquired with one exposure of the health care worker. HCV is usually treated with interferon injections, but the medication is expensive, side effects are many, and the disease often returns when the treatment is stopped. It is not recommended that healthcare workers who have an exposure to HCV be treated by prophylaxis with interferon preparations.

### **HIV**

The likelihood of HIV infection after percutaneous injury is 0.3%. However, if the patient has severe advanced disease, the needle was used in an artery or vein prior to exposure and the needle is visibly contaminated with blood, then the risk is increased.

For healthcare workers who are exposed to HIV, then post-exposure prophylaxis is recommended with HIV specific medications to prevent seroconversion. A two-drug regimen must be used and continued for at least 4 weeks of therapy. The medications can cause side effects and are often discontinued by the worker due to the side effects, before the 4-week time interval is up (CDC, 2003).

### **Hepatitis B Virus (HBV)**

Hepatitis B virus is a highly infectious and transmissible virus. Between 6 and 62% of all needle stick exposures result in transmission of the hepatitis B virus. Vaccination of healthcare workers has dramatically reduced the incidence to occupational transmission of hepatitis B, however, not all workers who have the potential for blood exposure have been vaccinated against the virus.

If you receive a blood exposure, wash cuts and needle sticks with soap and water. There is no scientific evidence that squeezing the wound or using

antiseptics or bleach on the wound will prevent inoculation with bacteria or a virus. If the exposure is to the mouth, nose, or skin flush those areas immediately with water. For splashes to the eye, irrigate the eyes with clean water, saline, or sterile irrigation solution. You should report the exposure to the department that handles occupational events such as employee health, infection control, or occupational health. Prompt reporting is essential, as some measures may need to be taken to prevent infection within the first 24 hours if deemed appropriated to the situation.

The CDC reports that 385,000 hospital workers receive sharps injuries each year. These statistics prompted the requirement that all healthcare facilities have in place a plan to prevent needle stick injuries and that the plan is updated at least annually. This plan must be made accessible to employees, and education regarding the standards must be done as each employee is hired and at yearly intervals thereafter.

Employers are required to implement improved engineering controls to prevent the occurrence of needle sticks when feasible, such as needless systems, or needle shield devices. Employees should avoid the use of needles where safer controls have been instituted. Avoid recapping needles, if needles must be recapped, use the one-handed scoop technique. Never bend or break needles under any circumstance.

Dispose of sharps appropriately in designated sharps containers, which display the red sticker with the biohazard symbol. Never pick up broken glass with your hands, always use a dust pan and brush or other approved method as designated by your facility and dispose of it in a puncture proof container.

Sharps containers are required to be rigid, leak proof and puncture resistant at the bottom and around the sides. The containers must be placed in areas close to where the devices are to be used, maintained in an upright position and not allowed to become overly full. A sharps container is considered full when it is filled to  $\frac{3}{4}$  of its capacity, and should be closed and placed in the appropriate area for disposal.

When the containers are removed from the area, they must be closed immediately prior to moving, and placed in a secondary container if leaking. The secondary container must be closeable and able to contain the entire contents during shipping, handling, and transport. The secondary container must also be labeled or color-coded correctly.

Eating, drinking, applying cosmetics, or lip balm is prohibited in areas where contamination with blood or body fluids is likely to occur. In addition, no food or drink is to be kept in refrigerators or at workstations where contamination with body substances is likely.

All procedures involving blood or other body substances shall be performed in a manner to reduce the likelihood of splashing or spattering of droplets.

## **PPE**

Personal protective equipment shall be provided to the employee at no cost in the appropriate sizes. PPE is considered appropriate if it does not allow the passage of potentially infectious substances to the employee's work clothes, street clothes, undergarments or skin, eyes, mouth, or mucous membranes under normal circumstances and for normal durations of use. Hypoallergenic gloves, glove liners, powderless gloves or alternatives shall be provided for employees who are allergic to the gloves normally provided. The employer shall also clean, launder, or dispose of personal protective equipment at no cost to the employee.

If garments become soiled with blood or body fluids, the garments should be removed as soon as reasonably feasible to do so. All PPE should be removed before the employee leaves the immediate work area. When PPE is removed it shall be placed in the proper designated area for disposal, cleaning, storage, or decontamination.

When gloves become contaminated, they should be replaced as soon as it is feasible. They should also be promptly replaced if they become torn, punctured, or their ability to effectively act as a barrier is lost. When using gloves, remember to use the correct size. Gloves that are loose, floppy, and too big pose a hazard to the patient and the employee as they obscure the nurse's view during procedures and can be potentially caught in equipment posing an injury risk to the hands.

OSHA standards state that the employer shall provide handwashing stations for employees. If hand-washing facilities are not feasible then the employer is required to provide waterless antiseptic hand gel and clean towels. When using hand gel, hands should be washed with soap and water as soon as is reasonably possible. Hand washing should occur as soon as possible after the removal of gloves or other PPE.

When it is anticipated that blood or body fluid spattering or splashing is likely and it is reasonable to assume that contact with the eyes, face, or mucous membranes could occur, the employee shall wear a chin length face shield or a combination of mask and eye protection. The eye protection must have wraparound shields to protect the eyes from the sides.

Gowns, aprons, clinical jackets or other suitable protection shall be worn over the clothing when it can reasonably be expected that blood or body substance

contact is likely to occur. Surgical hoods or caps and shoe covers should also be worn when it is likely that gross contamination could feasibly occur.

The employee health department is most frequently responsible for the training and documentation of training on the proper use of Personal Protective Equipment (PPE). Since the employer is required to have documentation that the employee received and understood the training given, the employee health department should define clear objectives for the training and ensure that the content and testing of the training revolves around the objectives. Elements for PPE training should include:

When to wear PPE

How to properly put on, apply, wear, and dispose of PPE

When the use of PPE is necessary

Limitations of PPE

Care and Maintenance of PPE

## **Environmental**

All equipment shall be cleaned after use with an approved disinfectant per hospital policy after contact with blood or body fluids. Contaminated work surfaces shall be cleaned as soon as possible after the procedure is completed or as soon as is feasible if it is contaminated with blood or body substances. Work surfaces shall be cleaned at the end of every shift if there is possibility of contamination since the last cleaning.

