

# JUST HOME CARE, LLP

The normal business hours and Monday-Friday from 9:00 AM - 4:30 PM. All after hour calls are forwarded to the agency staff who will contact the appropriate clinical and administrative staff as necessary.

# **PHILOSOPHY-MISSION STATEMENT**

**JHC** staff is dedicated to giving comprehensive, high quality Homemaking and Companion services in their client's place of residence. Educating patients and families to make informed decisions about Homemaking and Companion needs related to their unique physical and psychological Homemaking and Companion need is of primary importance.

**JHC** provides Homemaking and Companion services that help patients achieve a level of well-being consistent with their lifestyle and environment. This is accomplished through the collaborative effort of Agency Personnel, the Patient, family and involved community resources.

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## **Patient Service Policy and Procedure Manual**

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## **Patient Service Policy and Procedure Manual**

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### **Human Resources (HR) pg. 2 of 2**

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Employee Handbook

### **Orientation Outline**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

#### **Review and Discuss:**

1. Company introduction
2. Organizational Structure
3. Patient care policies and procedures
4. Philosophy of patient care
5. Description of geographic service areas
6. Job description
7. Personnel policies
8. Client bill of right
9. Non-Description policy
10. Employee grievance Procedures
11. Code of Ethics

- 12.Conflict of Interest
- 13.Confidentiality
- 14.Dress Code
- 15.Universal precautions = 1 hour
- 16.Fire Safety = 1 hour
- 17.Hazardous Communication = 1 hour
- 18.Infection Control = 1 hour
- 19.It's Your Back = 1 hour
- 20.Blood Borne Pathogens = 1 hour
- 21.Violence in the home = 1 hour
- 22.Cultural Diversity = 1 hour
- 23.Agency Comp Eval = 1 hour
- 24.HIPPA Certification = 1 hour
- 25.Incident/accident reporting
- 26.Safety Handbook
- 27.Policy Review

**I have completed the required orientation course provided by and understand the course content**

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **POLICY: EMPLOYMENT PHILOSOPHY**

The agency seeks to hire qualified personnel in all job categories. No personnel policy or procedure violates or infringes on any employee's individual freedom or civil liberties and all are developed and implemented in manner consistent with the equal opportunity employment and affirmative action guidelines. Personnel policies are reviewed annually to ensure compliance with federal, state, and local laws.

## **PROCEDURE**

All prospective personnel are interviewed by human resources and appropriate management staff, depending on the job title for which they are applying.

Qualifying criteria and documentation as it pertain to the particular job title for which they are applying:

1. A minimum of 18 years of age.
2. Exhibit maturity, mental and emotional stability.

3. Complete a job application.
4. Provide two references, preferably from prior employment situations or if no prior work history from a training school.

Applicants must also:

1. Satisfy I-9 identifying requirements for employability, i.e., “green” card, Social Security, etc.
2. Meet certification or licensure requirements for positions requiring such credentials, as per Connecticut State Department of Social Services, Department of Health and Department of Education regulations.
3. Personnel having patient contact complete a physical exam or health assessment, including all state required immunizations.

## **POLICY HEALTH STATUS**

**PURPOSE:** To address the Agency’s responsibilities in upholding CT/DOH code and OSHA regulations pertaining to the health status of service personnel.

## **PROCEDURE**

1. The health status of all personnel providing patient care must meet the state codes prior to patient care assignment and annually thereafter.
2. A record of all health assessment, laboratory test and immunizations is maintained for all personnel who have direct patient contact.
3. To ensure the above, the following is required:
  - a) A copy of a certificate of immunizations against measles for anyone born on or after January 1, 1957 with serologic evidence of measles antibodies or shows the administration of two doses of live virus measles vaccine. The immunization must be administered after 12 months of age with the second dose administered at least 30 days after the first but after 15 months of age, or a statement of having had measles disease.
  - b) Exemption from the immunizations is possible if the physician identifies that the immunizations is detrimental to the person’s health.

\*CTCRR 763.13, 3-31-94

- c) PPD (Mantoux) test for tuberculosis no less than every year for negative findings. For positive findings the individual must have a follow-up chest X-Ray performed every 5 years and a TB assessment form done yearly. No further PPD's are done
- 4. Laboratory drug screening tests for addictive or habitation drugs or alcohol may be required at the time of hiring or periodically during employment.
- 5. Report of series of Hepatitis B vaccine immunizations or signed Hepatitis Declination form.
- 6. A form from doctor stating employee is "free of all communicable disease" is required upon employment.

## **POLICY: PERSONNEL SELECTION IS NON-DISCRIMINATORY**

All agency personnel act in accordance with state status and federal regulations that prohibit discrimination in any job classification based on race, color, sex, national origin, religious belief or creed, handicap, age, marital status, sexual orientation or any other prohibited discrimination.

## **PROCEDURE**

- 1. Personnel are selected without regard to race, color, creed, sexual preference or national origin or any other federally protected classifications.
- 2. The company does not tolerate sexual harassment or assignments to jobs or promotions based on specific sex, religion, age or national origin.
- 3. Hiring practices are based on interviews, education, training, experience, professional qualifications and job reference checks.
- 4. Promotions are based on work performances.
- 5. Pay increase are based on work performance.
- 6. Job benefits are based on company policy, job function, state and federal regulations.

## **POLICY: CODE OF ETHICS**

**PURPOSE:** To ensure the agency and its employee's perform their duties in an ethical manner and adhere to the company compliance plan.

## **PROCEDURE**

1. All activities and transactions are carried out in good faith and in an honest and truthful manner.
2. Only the services appropriate to each patient's condition is provided.
3. All patients' information is treated as privileged and confidential and is not divulged in any manner except as authorized, in writing, by the patient or their legal guardian.
4. Supplies are maintained in an acceptable manner and inventoried in quantities sufficient to provide optimum services.
5. All company personnel conduct themselves in courteous manner and maintain a professional demeanor in both grooming and behavior.
6. Staff continually strives to improve and expand their respective levels of knowledge and expertise in the area of home health care services.



7. Patients' rights are honored and respected throughout the duration of active service.
8. All conditions of Section 1877 (b) of the Social Security Act shall be fully and completely honored by all members of the company.

## **Code of Ethics**

The **JHC** employee may be subject to suspension and or immediate termination if the following Code of ethics is not followed:

1. Use of client's car
2. Consume the clients food
3. Calling the client, All calls to client should be made through JHC
4. Use of client's telephone for personal calls
5. Change times on days of service with patient without office approval
6. Discuss employees' personal problems, religious or political beliefs with client
7. Bring friends or relatives to client's home
8. Consume alcohol or illegal drugs while in the client's home
9. Smoking in the clients home
10. Eat food brought to clients home without the +clients consent
11. Solicit client for donations
12. Admit to client for service without consent of JHC
13. Fail to report any instances of suspected fraud or abuse that is identified in this agency
14. No call/No show for assigned care
15. Fraudulently cause the completion of a time sheet or other legal documentation belonging to JHC
16. After being out of work for 3 days a doctor's note is needed to return back to work
17. Accept tips or gifts from a client
18. Breach clients privacy or confidentiality of clients records

By signing now I am stating that I have read and fully understand the Code of Ethics of JHC.