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With regard to hospitals, one area of concern is the operating room where ergonomic concerns exist along with potential problems due to latex allergy and anesthetic gases such as nitrous oxide.

NIOSH has identified these measures to help with air quality in operating rooms:

- A properly functioning air scavenging system must be in place
- Monitoring of anesthetic equipment with leak test monitors
- Monitor room air
- Replace improperly fitting hoses, gaskets, seals and other parts of the anesthesia administration equipment which would allow the escape of anesthetic gases
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## **Conclusion**

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Registered Nurse Case Manager

**Reports to:** Director of Nurses

**Revised:** 01/12/2012

**Job Summary:** Demonstrate good leadership, communication, and writing skills. Demonstrate proficiency in the use of Oasis to develop optimal level of patient care under physician orders. Enforce the policies and procedures of the agency. Follows Medicare and Medicaid regulations set forth by the federal government. Follow state and federal laws as applicable and mandated.

### Qualifications/Educational Requirements:

1. Be a registered nurse (R.N.).
2. Minimum of two years experience in direct patient care.
3. Ability to relate positively and favorably with patients and staff.
4. Demonstrate good oral and written communication along with good documentation skills.

**Responsibilities/essential job functions:** Incumbent must be able to perform the following essential job functions - with or without reasonable accommodations.

1. Demonstrate efficient teamwork with the staff.
2. Demonstrate competence in documenting with Oasis. \*
3. Coordinate care for the patient. \*
4. Understand and perform the admission process plan of care. \*
5. Coordinates services and schedules patient visits.
6. Supervise LPN and HHA field staff as indicated. \*
7. Provide in-service education per DON direction.
8. Attend seminars, conferences, workshops, and self-studies in areas that will enhance position (e.g. leadership, communication, geriatric care, and pediatric care).
9. Follow Medicare and Medicaid regulations. \*
10. Observe, assess, and document patient symptom and progress. \*
11. Perform the initial home care visit and re-evaluate patient needs and progress when needed. \*
12. Notify physician of change in the patient's condition. \*
13. Coordinate and monitor all patient care and services. \*
14. Complete paperwork timely and efficiently. \*
15. Maintain patient records according to policy and procedure. \*
16. Educate patients and caregivers on disease process, medications, plan of care, and treatment plans according to the policy and procedure manual. \*
17. Follow infection control policy in and out of the office. \*
18. Provide quality of care to patients in their homes according to policy and procedures. \*
19. Participate in the on-call schedule. \*
20. Participate in and support quality improvement programs.

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### Physical Elements

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201  
Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856-3638  
Email: AbundantlifeHHA@gmail.com / AbundantlifeHHAatampa@gmail.com



## Abundant Life Home Health Agency, LLC

### Orientation Packet

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### Environmental Elements

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client's home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Medical Social Worker (Masters Level) (MSW)

**Reports to:** Director of Nursing

**Revised:** 01/12/2012

**Job Summary:** Responsible for the provision, direction, supervision and evaluation of medical social services to clients in the home environment, in accordance with agency policies and procedures, applicable health standards, governmental laws and regulations. Proactively meet the needs of and assist the client in the achievement of individualized and measurable outcomes.

#### Qualifications/Educational Requirements:

1. Masters Degree from a school accredited by the Council on Social Work Education of Social Work with a current license.
2. Excellent organization and communication skills.
3. Minimum of one year social work experience in a healthcare setting.
4. Excellent interpersonal and analytical skill.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Instruct, treat, observe and evaluate clients with significant social and emotional situations affecting their health status. \*
2. Use special skills and judgment to resolve adverse social and emotional responses connected with the illness. \*
3. Report any changes in client's condition and response to treatment to supervisor and the physician. \*
4. Participate in development and re-evaluation of POC for clients needing MSW. \*
5. Instruct and counsel the client and family in treating and coping with the social and emotional responses to illness. \*
6. Provide ongoing assessment of needs. \*
7. Participate in discharge planning. \*
8. Participate in care coordination activities and act as resource to other team members in identification and resolution of client needs. \*
9. Use appropriate community resources.
10. Attend, participate in and/or conduct internal staff development programs, obtain CEU's as required by regulations. \*
11. Participate in staff meetings, in-service programs and Utilization reviews. \*
12. Review LSW documentation for accuracy with plan of care and cosigns. \*
13. Supervise Bachelor's level social workers.

#### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.

#### Physical Elements



## Abundant Life Home Health Agency, LLC

### Orientation Packet

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### Environmental Elements

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client's home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Administrator / Alternate Administrator

**Reports to:** Board of Directors / Owners / Officers

**Revised:** 01/12/2012

**Job Summary:** Act as liaison between the Owners/Officers, the staff and the community. Responsible for the daily operations and quality of the home health agency. Maintain a leadership role for the planning and achievement of objectives that are consistent with the company, business and financial goals.

#### **Qualifications/Educational Requirements:**

5. Is a licensed Physician; or
6. Is a Registered Nurse; or
7. Has training and experience in health service administration and at least 1 year of supervisory or administrative experience in home health care or related health programs. Other related health programs may include a hospital, nursing facility or hospice.
8. Excellent oral and written communication and presentation skills.
9. Professional demeanor and appearance.
10. Proficient skills to promote excellent client relations and customer skills.
11. People management skills and the ability to network and manage a team.
12. Excellent organizational and time management skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Develop company and organizational goals.
2. Remain informed and educated about home health regulations and standards as well as management issues. \*
3. Promote interdepartmental cooperation and communication, which may result in mediation of faculty/staff disputes.
4. Develop employee excellence through recruitment, retention, training, motivation and reward.
5. Establish performance goals with supervisors and evaluate their performance.
6. Participate in strategic, short-range, and long-range planning for educational, patient care, research, revenue, and public relations programs. \*
7. Manage, control, coordinate, and supervise the fiscal activities of the agency, including funding development, budget negotiations, generation of patient care revenue, and contract preparation, negotiation, and approval. \*
8. Coordinates special department activities, including conferences, workshops, and other functions.
9. Monitor the record system and statistical reporting system for proper documentation, planning and evaluation.
10. Develop policies focused on patient care in collaboration with the staff and the owners/officers
11. Develop employee excellence through recruitment, retention, training, motivation and reward. \*
12. Oversee care delivery and patient outcomes to ensure that care meets the patients' needs. \*
13. Monitor and take reasonable steps to ensure:
  - a. Patient rights are exercised. \*
  - b. Compliance with applicable Federal, State and Local laws and professional standards are maintained.\*
  - c. Compliance with established policies and procedures.\*
  - d. Compliance with the patient's plan of care.\*



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

14. Ensure that the numbers and qualifications of personnel available to provide and supervise services are sufficient to implement the plans of care and treatment to meet the medical, nursing and rehabilitative needs of the patients. \*
15. Assure accuracy of public information material and activities. \*
16. Implement performance improvement priorities.
17. Complete a minimum of six (12) clock hours per year of continuing education in subjects related to the duties of the administrator. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

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#### **Physical Elements**

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Environmental Elements

Incumbent works in an office environment with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent frequently travels to a variety of field sites and performs code compliance work in outside weather conditions.

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By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Registered Dietitian

**Reports to:** Director of Nursing

**Revised:** 01/12/2012

**Job Summary:** Responsible for optimizing the patient's nutritional status by providing medical nutrition therapy. The therapy may include identifying patients at nutritional risk, determining nutritional status through nutritional assessment, individualizing and recommending nutrition therapies (including diet modification and nutrition support). In addition, responsible for educating and counseling to promote nutritional health, and evaluating outcomes of medical nutrition therapy interventions.

#### **Qualifications/Educational Requirements:**

1. Graduate from accredited school with Bachelor's Degree in Dietetics of Food and Nutrition. Registered by the American Dietetic Association and Licensed Registered.
2. Two years of experience as a Clinical Dietitian is preferred.
3. Excellent interpersonal and analytical skill.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Obtain history and analyze assessment data of patients determined to be at moderate to high risk for malnutrition. Assess complex therapeutic nutrition/learning/lifestyle change needs with consideration to religious, ethnic, and cultural practices. \*
2. Plan, develop, and implement comprehensive nutrition therapy to include scope, frequency, duration, and outcome goals in accordance with standards of practice and the needs of the patient. Develop Plan of care in collaboration with patient/family and other team members. \*
3. Make therapeutic alimentation (oral and enteral) recommendations to physicians and physician extenders.
4. Educate and counsel patient/care givers. \*
5. Evaluate and document the intervention plan, progress towards goals, and modify goals and intervention methods as needed in accordance with the standards of practice and regulatory agency standards. \*
6. Actively and constructively participate in service and interdisciplinary care conferences to support and contribute to the goals and vision.\*
7. Collaborate with, and act as an essential resource to other health care professionals, service areas, and community agencies.
8. Remain current regarding reimbursement issues, corporate compliance and regulatory agency standards, and legislation regarding nutrition policy. \*

#### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

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##### **Physical Elements**



## Abundant Life Home Health Agency, LLC

### Orientation Packet

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

#### Environmental Elements

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client's home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Director of Nursing/Alternate Director of Nursing

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** Assume primary responsibility for clinical services provided by the Agency. Direct, coordinate and supervise all clinical functions. Maintains compliance with federal and state regulations as they apply to the provision of home visits to patients. Assure compliance with Agency Policy and Procedure. Monitor job performance and completion of evaluations and counseling of clinical staff.

#### Qualifications/Educational Requirements:

13. Be a registered nurse (R.N.) for at least two years.
14. Minimum of two years of management/supervisory experience.
15. Demonstrate knowledge and skills necessary to provide care primarily to the geriatric population, and to a lesser degree, the pediatric and adult population.
16. Professional demeanor and appearance.
17. Excellent oral and written skills.
18. Demonstrate organizational and leadership skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

18. Assure compliance with company policy and all federal, state, and local regulatory bodies. \*
19. Supervise all clinical activities and staff related to nursing. Communicates and interacts with the Director of Rehab. \*
20. Assist with recruiting, hiring, orienting and ongoing in-service education of all nursing staff.
21. Remain informed of home health regulations and standards as well as management issues.
22. Accountable for all clinical issues. \*
23. Provide guidance and support for supervisory, field and office staff.
24. Conduct employee performance evaluations. Assists with development of new job standards as needed.
25. Counsel staff appropriately and in a timely manner concerning areas of deficiency as well as areas of excellence and quality improvement.
26. Ensure coordination of care by all disciplines. \*
27. Assure that a reassessment of a client's needs is performed by the appropriate health care professional (i.e. when there is a significant health status change in the client's condition at the physician's request or after hospital discharge.)
28. Ensure compliance with The Conditions of Participation. \*
29. Participate in review, analysis and appraisal of the effectiveness of the total agency program. \*
30. Participate in short and long range planning for the agency and implement specific measures for agency growth. Increase market share through education of physicians and other community and referral sources.
31. Participate in the evaluation of agency programs.
32. Participate in state, local and national organizations, meetings, seminars, workshops and activities relating to the home health profession and health care services.
33. Work with other agencies and promote good community relations through involvement in community events.
34. Assure service satisfaction through client visits and other measures, as appropriate. Investigate and resolve agency complaints related to nursing or other department if required.





## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

35. Ensure care delivery meets the needs of the patients and follows professional practice standards.
36. Develop, implement, review and revise policies and procedures to guide care delivery. \*
37. Monitor compliance with applicable Federal, State and Local laws, Professional Standards and principals, established policies and procedures and the plan of care. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
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- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Environmental Elements

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client's home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Certified Occupational Therapy Assistant (OTA)

**Reports to:** DON and Occupational Therapist (OT)

**Revised:** 01/12/2012

**Job Summary:** Provide skilled therapy intervention and treatments to patients in the home setting supervised by the Registered Occupational Therapist. Care includes providing direct patient care according to the treatment plan established by the registered OT. Careful monitoring of patient status, progress toward goals and compliance with physicians orders. Responsible for teaching patients and their caregivers while preparing the patient and family for discharge as appropriate.