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

\_\_\_\_\_  
Date                      Print Name

\_\_\_\_\_  
Sign Name

BCHHC Rep: \_\_\_\_\_

\_\_\_\_\_  
Date                      Print Name

\_\_\_\_\_  
Sign Name

#### Patient Service Policy and Procedure Manual

### **POLICY: CODE OF ETHICAL BEHAVIOR**

**PURPOSE:** To ensure that all of employees abide by the code of ethics described herein.

### **PROCEDURE**

1. All qualified patients are served regardless of race, color, creed, sexual preference or national origin.
2. All services are rendered promptly and competently taking into account what services are appropriate to each patient's condition.
3. All patient information is treated as privileged and confidential.
4. All activities and transactions are carried out in good faith and in an honest and truthful manner.
5. The agency reviews all marketing materials for accuracy and clarity so that no advertising is misleading as to its services, purpose or hours of operation.
6. Patients are informed of any responsibility they may have for payment of services.
7. The agency's financial officer establishes processes that assure accurate billing.
8. If the agency cannot provide a service they acknowledge this fact promptly.
9. The agency recognizes their staff's right to refuse to participate in aspects of care that are in conflict with their cultural values or religious beliefs.
10. There is a conflict of interest Policy and disclosure mechanism for senior management.

11. All the staff is required to identify on application all organizations where they presently work in order to avoid conflicts of interest.
12. All conditions of Section 1877 (b) of the Social Security Act shall be fully and completely honored by all members of the agency.
13. The agency Compliance program addresses the above areas in further detail.

## CONDUCT AND WORK RULES

### PURPOSE

JHC expects employees to act sensibly, with good judgement and in the best interest of each other and the organization. We should all work together with pride in the company and what we mean to the community. JHC expects employees to conduct themselves in a manner which brings credit to our company and to abide by our code of conduct.

- 1) **Conduct:** It is not possible to list all forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, including suspension or termination of employment.
  - A. Theft, attempted theft, or unauthorized or inappropriate removal or possession of property of an employee's, residents or other person's property.
  - B. Fighting or threatening violence in the workplace or while on duty.
  - C. Being under the influence of or use of alcohol and/or illegal substances on JHC Staffing property.
  - D. Verbal or physical abuse of other employees or clients.  
(Refer to client Bill of Rights)
  - E. Any employee engaging in malicious gossip regarding any staff member, resident or visitor or company related issues.
  - F. Negligence or improper conduct leading to damage of property owned by the facility or another employee or resident or any other person.
  - G. Insubordination, refusal to follow a manager's directions or other disrespectful conduct.
  - H. Violating the law or committing a crime.
  - I. Sexual or unlawful harassment.

- J. Inappropriate self-disclosure of information to residents.
- K. Possession or use of any weapon, dangerous or unauthorized materials, such as explosives or firearms, in the workplace or while on duty.
- L. Dishonesty.
- M. Falsifying records, including time records.
- N. Engaging in any conduct that is in the conflict of interest to the employee's position with the company.

- 2) **WORK RULES:** The comfort and welfare of all the client's *JUST HOME CARE, LLP* is the paramount concern of this company.
- A. Regardless of provocation or circumstances, the client shall not at any time or for any reason be handled roughly or abused either physically or verbally.
  - B. Employees will refrain from making loud noises or talking in a loud voice. Shouting is prohibited.
  - C. Care should be exercised when handling and using company equipment. All equipment in need of care or replacement is to be reported to the department head immediately.
  - D. Unauthorized Disclosure of confidential information. Information regarding a client is private. Discussion of the residents or their conditions within or outside the company are prohibited.
  - E. Employees are expected to behave in an ethical manner conducive to maintaining a professional and calm atmosphere for the clients and their families.
  - F. No cell phone can be used while driving a vehicle.
  - G. All employees must adhere to the policies and procedures of *JUST HOME CARE, LLP*.

Any employee who does not adhere to *JUST HOME CARE, LLP* Code of conduct and work rules will be subject to disciplinary action up to and including termination.

## Policy & Procedure for standards of Conduct

### Policy:

*JUST HOME CARE, LLP*, is proud of its history, providing consistent, caring services to the residents of Connecticut in an ethical and responsible manner. Employees are expected to adhere to this high standard as they represent *JUST HOME CARE, LLP* within the community, while interacting with other employees, with patients and their families, with customers, or with government repetitive. Those who display verbal or non-verbal, inconsistent with agency policy, jeopardize the well-being of *JUST HOME CARE*, Patients, employees, and community/neighborhood served.

### Procedure:

*JUST HOME CARE, LLP*, will review with employees during the orientation process those legal and ethical standards of conduct applicable to the agency. The Agency will regularly review the plan to ensure that the standards and code of ethics are maintained.

1. The Administrator will assign responsibility for the oversight and management of the Agency's standards of Conduct.
2. The manager assigned will work closely with Human Resources Department to ensure that Agency codes are met.
3. Employees will be oriented to and provided with a copy of the Standards of Conduct and Professional Code of Ethics at time of hire.
4. Reports of possible violation of agency codes may be called to, or reported in writing, to branch manager or supervisor who will confer with Human Resources Department.
5. The manager will follow up to investigate reports of possible conduct infractions and take appropriate action which could prevent reoccurrence.
6. Violations will be documented, utilizing the standardized incident reporting form.
7. All reports will be forwarded to the Quality management and risk management Departments.

8. The Quality management and risk management Departments will log Ethical Standards and Standards of Conduct infractions and develop educational material and auditing mechanisms as indicated.
9. Employees will receive revisions of the Standards of Conduct as they occur.

**Standards of Conduct, Dress Code and Personnel Practices:**  
(See Policy: Personnel Practices)

**Telephone Usage:**

To ensure telephone lines remain free to conduct Company business, employees are expected to refrain from use of the telephones for personal business. Employees should instruct relatives and friends not to contact them by telephones at the Company except in an emergency. Long distance calls made for non-company business or personal use are not permitted.

**Continuing Education:**

Regular full-time employees shall be allowed the privilege of attending conferences/ meetings deemed by the Company, at its sole discretion, to be pertinent value to their particular job area. Reasonable expenses incurred attending these conferences will be repaid by the Company. No employee shall attend meetings or incur expenses without the prior approval of their supervisor. Supervisory personnel will get approved from the corporate office.

**Exit Interviews:**

During your last week of employment with the Company and no later than the final day of employment, all employees leaving the employ of the Company shall be offered an exit interview. The purposes of the exit interview are to assist the Company in identifying why individuals leave the employ of the Company; to provide you with information concerning whatever final salary and accrued benefits are due to you; explain to you the Company's job reference policy and any other rights, such as health insurance coverage continuation which you might have.

**Languages:**

In order to assist our patients, personnel are requested to notify their manager of all languages (including American Sign Language) that they can speak, write and read.

**Hepatitis B Vaccine:**

The Hepatitis B vaccination is offered as part of the OSHA regulated Universal Precaution Training. As an employee you may choose to receive the Hepatitis B series or you may sign a waiver. Every employee must sign to receive the Hepatitis B Vaccine or to waive the Hepatitis B Vaccine. Any questions about the Hepatitis B vaccine should be directed to Home Health Aide Supervisor.

### **HOME MAKER-PROCEDURE**

#### **Subject: Orientation**

- Orientation time slips are signed by whomever did the orientation, and go directly to payroll with the welcome letter and hourly rate. The slips will be given to payroll by the supervisor or designee.
- Payroll will keep track of hours to be paid for orientation. Orientation will be paid at minimum wage upon completion of first assignment.
- Copy of the orientation time slip will be placed in the employee file by the Supervisor or designee.
- Homemaker/companion intakes Procedure.
- Homemaker/companion supervisor will take and verify if homemaker only case and record start date. Homemaker does admission and after admission gives a copy of the intake to billing.
- Billing person verifies payer source by signing initials in the upper right hand corner of intake.
- The intake is then given to the records department who will input client info into the computer.
- The Homemaker name and service request with schedule request will be kept in the client's chart.
- If the client is presently serviced by our agency, the yellow sections in the patient's chart will be labeled Homemaker.
- A client service request will be provided to the scheduler. The Homemaker supervisor will enter the Homemaker/companion's schedule for the client into the computer or on the scheduling chart.
- All employees will be informed during orientation that they should also purchase their own malpractice insurance.
- Employees will also be informed that if it appears that, they are under the influence of illicit drugs or alcohol while caring for patients they will agree to a random drug test if ordered.

## Patient Service Policy and Procedure Manual

### **POLICY: PERSONNEL POLICIES pg. 1 of 2**

**PURPOSE:** The agency maintains a personnel manual to categorize key elements of employment with company.

### **PROCEDURE**

1. The Director of Human Resources, with the concurrence of the governing body and with input provided by others suitably qualified in such matters, shall maintain a comprehensive personnel manual consisting of procedures addressing key elements of employment with the company.
2. The personnel manual shall be available and apply to all full and part-time company personnel.
3. The personnel manual shall address, at a minimum, the following:
  - a) Probationary period
  - b) Paid holidays/vacation
  - c) Sick leave/leave of absence
  - d) Insurance benefits
  - e) Reimbursement for job-related expenses
  - f) Performance evaluation
  - g) Orientation program
  - h) Disciplinary measures
  - i) Conflict of interest
  - j) Use of controlled substances
  - k) Causes for termination
4. No personnel policies or procedures shall violate or infringe on any employee's individual freedom or civil liberties.
5. All personnel policies and procedures shall be developed and implemented in a manner consistent with the equal employment opportunity guidelines.
6. Staff have access to personnel policies and procedures and are notified of change or revision.



## **Criminal Conviction Policy**

### **Police Background Check**

JHC will do background checks and at its discretion will decide if the individual will be hired.

Conviction of a crime that involves, dishonesty or assault may result in an automatic termination of employment.

Before any decisions is made, the nature of the crime and circumstances surrounding conviction will be considered.

Patient Service Policy and Procedure Manual

**POLICY: PERSONNEL POLICIES pg. 2 of 2**

7. The personnel manual shall be reviewed annually to ensure accuracy and compliance with the federal, state, and local laws.
8. Personnel records on all staff and will be accurate, current, complete and maintained appropriately, as evidenced by:
  - a) Current license, certification and registration
  - b) Annual performance review evaluation based on a job description and a skills competency evaluation
  - c) Health records will be kept separately

## **POLICY: EMPLOYMENT ELIGIBILITY**

**PURPOSE:** To ensure that only those individual eligible for employment under law are hired

The company is responsible for verifying and, when necessary, re-verifying an individual's eligibility for employment in accordance with Title 8, United States Code, Section 1324A.

All employees must have a completed Employment Eligibility Verification form (Form 1-9). These forms are retained for three years after the date of hire or one year after the date the person leaves, whichever is later.

## **PROCEDURE**

1. All qualifying employees must complete the forms according to the instructions.
2. If the employee is an Alien, the Alien Registration Number must be provided including the expiration of the work permit must also be included.
3. Employees must indicate their birth names in addition to names that have changed because of marriage or other reasons. Employees whose names change after employment verification should report these changes and correct the original form.
4. The form must be signed and dated by the employee and interviewer.
5. The interviewer is responsible for completing the form by:
  - ❖ examining evidence of identity and employment eligibility;
  - ❖ checking identification numbers and expiration dates;
  - ❖ retaining copies of the documentation presented

## **POLICY: EMPLOYMENT VERIFICATION**

**PURPOSE:** To ensure that the individual being considered for a position has appropriate references which verify prior work history.

### **PROCEDURE**

1. If the individual has never worked before, identification of non-related parties; teachers, superintendents, physicians, clergy, will be requested to give character witness to the person.
2. Individuals with prior work history will be asked to give at least two names of contacts to verify work performance.
3. Written or verbal references will be obtained from the contacts listed.
4. Verification will be identified on the Job Application or Reference statement forms and retained in the personnel folder.
5. Registration or licensure status verification of professional staff will be obtained through CT Division of Professional Licensing Services (900-555-NYST or 900-555-6978) or on the Customer Service line (518-474-3817) or online at [www.ctsed.gov/prof/home.htm](http://www.ctsed.gov/prof/home.htm)

## **POLICY: HIRING PROCESS**

**PURPOSE:** To have a process in place within the agency to assure that the hiring process is performed in a uniform manner.

## **PROCEDURE:**

1. The hiring process is initiated when a job position is identified for which a candidate is needed.
2. Decisions requiring the means to seek candidates are made by administration based on level of candidates being sought, in-house availability of candidates, employee referral, or external referral sources.
3. After the candidates has been selected and a decision to hire is made, the candidate's references are checked, either verbally or in writing, by the person to who the candidate will be reporting.
4. Depending on the findings of the required documents a formal letter of hire is written by the new employee's supervisor, which stipulates the employee's responsibilities, salary and benefits.

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## **POLICY: PERSONNEL RECORD**

Personnel records for all professional, para-professional, support staff, independent practitioners, students and volunteers comply with Connecticut State Department of Health regulations.