### Qualifications/Educational Requirements:

1. A person who—
  - (a) Meets all of the following:
    - (1) Is licensed, unless licensure does not apply, or otherwise regulated, if applicable, as an Occupational Therapy Assistant by the State in which practicing.
    - (2) Graduated after successful completion of an Occupational Therapy Assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations.
    - (3) Is eligible to take or successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
  - (b) On or before December 31, 2009—
    - (1) Is licensed or otherwise regulated as an Occupational Therapy Assistant, if applicable, by the State in which practicing; or any qualifications defined by the State in which practicing, unless licensure does not apply; or
    - (2) Must meet both of the following:
      - (i) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association.
      - (ii) After January 1, 2010, meets the requirements in paragraph (a) of this section.
  - (c) After December 31, 1977 and on or before December 31, 2007—
    - (1) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association; or
    - (2) Completed the requirements to practice as an Occupational Therapy Assistant applicable in the State in which practicing.
  - (d) On or before December 31, 1977—
    - (1) Had 2 years of appropriate experience as an Occupational Therapy Assistant; and
    - (2) Had achieved a satisfactory grade on an Occupational Therapy Assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
  - (e) If educated outside the United States, on or after January 1, 2008—
    - (1) Graduated after successful completion of an Occupational Therapy Assistant education program that is accredited as substantially equivalent to Occupational Therapist assistant entry level education in the United States by—
      - (i) The Accreditation Council for Occupational Therapy Education (ACOTE).



## Abundant Life Home Health Agency, LLC

### Orientation Packet

- (ii) Its successor organizations.
- (iii) The World Federation of Occupational Therapists.
- (iv) By a credentialing body approved by the American Occupational Therapy Association; and

(2) Successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

A person who—

(f) Meets all of the following:

- (1) Is licensed, unless licensure does not apply, or otherwise regulated, if applicable, as an Occupational Therapy Assistant by the State in which practicing.
- (2) Graduated after successful completion of an Occupational Therapy Assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations.
- (3) Is eligible to take or successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(g) On or before December 31, 2009—

- (1) Is licensed or otherwise regulated as an Occupational Therapy Assistant, if applicable, by the State in which practicing; or any qualifications defined by the State in which practicing, unless licensure does not apply; or
- (2) Must meet both of the following:
  - (i) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association.
  - (ii) After January 1, 2010, meets the requirements in paragraph (a) of this section.

(h) After December 31, 1977 and on or before December 31, 2007—

- (1) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association; or
- (2) Completed the requirements to practice as an Occupational Therapy Assistant applicable in the State in which practicing.

(i) On or before December 31, 1977—

- (1) Had 2 years of appropriate experience as an Occupational Therapy Assistant; and
- (2) Had achieved a satisfactory grade on an Occupational Therapy Assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(j) If educated outside the United States, on or after January 1, 2008—

- (1) Graduated after successful completion of an Occupational Therapy Assistant education program that is accredited as substantially equivalent to Occupational Therapist assistant entry level education in the United States by—
  - (i) The Accreditation Council for Occupational Therapy Education (ACOTE).
  - (ii) Its successor organizations.
  - (iii) The World Federation of Occupational Therapists.
  - (iv) By a credentialing body approved by the American Occupational Therapy Association; and
- (2) Successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

19. Minimum of two years' experience as an occupational therapy assistant.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Implement occupational therapy services in accordance with physician's plan of treatment. Treatment is developed by the OT, signed by the physician, and planned, delegated and supervised by the OT. \*
2. Implement use of orthotics designed by the OT as indicated by the client's condition and needs. \*
3. Treat the client through use of therapeutic activities designed to restore function and self care activities for improving function under the direction of the OT. \*
4. Observe, record and report the client's reaction to treatment and any changes in the client's condition to the OT and/or DON. \*
5. Participate in instructing the client, family and other health team personnel in the exercise program developed by the OT for strengthening and controlling the client's upper extremities. \*
6. Cooperate with OT and appropriate staff to provide staff education when requested and arranged by the DON. \*
7. Demonstrate and teach alternate techniques developed by the OT to complete activities of daily living, proper transfer and positioning. \*
8. Assist the OT in ordering and/or fabricating adaptive/assistive devices and equipment. \*
9. Attend client care conferences. Initiate client care conferences for complex and/or multidisciplinary clients when needed or helpful to ensure good coordination of care. \*
10. Develop, prepare and maintain individualized client care progress records with accuracy, timeliness and according to policies. Submit accurate documentation in accordance with agency policies. \*
11. Keep abreast of occupational therapy trends and knowledge.
12. Participate in in-service programs. \*

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

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#### Physical Elements

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Environmental Elements

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

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The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Registered Nurse

**Reports to:** Case Manager/DON

**Revised:** 01/12/2012

**Job Summary:** Demonstrate proficient skills using Oasis to admit, transfer, re-certify, and discharge home health patients in regards to physician orders. Coordinate and supervise LPN's and HHA's in the delivery of patient care. Maintain compliance with agency policy and procedures. Follow Medicare and Medicaid regulations.

### Qualifications/Educational Requirements:

20. Be a registered nurse (R.N.) with a current license.
21. Minimum of one year of nursing experience as a R.N. preferred.
22. Work positively and favorably with patients, families, and staff.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Perform the initial home care patient visit and re-evaluate the patient's needs and progress on a regular basis. \*
2. Initiate the plan of care under doctor's orders. \*
3. Perform admission, transfer, re-certification, resumption of care, and discharge Oasis for the home care patient. \*
4. **Observe, assess, and document symptoms.** \*
5. Monitor reactions and patient progress. \*
6. Educate patients and caregivers on disease process, medications, plan of care, and individualized treatment plans. \*
7. Educate patients and caregiver on techniques for in home health care. \*
8. Coordinate patient services. \*
9. Supervise LVNs and HHA's. \*
10. Notify the physician and other personnel (DON, PT, Case Manager) of change in the patient's condition. \*
11. Perform skill outline in the agency's approved policy and procedure manual. \*
12. Discharge the patient from skilled nursing services when the discharge criteria have been met. \*
13. Case conference clinicians providing care to ensure coordination of care. \*
14. Update clinical records according to policy and procedures. \*
15. Update knowledge and skills by attending in-service programs, continuing education programs, seminars, and self-study programs annually. \*
16. Provide onsite supervision of LPN/HHA. \*
17. Adhere to Medicaid and Medicare regulations. \*

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
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- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

#### **Environmental Elements**

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Occupational Therapist (OT)

**Reports to:** DON

**Revised:** 01/12/2012

**Job Summary:** Provide skilled therapy intervention and treatment to patients in the home setting. This care includes appropriate utilization of treatment plans and assessment skills. Careful monitoring of the patient's status and progress toward goals as well as compliance with physician's orders. Responsible for educating patients and caregivers while preparing the patient/caregiver for discharge as appropriate.