## PROCEDURE

Personnel records are accurate, current, and complete according to job function, as evidenced by:

1. Signed employment application with interview date
2. Skills check list
3. Date of hire
4. Employment history
5. Verification of employment: Two letters or notations of telephone communications verifying work references from previous employers or unrelated persons, if no previous employment history
6. Identification picture
7. Signed Orientation Checklist
8. Copies of current licensure, certification as required
9. Annual performance evaluation based on specific job function and competencies
10. Results of annual health assessment with appropriate immunizations and lab reports for clinical personnel
11. Record of In-service Education and Conferences attended or indication where this information is located
12. Disciplinary action forms, if needed;
  - a) W-4 or 1099 form
  - b) 1-9 forms are kept separately

Notation:

- ❖ Employees must meet state and agency standards prior  
JUST HOME CARE.

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## POLICY: ORIENTATION PROGRAMS

**PURPOSE:** To provide the necessary education and training to new employees in order to familiarize them with the agency and the expectations of their job responsibilities.

## PROCEDURE

1. Prior to assuming job responsibilities, each employee participates in a formalized orientation program coordinated by the person to whom they report or the individual responsible for overall education.
2. The new employee orientation program shall address, at a minimum, according to assignment
  - a) Nature of Homemaking
  - b) Agency philosophy, service area, 24-hour services, and emergency response procedures
  - c) Personnel policies
  - d) Confidentiality of patient information
  - e) Patient Rights/ Responsibilities
  - f) Job description, job functions, staff rights and performances expectations
3. New employees scheduled to provide direct services in the home receive detailed orientation in those procedures used to perform their job functions according to agency policies.
4. New employee participation in orientation activities will be documented in the employee's personnel record and retained with all other documentation in locked cabinets in the personnel office.

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#### **POLICY: VERIFICATION OF COMPETENCY**

The agency defines competency as the skills required to perform the specific functions as outlined within the job description. Those individuals meeting the qualifications of their job descriptions, are deemed competent to perform those skills as well as the skills of the individuals whom they supervise when they have passed probation.

**PURPOSE:** To assess, educate, improve and maintain the skills of professional staff; to ensure that staff remain competent and qualified Homemakers; to ensure safe standards of practice.

Competency will be determined through but not limited to:

1. Skills competency check list
2. Record review and documentation
3. Case conferences
4. Involvement in incident, complaints or sentinel events
5. Direct observation during field visits.

Staff will complete a skills competency check list during orientation to identify the areas that they are proficient in and those needing further training. Staff will not be assigned to cases requiring skills that they are not proficient in until given further training with return demonstration.

Staff providing care in specialty areas will be observed in the field by qualified individuals before being allowed to perform these services independently.

Competencies will be assessed as part of the annual evaluation. Should there be a change in the service population or the addition of new treatment modalities, staff will be trained in the specific area and assessed in their skill before rendering care to specific patients.

**POLICY: STAFF DEVELOPMENT pg. 1 of 2**

Staff development is an essential component of organizational performance improvement. All staff will complete an orientation program and participation in in-service and continuing education programs will be documented. Management and staff share the responsibility to identify, support, and provide learning opportunities to ensure current knowledge and practice.



**PURPOSE:** To ensure competency, stimulate learning and professional growth.

**Objectives:**

- 1) To provide the necessary education and training for staff to fulfil the responsibilities of their positions.
- 2) To inspire individual responsibility for learning and establish an environment conducive to learning
- 3) Introduce new knowledge/techniques to meet current standards, needs and trends.
- 4) To increase staff competency in specific areas of practice.

**Procedures;**

1. The Homemaker agency's educational components include the following:
  - A. Orientation: the means by which new home care staff are introduced to the philosophy, goals, policies and procedures, role expectations, and service in a specific work setting.
  - B. Continuing Education: any organized, planned program in which learning experiences are designed to build upon previously acquired knowledge and skills.
  - C. Inservice Education: any instructional or training program provided by the organization in the work setting, that is designed to increase its staff members' competence in a specific area of practice.
  - D. On site field experience designed to teach staff new procedures or review current practices.
  - E. Incidental Learning: opportunities in the work environment that may or may not be preplanned that provides learning experiences that build upon previously acquired knowledge and skill.

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**POLICY: STAFF DEVELOPMENT pg. 2 of 2**

1. An educational plan will be developed annually. Data will be collected from various sources including performance evaluations, competency verifications, and quality improvement monitoring activities. Designated staff will analyze and aggregate the collected data to identify patterns, trends, and needs. Educational program needs will be identified and scheduled based upon staff's need.
2. Other educational tools/ learning opportunities will be provided as appropriate to provide information to staff. Resource materials will be maintained on the agency premises for utilization by staff.

3. Staff will participate in mandatory education activities as required by AGENCY RULES. The content of those programs will be modified/ changed as necessary to ensure appropriate application of practice in the home setting.
4. Individual staff members are ultimately responsible for scheduling time to complete all learning/competency activities. Staff may seek assistance from their immediate supervisor. Failure to complete required educational activities in a timely manner can result in disciplinary action up to and including dismissal from employment.
5. Paid attendance at continued education programs will be available based upon agency needs and constraints of time and money. Staff will be asked to share knowledge gained, with other employees, upon request.
6. Documentation of orientation and educational activities will be maintained in the employee's personnel file and educational office.

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### **POLICY: STAFF PLACEMENT/REPLACEMENT**

**PURPOSE:** To ensure continuity Homemaking and to ensure that new staff are familiar with Homemaking protocols before assignment to new patients.

### **PROCEDURE**

1. Clients are assigned to staff on a permanent basis for visits and case managements.
2. It is the staff's responsibility to contact the clients and report to the agency when it is not possible for them to make scheduled visits for any reason.
3. Contract agencies are required to notify AGENCY when they anticipate a staff replacement. The initial contact should be by telephone followed by written documentation via fax machine.

4. Changes in assignment should be reviewed with staff to ensure that they have the necessary experience to carry out the assignment.
5. Staff requiring further instructions will not be assigned unless there can be a dual visit with a supervisor or a peer professional familiar with the procedures to instruct on site.
6. Homemakers who have not have a specific experience will be oriented on site t the client and to the homemaker Care Plan.

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### **POLICY: FAMILY MEDICAL LEAVE**

The company adheres to provisions of the Family Medical Leave Act for all personnel who qualify for eligibility.

### **PROCEDURE**

1. Appropriate forms must be completed on a timely basis in order to legitimize the leave.
2. Documentation is retained in a separate file.
3. Restoration of employment, as stipulated by provision of the Act, will follow conclusion of the leave.

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**POLICY: EMPLOYEE COUNSELING**

Employee conduct and performance issues are handled by counseling, verbal/written warnings, suspension, and/or termination depending on circumstances.

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### **POLICY: JOB DESCRIPTIONS**

The company has a formal job description for each position.

### **PROCEDURE**

1. Individuals are informed of the title of their position at the time of hire.
2. Each person is required to read their job description, encouraged to inquire about any meanings that may be unclear to them and to sign the document indicating that they have received a copy.
3. This is verified as part of the personnel record.
4. The employee is given a copy of the job description.
5. A copy of the job description becomes part of the personnel record.

## Confirmation of Receipt of Job Description

This is to confirm that, I \_\_\_\_\_ have read and had explained to me my job description. I have received a copy of my records.

Signature

\_\_\_\_\_

Date \_\_\_\_\_

### As a Home Health Aide or Certified Nurses Assistant:

My job description may include one of the following services, following the care plan, providing these services to the client, that I am assigned:

Activities/Personal Care  
B=Bath/SH=Shower/SP=Sponge Bath  
Hair Care/Shampoo  
Mouth Care  
Dressing Assistant  
Skin Care/Foot Care/Back Care/Applying lotion (specifying area)  
Nail Care/Clean/File  
Elastic Stockings/Removal/Apply  
Pulse Respiration  
Temperature Oral/Rectal/Axillary  
Weight (Pounds)  
Recording Bowel Movements: Formed/Incontinent/Loose/Amount  
Intake & Output Recorded  
Medication Reminder  
Reposition (In bed or wheelchair)  
Transfer in Bed/Wheelchair/Chair

Ambulation Cane/Walker/Supervision/Independent  
Exercise-Prom  
Exercise-Room (Active)  
Bladder Incontinent/Urinal/Commode/Self  
Assistant with feeding/Preparing/Serving Meals

***After personal care is given, If time allows, the following services may be performed***

Bed Making/Linen Changing  
Dusting Vacuuming  
Bathroom/Kitchen Cleaning  
Sweeping/Mopping  
Laundry

**Note: Uniforms must be worn at all times & Proper shoe attire. No Exception!**

## **Home Health Aide/Home Maker/Companion Supervisor Job Description**

### **Objective:**

Provide supervision and management to the home health aide/home maker/companion program.

### **Responsibilities:**

1. Supervision and management of all home health aide/home maker/companion services rendered to patients and families.
2. Supervise Health aide/Home maker/Companion Scheduler in the delivery of health aide/home maker/companion services.
3. Set up policies and procedures to verify certification of paraprofessional working with the agency.
4. Annual evaluation including competency of all paraprofessional staff with input from professional staff.
5. Ensures that qualified paraprofessional service is available to meet the demands of the agency.
6. Plans, provides and/or arranges for ongoing in-service education of all paraprofessionals to ensure that they meet the requirements under both State and Federal regulations.
7. Ensures, in conjunction with personnel department, that all paraprofessional personnel files are kept current and in compliance with regulation.
8. Other function that may be required by administration for the delivery of paraprofessionals services to patients.

### **Qualifications:**

Registered Nurse licensed to practice in the State of Connecticut. At least one year of home health care experience.

I have read the above job description and fully understand and accept the position as described.

## **Homemaker Job Description**

The homemaker functions in the area of home management activities. These activities include:

1. Preparation and serving meals, which may include shopping and cooking.
2. Maintain clean physical environment by:
  - A. Changing bed linens.
  - B. Dusting, vacuuming and wet mopping.
  - C. Cleaning bathroom and kitchen areas including appliances.
  - D. Washing, ironing and mending.
3. Providing safe and comfortable environment.
4. Performing assigned errands.
5. Observing and reporting changes in the client's condition to the supervisor.
6. Performing other related housekeeping tasks as indicated in the individual written plan. The Best Choice Home Health Care Staffing homemaker may not:
  - A. Give personal care.
  - B. Administer medication(s)
  - C. Perform tasks, including cutting nails, which require the skills and competency of trained personnel.
  - D. Perform any type of "heavy housing" such as scrubbing floors, cleaning stoves with oven cleaners, or moving heavy furniture.
  - E. Care of household pets.
  - F. Care for children.

### **Education**

High School graduate preferred.

### **Experience**



One year of accumulated experience in a similar job classification, or life experience of one year, which is defined as one verified year of managing a home. Minimum age is 18 years old.

## **HOMEMAKER JOB DESCRIPTION**

**PRIMARY PURPOSE OF THE JOB:** The homemaker reports directly to the Home Health Aide Supervisor and is responsible for providing homemaker services to home care clients. The Homemaker's activities are designed to enable individuals to remain in their homes.

### **SPECIFIC JOB DUTIES AND RESPONSIBILITIES:**

The homemaker functions in the area of home management activities. These activities include:

1. Preparation and serving meals, which may include shopping and cooking.
2. Maintain clean physical environment by:
  - A. Changing bed linens
  - B. Dusting, Vacuuming and wet mopping
  - C. Cleaning bathroom and kitchen areas including appliances.
  - D. Washing, ironing and mending
3. Providing safe and comfortable environment.
4. Performing assigned errands.
5. Observing and reporting changes in the client's condition to the Supervisor.
6. Performing other related housekeeping tasks as indicated in the individual written plan. Best Choice Home Health Care Staffing Service Homemaker may not
  - a) Give personal care.
  - b) Administer medication(s)
  - c) Perform tasks, including cutting nails, which require the skills and competency of trained personnel.
  - d) Perform any type of "heavy housing" such as scrubbing floors, cleaning stoves with oven cleaners, or moving heavy furniture.
  - e) Care of household pets.
  - f) Care for children.

### **Education**

High School graduate preferred.

### **Experience**

One year of accumulated experience in a similar job classification, or life experience of one year, which is defined as one verified year of managing a home. Minimum age is 18 years old.

I have read the above description and fully understand and accept the position as described. I agree a copy of this job description will be placed in me personnel file.

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Employee Signature

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Date

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Supervisor's Signature

---

Date

## **POLICY: HOMEMAKER/COMPANION SUPERVISION**

**PURPOSE:** To ensure that the homemaker/companion is performing proper duties in the provision of care to the client and the client's environment and is following the Care Plan to determine any need for changes in the care plan and that client needs are being met, and to determine the homemaker/companion's ability to meet these needs.

## **PROCEDURE:**

1. The Home Health Aide Supervisor contacts the client at least every sixty (60) days to assess the quality of service provided by the homemaker/companion.
2. The Home Health Aide Supervisor contacts the homemaker/companion at least every sixty (60) days to evaluate and supervise the services provided by the homemaker/companion.
3. The care plan is revised/updated as needed to assure currency with client needs and records supervision of the homemaker/companion on the appropriate form, noting the goals for the homemaker/companion, the services provided, observations, outcome of service, punctuality, attendance and relationship to client, staff and family.
4. The required information is communicated to SCAA, CCCI, and WCAAA.

## HOMEMAKER/ HOME HEALTH AIDE COORDINATOR

### Objective:

The Homemaker/Home Health Aides Coordinator has the primary responsibility for scheduling homemaker and aide services for patients.