### Qualifications/Educational Requirements:

⌚ A person who

- (a)
  - (1) Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the State in which practicing, unless licensure does not apply;
  - (2) Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
  - (3) Is eligible to take, or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
- (b) On or before December 31, 2009—
  - (1) Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the State in which practicing; or
  - (2) When licensure or other regulation does not apply—
    - (i) Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and
    - (ii) Is eligible to take, or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc., (NBCOT).
- (c) On or before January 1, 2008—
  - (1) Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
  - (2) Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.
- (d) On or before December 31, 1977—
  - (1) Had 2 years of appropriate experience as an Occupational Therapist; and
  - (2) Had achieved a satisfactory grade on an Occupational Therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
- (e) If educated outside the United States, on or after January 1, 2008 must meet all of the following:
  - (1) Graduated after successful completion of an Occupational Therapist education program accredited as substantially equivalent to Occupational Therapist entry level education in the United States by one of the following:
    - (i) The Accreditation Council for Occupational Therapy Education (ACOTE).



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

- (ii) Successor organizations.
  - (iii) The World Federation of Occupational Therapists.
  - (iv) A credentialing body approved by the American Occupational Therapy Association.
- (2) Successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).



## Abundant Life Home Health Agency, LLC

### Orientation Packet

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Implement occupational therapy services in accordance with physician's plan of treatment. \*
2. Assist the physician in the evaluation and assessment of the client's level of functioning by applying appropriate tests and assist in the development and revision of the plan of care. \*
3. Treat the client through use of therapeutic activities designed to restore function and self care activities for improving function. \*
4. Observe record and report the clients' reaction to treatment and any changes in the clients' condition to the physician, Director of Nurses and Case Manager. \*
5. Educate client/caregiver and health care team in the phases of occupational therapy in which they may assist the client, in the use of adaptive devices, and durable medical equipment, as appropriate. \*
6. Provides staff in-service education as directed by DON.
7. Assess and regularly re-evaluate the needs of the client, develop, implement and revise the client's plan of care. \*
8. Initiate diagnostic, preventive and rehabilitative procedures as appropriate to the client's care safety. \*
9. Assist with plan of care and maintain continuity of multidisciplinary clients whenever needed to ensure good coordination of care.
10. Promote coordination of care through interdisciplinary case conferences and communication with physician and field staff. \*
11. Develop, prepare and maintain individualized client care progress records with accuracy, timeliness and according to policies. Submit accurate documentation in accordance with agency policies. \*
12. Keep abreast of occupational trends and knowledge for service provision, documentation and care coordination.
13. Participate in staff meetings, in-service programs and Utilization reviews.
14. Participate in the agency's quality improvement program. \*
15. Supervise the Occupational Therapy Aide at least every 30 days.

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

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#### Physical Elements

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

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#### Environmental Elements

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Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

#### **Abundant Life Home Health Agency, LLC**

**Position:** Medical Social Work Assistant (Bachelor Level) (MSW)

**Reports to:** Medical Social Worker (Masters Level) / DON

**Revised:** 01/12/2012

**Job Summary:** The Bachelor's level MSW is responsible for the provision, direction, supervision and evaluation of medical social services to clients in the home environment in accordance with agency policies and procedures, applicable health standards, governmental laws and regulations. The MSW will strive to proactively meet the needs of the client in the achievement of individualized and measurable outcomes.

#### **Qualifications/Educational Requirements:**

1. Graduate from accredited school with Bachelor's degree accredited by the council on Social Work Education with current license.
2. Excellent organizational, communication, and time management skills.
3. Minimum of one year's social work experience in a healthcare setting.
4. Excellent interpersonal and analytical skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Instruct, treat, observe and evaluate clients with significant social and emotional situations affecting their health status. \*
2. Utilize special skills and judgment to resolve adverse social and emotional responses connected with the illness. \*
3. Report any changes in client's condition and response to treatment to supervisor and the physician. \*
4. Participate in development and re-evaluation of POC for clients needing MSW.
5. Instruct and counsel the client and family in treating and coping with the social and emotional responses to illness.
6. Provide ongoing assessment of needs.
7. Participate in discharge planning. \*
8. Participate in care coordination activities and act as resource to other team members in identification and resolution of client needs.\*
9. Utilize appropriate community resources.
10. Attends, participates in and/or conducts internal staff development programs and obtains CEU's as required by regulations.
11. Collaborate with Social Work Supervisor in promoting optimal level of services for patient / family. \*
12. Participate in staff meetings, in-service programs and Utilization reviews.
13. Review LSW documentation for accuracy with plan of care and cosigns. \*

#### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

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##### **Physical Elements**



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Environmental Elements

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Masters MSW Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Security Officer/Privacy Officer

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** Responsible for agency's on-going information security program. This includes all activities related to developing, implementing and maintaining security-related policies and procedures and monitoring performance to ensure that the confidentiality, integrity and availability of ePHI is adequately protected. Responsible for assisting management in creating an environment in the agency that reinforces the importance of securing ePHI.