### Responsibilities:

1. Schedule homemaker/home health aides for patients accepted for services by Best Choice Home Health Care Staffing service.
2. Schedule homemaker/home health aides for patient's whose aide is unavailable to provide services at the schedule time.
3. Keep written/computer schedule updated on a daily basis,
4. Keep current list of Homemaker/Home Health Aides and their availability.
5. Process new applicants by, sending references, and assuring that all necessary paperwork is completed.
6. Communicates with Home Health Aides Supervisor or Supervisor of Clinical Services on a daily basis.
7. Complete interruption of services forms.
8. Notifies Primary Care Nurse of any scheduling issues concerning aide services.
9. Communicates daily with on-call coordinator.
10. Other duties as assigned.

The Homemaker/Home Health Aide Coordinator shall meet the following criteria.

- a) Be a high school graduate.
- b) Proficient computer skills.
- c) Experience/familiarity with home care environment.

I have read the above job description and fully understand and accept the position as described.

---

Signature Employee

---

Date

---

Signature Supervisor

---

Date

## **COORDINATOR ASSISTANT**

### **REPOSIBILITIES:**

1. Make sure time sheets match service orders, check:
  - A. Dates
  - B. Tasks
  - C. Client Signature
  - D. Employee Signature
2. Transfer time sheets from billing timecard.
3. Prepare a proof list to make corrections.
4. Give copy to the Human Resources Director.
5. Follow up to make sure corrections have been done.
6. Check bills against service orders for accuracy.
7. Check nurse's notes against time sheets and nurse schedule and check communication between LPN/RN.
8. Filing
9. Other duties as assigned.

### **QUALIFICATIONS:**

1. High School diploma
2. Knowledge of Microsoft Office applications
3. Organizational skills and detail oriented
4. Able to communicate effectively

## COMPANIONS/SITTERS

### PURPOSE:

To define the roles and responsibilities of a Companion/Sitter in the home.

### POLICY:

Companion/Sitter service require minimal house cleaning, if any. The main function of the Companion/Sitter is to sit with the client and to keep the client company to increase socialization and to report any changes to Home Care Agency.

Overtime pay is not issued for Companion/Sitter services. Under the Fair Labor Standards Act, overtime pay is not mandatory.

### PROCEDURE:

The Companion/Sitter may not perform the following service: Provide hands-on care.

I have read the above job description and fully understand my responsibilities.

Signature \_\_\_\_\_

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

Receptionist

Objective:

To provide operational and clerical support to the agency.

**Responsibilities:**

1. Screen and direct all in-coming calls.
2. Take and direct all phone messages.
3. Maintain office phone list.
4. Responsible for maintaining and ordering office and medical supplies.
5. Track and send out service orders of office equipment.
6. Prepare mass mailings as requested.
7. Type letter, memo, meeting minutes, forms, and special projects.
8. Receiving all mail and directs to appropriate person and sends out out-going mail.
9. Prepare patient admission charts.
10. Maintain and stock of all forms for patient charts.
11. Help with other departments with data entry.
12. Support medical record department.
13. Date all clinical notes received.
14. Check nursing timecards against clinical notes, report to Clinical Nursing Supervisor and Administration on the findings.
15. Greet and help new applicants with application process, paperwork and acquire background checks.
16. Other duties as assigned.
17. Verify patient insurance eligibility periodically.

**Qualifications:**

1. High School diploma
2. Ability to interact with people
3. Telephone communication skill
4. Knowledge of computer and word processing software
5. Organizational skills

**I have read the above job description and fully understand and accept the position as described.**

---

Signature Employee

---

Date

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Signature Supervisor

---

Date

Patient Service Policy and Procedure Manual

**POLICY: SUPERVISION**

**POLICY**

To promote development and performance, the company provides ongoing supervision to all employees. The primary function of the supervisor is to teach and guide all staff. This is evident in the following supervisory methods.

## **PROCEDURE**

1. Informal discussions held on a daily basis between the staff and supervisors in relation to assignment situations and organization of individual workload.
2. Bi-weekly planned meetings attended by the staff and the supervisor.
3. Individual staff/supervisory conferences during the orientation period and afterwards as necessary. The conference may be requested by either the staff member or the supervisor.
4. Staff and supervisory conferences will be held for discussion of the individual, identification of problem areas and of approaches for their resolution.
5. The employee shall be assessed to determine the extent to which the expectations of the Agency are met.
6. If the expectations of the Agency are not met, supervision will be directed to reinforce and build on previous learning experiences.
7. Informal conferences are held on the request of the supervisor or employee to review company policies.

An informal conference between the employee and supervisor shall be held after three months of employment to appraise the employee of progress and acquaint him/her with the minimum standards of performance expected by the end of the first year of the employment.

## **POLICY: PERFORMANCE EVALUATION**

### **POLICY**

All personnel have performance evaluations performed to identify their level job function, competency and their contribution to the agency mission.

## PROCEDURE

1. An evaluation is completed at the completion of the probationary period (generally the first three (3) months of employment)

**Professional Field Staff:** The evaluation is based on the supervisor's review of clinical documentation and direct observations in the field staff.

**Support Service:** These employee's performance is observed on the job. Satisfactory performance is based on accuracy, productivity and ability to coordinate activities with other staff members.

2. Evaluations are performed by the supervising staff member for the employee being evaluated. Specific clinical supervision may be performed by a clinical peer.
3. Performance evaluations are performed no less than one annually.

## POLICY: PAYROLL DATA

**PURPOSE:** To ensure accuracy of time sheets with service orders.

## PROCEDURE:

1. Employee timesheets are put into
2. The Human Resources Director opens the Best Choice Staffing service mailbox brings time sheets to the receptionist.
3. Receptionist stamps data receive and sorts
4. Time sheets are given to Coordinator Assistant



5. Coordinator Assistant checks and match's timesheets to service orders for accuracy of dates, tasks, and signatures.
6. Coordinator proof list and makes corrections, give copy to Human Resources Director, follows up to make sure corrections are made and checks accuracy of bills to service orders.

## **POLICY: COMPETENCY EVALUATION**

### **PURPOSE:**

Ten hours of orientation needed for Homemaking prior to hire/start date.

### **PROCEDURE:**

Contracted third party provider that completes the competency evaluation alongside the Homemakers Supervisor, supervises to ensure that the Homemaker is competent in all Homemaking skills prior to seeing clients.

## **POLICY: OFFICE SAFETY**

### **PURPOSE:**

To provide all employees with a safe working environment.

### **PROCEDURE**

1. All agency employees will adhere to the “No Smoking” policy on the premises.
2. Annual in-service on fire prevention will be given to all employees. This service will include:
  - Aspects of fire protection and prevention
  - R.A.C.E. guides
  - Use of fire extinguisher
  - Location of fire alarms
3. A fire drill is conducted annually.
4. The office and immediate vicinity are inspected at least annually to ensure these areas are free from fire hazards. Fire hazards are reported to the owner of the premises or designee to arrange for repair.