#### **Qualifications/Educational Requirements:**

23. Licensed health professional.
24. At least one year of supervisory or administrative experience in home health or related health programs (hospital, nursing facility or hospice).
25. Excellent oral and written communication and presentation skills.
26. Professional demeanor and appearance.
27. Proficient skills to promote excellent client relations and customer skills.
28. People management skills and the ability to network and manage a team.
29. Excellent organizational and time management skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

38. Serve as the agency's internal resource for all security-related matters, coordinating activities between departments and offices as needed. \*
39. Support agency's workforce and management in implementing sound security practices and preventing security incidents. \*
40. Prepare security policies and procedures, and supporting material in accordance with applicable regulations and commonly accepted security and risk management practices, and updates these as required by operational, environmental, technological or regulatory changes. \*
41. Perform initial and periodic assessments of the agency's information security risks and propose a cost-effective security measure to ensure that ePHI is adequately protected, and that the agency remains in compliance with Security Rule requirements. \*
42. Promptly investigate security incidents brought to her/his attention and pursue resolution in conjunction with agency management as needed. \*
43. Regularly review system activity data and report to management on the status and effectiveness of the agency's information security efforts. \*
44. Ensure proper contracts and agreements are in place with Business Associates and other entities as required by law or regulation. \*
45. Cooperate with federal and state officials and other legal entities and organizations in conducting compliance reviews or investigations.
46. Facilitate agency's security awareness and training efforts, conducting workforce training as required, and making others, such as business associates, aware of the agency's security practices. \*



## Abundant Life Home Health Agency, LLC

### Orientation Packet

47. Maintain required security documentation, including security incident logs, risk assessment and risk management documents, policies and procedures and records of any sanction actions. \*
48. Work with the agency's privacy official to ensure successful implementation of the agency's HIPAA compliance programs. \*
49. Knowledge of current Federal and State information security laws and regulations as they pertain to safeguarding ePHI. \*
50. Familiarity with the agency's operations and information systems and other computer applications used to support those operations. \*
51. Familiarity with commonly accepted security and risk management practices. \*
52. Familiarity with technical tools utilized to secure ePHI and monitor information system performance. \*
53. Ability to propose and implement cost-effective security measures appropriate to the agency's operations. \*

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

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Incumbent frequently travels to a variety of field sites and performs code compliance work in outside weather conditions.

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

\* Essential Function

\* Essential Function



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Intake Coordinator / Data Entry Operator

**Reports to:** Administrator/Office Manager

**Revised:** 01/12/2012

**Job Summary:** Under general supervision, coordinates and performs the preparation, data entry, verification, and editing of complex, typically confidential data.

#### **Qualifications/Educational Requirements:**

1. High school diploma or GED with 2 years experience directly related to the duties and responsibilities specified.
2. Competent in computer programs, such as, home health software, MS Word and Excel as well the ability to use standard office equipment.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Check, verify, and edit data coding to ensure compatibility with data entry system and procedural requirements. Interact with department representatives to resolve routine data coding problems. \*
2. Receive and route associated source paperwork to and from staff members. Work with department representatives as necessary to facilitate and expedite the efficient flow of documentation, and to resolve routine administrative problems.
3. Input and retrieve alphabetical and numerical information in prescribed format, using knowledge of computer software packages. \*
4. Create, maintain, and purge specified data files and logs as required. Make individual and/or mass corrections, modifications, and/or updates to data in files, as appropriate. \*
5. Extract and release information according to specified criteria and in strict compliance with established policies, procedures and/or regulations. Answer questions from client departments and others on specific data as requested, and prepare reports. \*
6. Ensure strict confidentiality of client records according to Policy and Procedures. \*
7. May lead, guide, and allocate work to employees on a task-by-task basis.
8. Maintain tracking of clinical and field staff notes.
9. Communicate effectively, both orally and in writing.
10. Make administrative and procedural decisions and judgments on sensitive, confidential issues. \*
11. Knowledge of computer data entry systems, protocols and procedures. \*
12. Knowledge of relevant policies, procedures, and regulations pertaining to the release of confidential information. \*
13. Resolve data input, storage and/or retrieval problems and to design solutions and modifications. \*
14. Interact with other staff members to resolve problems and inquiries.
15. Establish and maintain efficient data and information flow. \*
16. Operate as a primary source of information on specialized data files and records for both internal and external clientele. \*
17. Resolve problems and inconsistencies with data. Perform limited data analysis, and prepare and generate various reports.
18. Transmit data, perform RAPS and submit billing.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

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##### Physical Elements

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Office Manager

**Reports to:** Administrator/DON

**Revised:** 01/12/2012

**Job Summary:** Provides clerical support including typing correspondence, reports, and documents; maintaining filing systems; and coordinating daily interoffice activities.

#### Qualifications/Educational Requirements:

30. High School Education, college preferred
31. Business office management and supervisory experience preferred.
32. Health care experience preferred.
33. Excellent written and verbal communication skills. Speak, read, write and comprehend English.
34. Ability to handle multiple tasks simultaneously and meet deadlines.
35. Excellent organizational and time management skills.
36. Self-starter

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Plan, direct and control the billing and office support functions.\*
2. Direct administrative services and operations for the agency including: billing, purchasing, communications systems, space utilization, clerical support and mail services.\*
3. Coordinate systems and procedures with medical records, data entry, claims review and personnel functions to ensure efficiency and accuracy in operations.\*
4. Assists with hiring process for direct care staff.
5. Promote compliance with all fiscal intermediary and/or third party payors through education and coaching.
6. Monitor systems, identify problem areas and develop and implement action plans.
7. Control, monitor and order office and medical supplies.\*
8. Prepare/conduct inventory control reports.\*
9. Demonstrate a desire to set and meet objectives and to find increasingly efficient ways to perform tasks.
10. Performs job in compliance with agency policies and procedures as well as community and professional standards.\*
11. Communicates necessary information to Supervisor and management team to ensure coordination of services and activities.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201

Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856-3638

Email: AbundantlifeHHA@gmail.com / AbundantlifeHHA Tampa@gmail.com





## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

## **Abundant Life Home Health Agency, LLC**

**Position:** Medical Director

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** The Medical Director is essential for the success of the home health agency and is responsible for ensuring that high quality, service-oriented patient care is delivered on a consistent basis in accordance with “best practice” models. The Medical Director must have strong leadership skills and develop a close, collaborative working relationship with the DON.

### **Qualifications/Educational Requirements:**

- 37. Be a licensed physician in good standing with the State Board of Medicine.
- 38. Professional demeanor and appearance.
- 39. Excellent oral and written skills.
- 40. Demonstrate organizational and leadership skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

- 54. Assure compliance with company policy and all federal, state, and local regulatory bodies. \*
- 55. Supervise all clinical activities and staff related to nursing. Communicates and interacts with the Director of Nursing. \*
- 56. Assist with recruiting, hiring, orienting and ongoing in-service education of all nursing staff.
- 57. Remain informed of home health regulations and standards as well as management issues.
- 58. Accountable for all clinical issues. \*
- 59. Provide guidance and support for supervisory, field and office staff.
- 60. Participate in review, analysis and appraisal of the effectiveness of the total agency program. \*
- 61. Participate in short and long range planning for the agency and implement specific measures for agency growth. Increase market share through education of physicians and other community and referral sources.
- 62. Participate in the evaluation of agency programs.
- 63. Work with other agencies and promote good community relations through involvement in community events.
- 64. Develop, implement, review and revise policies and procedures to guide care delivery. \*
- 65. Monitor compliance with applicable Federal, State and Local laws, Professional Standards and principals, established policies and procedures and the plan of care. \*
- 66. Has a close working relationship with the DON to ensure excellent quality of patient care and service.
- 67. Collaborates with the Division/ Department chair to select clinical faculty and staff.
- 68. Provides recommendations on individual faculty incentives related to clinical performance.

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

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#### **Physical Elements**





## Abundant Life Home Health Agency, LLC

### Orientation Packet

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- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### Environmental Elements

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client's home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Physical Therapist Assistant (PTA)

**Reports to:** Director of Nursing / Physical Therapist (PT)

**Revised:** 01/12/2012

**Job Summary:** The Licensed Physical Therapy Assistant provides skilled therapy intervention and treatments to patients in a home setting while acting under the supervision of the Registered Physical Therapist. This care includes providing direct patient care according to the treatment plan established by the Registered Physical Therapist. Monitor carefully the patient's status and progress toward goals as well as compliance with physician's orders. PTA's are responsible for educating patients and caregivers while preparing the patient/caregiver for discharge as appropriate.

### **Qualifications/Educational Requirements:**

1. A person who is licensed, unless licensure does not apply, registered, or certified as a Physical Therapist Assistant, if applicable, by the State in which practicing, and meets one of the following requirements:
  - (a)
    - (1) Graduated from a Physical Therapist Assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or if educated outside the United States or trained in the United States military, graduated from an education program determined to be substantially equivalent to Physical Therapist Assistant entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e); and
    - (2) Passed a national examination for Physical Therapist Assistants.
  - (b) On or before December 31, 2009, meets one of the following:
    - (1) Is licensed, or otherwise regulated in the State in which practicing.
    - (2) In States where licensure or other regulations do not apply, graduated on or before December 31, 2009, from a 2-year college-level program approved by the American Physical Therapy Association and, effective January 1, 2010 meets the requirements of paragraph (a) of this definition.
  - (c) Before January 1, 2008, where licensure or other regulation does not apply, graduated from a 2-year college-level program approved by the American Physical Therapy Association.
  - (d) On or before December 31, 1977, was licensed or qualified as a Physical Therapist Assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Implement physical therapy services in accordance with the plan of treatment developed by the physical therapist, signed by the physician and planned, delegated and supervised by the PT.\*
2. Treat clients to relieve pain, develop and restore function and maintain maximum performance using appropriate physical therapy treatments, modalities and procedures as stated in the physical therapy plan of care. \*
3. Observe, record, and report the client's reactions to treatment and any changes in the client's condition to the PT and/or Director of Nurses. \*
4. Collaborate with the PT in assisting the physician in assessing the client's functional level by applying appropriate tests. Assist in the development and revision of the plan of care. \*
5. Complete clinical notes and progress reports according to agency policy and time frames. \*

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## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

6. Attend and participate with care conferences to ensure coordination of care. \*
7. Participate in the agency's quality improvement program. \*
8. Keep abreast of physical therapy trends and knowledge. \*
9. Participate with in-service programs. \*



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

##### Physical Elements

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

##### Environmental Elements

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Speech Language Pathologist (SLP) / Speech Therapist (ST)

**Reports to:** DON

**Revised:** 01/12/2012

**Job Summary:** Provide skilled therapy intervention and treatment to patients in the home setting. This care includes appropriate utilization of treatment plans and assessment skills. Careful monitoring of the patient's status, progress toward goals, and compliance with physicians orders are essential components of this position. Speech language pathologists are responsible for teaching patients and their caregivers while preparing the patient and/or family for discharge as appropriate.

### **Qualifications/Educational Requirements:**

41. Graduate of an accredited college with a Master's degree majoring in speech pathology with a current license.
42. Holds a certificate of clinical competence and licensure granted by the American Speech and Hearing Association.
43. Minimum of two years speech pathology experience.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Provide services in speech pathology or audiology in accordance with the physician's plan of care. \*
2. Assist the physician in assessing the client's level of functioning and the development (and revise as necessary) of the plan of care by applying appropriate tests for speech, hearing and language disorders. \*
3. Record and report the client's reaction to treatment and any changes in the client's condition to the physician and/or the Director of Nurses. \*
4. Instruct and advise the client, family, and other health team personnel in the phases of speech pathology in which they may assist the client. \*
5. Recommend hearing tests by audiologist when necessary. Checks hearing aids.\*
6. Assess the client's communication, oral-motor integrity, cognitive status, memory, problem solving activities, hearing, speech fluency, and quality. \*
7. Cooperate and consult with appropriate staff to provide education when requested and arranged by the Director of Nursing. \*
8. Evaluate and regularly re-evaluate the speech pathology needs of the client; initiate, develop, implement and make necessary revisions to the client's plan of care. \*
9. Initiate diagnostic, preventive, and rehabilitative procedures as appropriate to the client's care and safety. Make referrals to other disciplines as indicated by the needs of the client or document rationale for not doing so. \*
10. Observe signs and symptoms and report changes in the client's condition to the physician and/or Director of Nursing. \*
11. Teach, supervise, and counsel the client and family regarding home procedures and other care needs as appropriate to the client's condition. Use agency educational material as appropriate.\*
12. Coordinate the total plan of care and maintain continuity of care by communicating with other health professionals. Attend client care conferences. Initiate client care conferences for



## Abundant Life Home Health Agency, LLC

### Orientation Packet

complex and/or multidisciplinary clients when needed or helpful to ensure good coordination of care. \*

13. Keep abreast of speech therapy trends and knowledge through seminars, CEU's, self-study and workshops.
14. Participate in in-service programs.
15. Prepare the patient and/or family for discharge as appropriate.