5. In the event of a fire or smoke condition employees will take the following steps with code word RACE:
  - Rescue and Alarm  
The staff person that discovers the fire or smoke condition will call “Code Amber” and proceed to the nearest manual alarm pull box (Note Location)
  - Confine  
Close all windows and doors and evacuate all staff in the immediate vicinity. If possible, close the door to the room or area of the fire origin during the rescue and alarm process
  - Extinguish  
Staff may attempt to extinguish small fires
6. All employees are responsible for ensuring that floors are free from hazardous items. In the event of an accident the involved staff will be sent to the local Emergency Room for an evaluation and clearance to return to duty.
7. Field staff are instructed to utilize the RACE routine in the event that a fire occurs while in a patient’s home.

Policy #HR

### ORIENTATION OF OFFICE STAFF

**STANDARD:** New office personnel receive an orientation of sufficient duration and content to prepare them for their specific duties and responsibilities.

**PURPOSE:** Optimum role performance of the individual to achieve agency goals for quality patient care.

**EFFECTIVE FOR:**

**POLICY:** All new personnel will complete the first day of the orientation program. The remainder of the orientation program will be individualized according to individual needs and specific duties and responsibilities consistent with job description.

Included in the orientation will be:

1. AGENCY INTRODUCTION AND WELCOME- Administration
  - A. History, Vision, Mission, Scope of Service
  - B. Organizational Structure and Channels of Communication and Authority
  - C. Continuous Quantity and Performance Improvements and Ethics
2. EMPLOYMENT INFORMATION - Human Resources
  - A. Nature of Employment
  - B. Equal Employment Opportunity
  - C. Outside Employment

- D. Employment Categories
- E. Job Description
- F. Probationary Period
- G. Performance Evaluation
- H. Employment Termination
- I. Human Resources Information Management
- J. Work Conditions and Hours
- K. Compensation

**3. EMPLOYEE BENEFIT PROGRAMS (CHECK ONLY ONE) - Human Resources**

- Part Time
- Full Time
- Regular

**4. EMPLOYEE RELATIONS - Human Resources**

- A. philosophy
- B. REACH
- C. Personal Appearance Guidelines
- D. Personal Conduct Guidelines
- E. Counseling and Discipline

Policy #HR

**5. EMPLOYEE SAFETY - Human Resources**

- A. Workplace: Fire, Bomb Threat, Hazard Communication
- B. Personal Security: General Guidelines

**6. AGENCY TOUR AND INSTRUCTIONS - Human Resources**

- A. Agency Departments and Work Areas
- B. Locations of Exits and Fire Extinguishers
- C. Lunch/Break Area: Restroom Facilities, Parking

Specific departmental or role orientation program will be designed by individual to whom orientee reports. This will be determined according to assessed needs as the orientee progresses in the orientation program.

## Patient Service Policy and Procedure Manual

### **POLICY: STAFF RIGHTS**

#### **PURPOSE**

Staff members are not required to participate in aspects of service that conflict with their cultural or religious beliefs.

The agency ensures that service is not disrupted in the event a staff member refuses to participate in an aspect of service because it conflicts with their religious beliefs and/or cultural values.

#### **PROCEDURE**

1. Efforts will be made to accommodate employees whose cultural values or religious beliefs interfere with their ability to provide specific services to patients.
2. If an employee refuses an assignment due to religious beliefs or cultural values the DSP or delegate will assess the merits of the employee's objection.
3. If the refusal to perform the task is approved, these duties will be assigned to another staff member whenever possible.

## **FIELD EMPLOYEE SAFETY POLICY AND PROCEDURE**

### **PURPOSE:**

To establish guidelines that maximize personal safety when working in the community and home setting.

### **POLICY:**

To assist in providing a safe and healthful work environment through the use of escorts, employee education by identifying high-risk areas on the advisement of the local police departments and staff considerations. Its success depends on the alertness and personal commitment of all.

### **PROCEDURE:**

Ensuring safety includes, but is not limited to, the following procedures:

1. Attendance to orientation and safety in-services is mandatory.
2. Notify your client of your visit, if possible, ask that someone be waiting at the door.
3. Lock all of your valuables in the car trunk before you leave the agency parking lot or leave them in the office taking minimal with you (license, coins). Do not bring your purse into the home or wear jewelry on home visits.
4. Drive cautiously, do not tailgate, lock doors, keep homemaker off the seat, roll windows down just below that jaw line, let someone know your route.
5. Do not leave anything visible in your car which may tempt someone to break in (i.e. money, cigarettes)
6. When returning to your car, to avoid fumbling in pockets, have keys ready to unlock doors. Check under the car as you approach it and check the back seat of your car before getting in.
7. Best Choice makes available and strongly encourages that an escort accompany staff to areas recognized as "High Risk". If at any time an escort is unavailable, the employee is encouraged to "Buddy" with another employee, prearrange the visit location to a lower risk location, or reschedule the visit to accommodate the availability of the escort:
  - It is highly recommended that visits made in high-risk areas be scheduled and made prior to noon.
  - The employee must use the sign-up sheet to reserve escorts.
  - Escorts must be reserved at least 24 hours in advanced when at all possible.

## **POLICY: SAFETY GUIDELINES FOR WORKING IN THE COMMUNITY**

**PURPOSE:** To have guidelines in place to ensure safety and to minimize hazards in the community.

### **PROCEDURES: GENERAL**

1. Dress according to agency policies.
2. Carry only enough money for carfare and lunch, gas credit card and agency Picture Identification Card.
3. Discuss any fears or apprehensions about making home visits with your supervisor.
4. Learn activity periods in neighborhoods.
5. Make early morning visits in high risk areas and avoid set routine.
6. Advise office of changes in scheduled visits.
7. Prepare for new visits by clarifying exact locations.

### **IN THE FIELD**

1. Use well-traveled areas and avoid alleys, vacant lots and parks.
2. Walk away from buildings and parked cars. Walk on side of street of oncoming traffic when possible.
3. Observe windows and doorways for loiterers.
4. Know the area in which you work and introduce yourself to local trades people and police.
5. Do not accept rides from patients or their families.
6. Be courteously alert, maintain vigilance and convey the idea that you are expected somewhere if approached by strangers.
7. Observe the working order of telephones in the neighborhood.
8. Do not enter area of unrest and notify your supervisor or an alternate immediately.

## **1. AUTOMOBILES**

- a. Keep car in working order with enough gas for the day.
- b. Lock car doors, close windows and remove all contents.
- c. Do not park in isolated areas or where groups are loitering.
- d. Check the back seat before entering car.

## **2. PUBLIC TRANSPORTATION**

- a. Avoid standing at the edge of the train or subway platforms. Stand near the ticket/change booth when possible.
- b. Avoid sitting or standing near entry/exit doors.
- c. Sit near bus driver or conductor.
- d. Take bus, train and subway at frequently used stops and stations whenever possible.

## **3. HOME VISITS**

- a. In the event that you perceive danger when approaching a home, call the office to discuss with supervisor or alternate.
- b. In the event that you leave a patient's home because safety is in danger, advise your supervisor as soon as possible.