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

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#### Physical Elements

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.



## Abundant Life Home Health Agency, LLC

### Orientation Packet

#### Environmental Elements

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

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Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Essential Function





## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Marketing

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** Implement sales/marketing plan that will meet or exceed the company's overall business plan, census goals and financial objectives.

### Qualifications/Educational Requirements:

- 44. High School Education
- 45. Two years of college preferred.
- 46. Two years of experience in healthcare marketing preferred.
- 47. Excellent written and verbal communication skills.
- 48. Ability to handle multiple tasks simultaneously and meet deadlines.
- 49. Excellent organizational and time management skills.
- 50. Self-starter

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

- 69. Develop and implement sales/marketing plan for all company product/service offerings, consistent with market analysis, reflecting referral source targets. \*
- 70. Responsible for census development through the implementation of external and internal sales & marketing programs with both existing and new accounts. \*
- 71. Ability to effectively utilize both local and corporate resources in the execution of job responsibilities.
- 72. Identify and recommend development of new product/service/niche markets & offerings as well as current product/service enhancements. \*
- 73. Ensure that administration maintain up-to-date key account records including background, contact history, objectives, referral trends, etc.
- 74. Review records to ensure that Account Executives are properly managing resources, including their time. \*
- 75. Ability to develop an adequate knowledge of State, Federal and other regulatory requirements related to the facility.
- 76. Maintain up-to-date information, as needed, on specifically assigned competitors including pricing, census, product information, and marketing strategies. \*
- 77. Report progress versus goals and census development barriers to the Administrator. \*
- 78. Perform sales calls with Administrator on a monthly PRN basis.
- 79. Contact key physicians and other health care representatives on a regular basis. \*
- 80. Perform sales call with Account Executives on a routine basis. \*
- 81. Participate in short and long range planning for the agency and implements specific measures for agency growth. Increase market share through education of physicians and other community and referral sources.
- 82. Work with other agencies and promotes good community relations through involvement in community events.

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

**The work environment and physical demands described here are representative of those**

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

**required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### Physical Elements

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

#### Environmental Elements

Incumbent works in an office environment with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent frequently travels to a variety of field sites and performs code compliance work in outside weather conditions.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Abundant Life Home Health Agency, LLC**

### **Orientation Packet**

## **Abundant Life Home Health Agency, LLC**

**Position:** Certified Home Health Aide

**Reports to:** Case Manager/ RN

**Revised:** 01/12/2012

**Job Summary:** Provide supportive and personal services for the patients with consideration of dignity and privacy. Provide personal care and hygiene to home health patients.

#### **Qualifications/Educational Requirements:**

51. Graduate of an accredited High School or equivalent preferred.
52. Ability read, write and follow directions.
53. A preferred minimum of one year full-time experience in direct patient in an institutional setting (hospital or nursing facility) or one year full-time experience within the last five years in direct client care in an agency setting preferred.
54. Work positively and favorably with patients, families, and staff.
55. Demonstrate compassion, responsibility, and cheerful attitude.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Follow the instructions of the professional nurse/therapist in providing care.\*
2. Provide assistance with hygiene such as bathing, oral care, and dressing.\*
3. Perform and record accurate measurements (i.e. vital signs, or intake/output as instructed in the care plans). \*
4. Observe and report any safety hazards found in the client's home or any significant observations regarding the client.\*
5. Attend staff meetings, attend/complete 12 hours of annual in-services, and participates in orientation of new employees. \*
6. Report patient complaints to the RN. \*
7. Maintain patient confidentiality/adheres to HIPPA requirements and agency policy and procedures manual. \*
8. Possess the ability to follow written and oral instructions. \*
9. Report abnormal findings in patient's conditions as observed and per care plan to RN. \*
10. Perform the following task when delegated by the RN
  - Non-invasive and non-sterile treatments
  - Collection and documentation of vital signs, height, weight, I/O, environmental situations, client behaviors,
  - Ambulation, positioning, and turning
  - Transportation
  - Personal hygiene and elimination (irritations, enemas)
  - Feeding
  - Socialization
  - ADLS
  - Health teaching reinforcement that has been planned and reinforced by the RN

#### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

**required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### Physical Elements

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

#### Environmental Elements

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

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Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

### Orientation Packet

## Abundant Life Home Health Agency, LLC

**Position:** Licensed Practical Nurse

**Reports to:** RN/Case Manager

**Revised:** 01/12/2012

**Job Summary:** Provide nursing care to patient in the home setting. Observe and assess the client and/or caregiver to enhance the quality of life. Demonstrate individualized creativity in educating the patient and/or caregiver. Follow nursing policy and procedure per agency standards. Follow the plan of care according to physician orders. Demonstrate understanding of Medicare and Medicaid regulations.

#### Qualifications/Educational Requirements:

56. Licensed Practical Nurse.
57. Minimum of 1 year experience in a healthcare setting preferred.
58. Excellent oral and communication skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Demonstrate efficient teamwork with the staff.
2. Demonstrate organizational and time management skills.
3. Support quality improvement practices. \*
4. Perform nursing procedures according to agency policy and procedures. \*
5. Work under the direction of a RN.
6. Monitor reactions and patient progress using observation, assessment, and evaluation skills.
7. Educate patients and family members according to disease process, medications, POC, treatment options, and home care procedures according to the plan of care.\*
8. Report to physician and RN of adverse findings. \*
9. Follow Medicare and Medicaid regulations. \*
10. Coordinate and monitor patient care and services. \*
11. Comply with HIPPA regulations in and out of the office.\*
12. Follow infection control policy in and out of the office.\*
13. Document skilled visit according to Medicare guidelines.\*
14. Maintain patient records according to policy and procedures. \*
15. Participate in in-services, workshops, seminars, and self-study courses annually. \*

### WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

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#### **Physical Elements**

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## Abundant Life Home Health Agency, LLC

### Orientation Packet

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### Environmental Elements

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Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_