## **4. ELEVATORS**

- a. Always send elevator to basement first and when it returns empty get on elevator as it is going up. Stay close to the buttons in order to push the alarm button if necessary.
- b. Look before entering and do not enter if in doubt.
- c. Do not get on an elevator that has other people on it whom you feel maybe a threat.
- d. When elevator is broken, only use stairs that are not enclosed.
- e. Do not enter elevator if there is no light.

## **5. NOT HOME VISITS**

- 1. Do not search for a patient by knocking on strange door or ringing bells.
- 2. When leaving a note to a patient slip it under the door or in the mailbox, not loosely stuck on door.



### **In-Service Education Homemaking/Companion Policy**

**Purpose:** To ensure that education remains an integral part of client services, it is individualized to accommodate specific client needs and improve outcomes.

JUST HOME CARE, LLP will provide at least one hour once a month for each employee.

The In-Service shall and will provide current information regarding techniques, as applicable for Homemaking/Companion Services.

#### **Policy:**

1. The plan of services establishes guidelines for teaching skills of Homemaking and Companion
2. Patient education/training is provided to accomplish positive outcomes.
3. Clients and caregivers will receive education and training information when requested.
4. Guidelines addressing the skills, knowledge, and behavior for effective teaching are addressing in in-service programs as well as cases conferences.
5. Client JUST HOME CARE, LLP will provide employees with the most current information that is available for individual or home study, programs are offered free of charge to our employee. The agency will provide mandatory in-service required by the state on a regular basis, if applicable. The Human Resources Department must file copies of attendance certificates for any state course and those which reflect any specialized education/training.
6. The Homemaker/Companion in-service shall be provided by a Supervisor.
7. JUST HOME CARE, LLP nursing and Homemaker/Companion Departments will hold in-services applicable to each service. A copy of the in-service will be always kept in a central location (a binder labeled in-service Log for each department). When the log book is full, it will be filed in the personnel folder. The general sign in sheet will be given to the supervisor of the Department who will transfer the names into the in-service log section titled General Sign-In Logs.
8. Other community resources may be utilized to achieve positive outcomes of patient education if unavailable through the agency, e.g., referral to other outside programs.

### **In-Service Education Homemaking/Companion Policy**

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#### **Policy:**

1. The plan of services establishes guidelines for teaching skills of Homemaking and Companion.
2. Patient education/training is provided to accomplish positive outcomes.
3. Clients and caregivers will receive education and training information when requested.
4. Guidelines addressing the skills, Knowledge, and behavior for effective teaching are addressed in in-service programs as well as case conferences.
5. Client JUST HOME CARE, LLP will provide employees with the most current information that is available within the Homemaking and Companion industry. Some offerings are available for individual or home study, programs are offered free of charge to our employees. The Agency will provide mandatory in-service required by the state on a regular basis, if applicable. The Human Resources Department must file copies of attendance certificates for any state course and those which reflect any specialized education/training.
6. The Homemaker/Companion in-service shall be provided by a Supervisor.
7. JUST HOME CARE, LLP nursing and Homemaker/Companion Departments will hold in-services applicable to each service. A copy of the in-service will be always kept in a central location (a binder labeled in-service Log for each department). When the logbook is full, it will be filed in the personnel folder. The general sign in sheet will be given to the supervisor of the Department who will transfer the names into the in-service log section titled General Sign-In Logs.
8. Other community resources may be utilized to achieve positive outcomes of patient education if unavailable through the agency, e.g., referral to other outside programs.

## **POLICY: EDUCATIONAL RESOURCES AVAILABLE TO STAFF**

### **PURPOSE:**

To ensure that staff are provided with adequate resources to carry out proper and effective teaching to patients based in their needs.

1. Educational material is available throughout the agency and maintained and updated as appropriate.
2. The manuals contain specific information regarding Homemaking and Companion.
3. These are copies and provided to staff or clients on an as needed basis.

**POLICY:** Conflict of Interest-familial relationship

**PURPOSE:** To establish a guideline for employees in the workplace.

**PROCEDURE:** An employee cannot work on the same case with a family member. A conflict of interest may arise in another context i.e. role reversal.

1. Employees should be careful to provide care and services within the boundaries of their education, training, licensing, certification and/or other relevant professional experiences.
2. Employees must exercise good judgment and take responsible steps to ensure proper care and service, including education, training, consultation and supervision.

1. Patients have the right to receive the highest quality of service. The client/patient is entitled to comfort measures, within the limits of the professional scope of the agency personnel, including Homemakers, Companions, and all health care professionals.
2. Be advised in advance of the rights to participate in planning of the service to be received and changes.
3. Be informed the disciplines that will furnish services, the frequency of visits proposed and any changes in the services to be furnished, the person supervising the patients/clients services and the manner in which there are changes in service rendered.
4. Participate in planning of services.
5. Be advised in advance of any changes in service, before the change is made.
6. Be instructed what to do if there is a problem with services rendered.
7. Have aspects of services and records maintained confidential by JHC and be advised of , policy and procedure regarding disclosure of their client records. Each patient has the right to have their records maintained in a lock file cabinet with the information contained there and kept strictly confidential.
8. JHC will not disclose patient/client information except with other personnel rendering services to that patient/client that are employed by JHC or with personnel who have been cleared by the client.
9. Be advised before services is initiated, of the extent to which payment for JHC may be expected from payment source and the extent to which payment may be expected from the patient.
10. Each patient has the right to a description of available services, unit charges and billing mechanism be advised of any changes in expected payment from pay source or any other funded or aided program known by JHC orally and in writing as soon as possible but no later than (30) days from the date JHC becomes aware of the change.
11. Be informed at Admission of the ownership of control.
12. Expect that if you do not speak English, every effort will be made to provide an interpreter to provide effective care.
13. To be fully informed of your services by JUST HOME CARE Staffing Service.
14. Based upon the patient/client being judge incompetent, JUST HOME CARE Staffing Service will discuss all services with the patients authorized guardian or conservator.
15. Patient fully understand that the right to discontinue JHC at any given time.

### **Back Up Worker Policy**

#### **Policies on Absence/Call out's Back up- Workers:**

**Absences:**

No call/No Show-One exception due to Emergency situation. If more than one exception, can cause grounds for terminations.

**Call out's:**

Excepted due to family emergencies (2) per month. If more than (2) employees will be put on, disciplinary probation status for 60 days. After 60 days if no call outs have been documented, employee will be taken off of disciplinary probation or terminated for excessive call outs. If employee schedule needs to be changed, please notify office.

**Back-up Workers:**

Employee must give 12 hour notice to scheduler to fill case or hours scheduled to work.

Employee must report to cases or shift at scheduled time, if unable to be present for work on time, it is the employee's responsibility to call the office or on-call person immediately, so that the office can call the client/facility to inform them of the change in the schedule. No schedule should be exchange between employee and client/facility without the office being notified, this can cause for grounds of termination.

## **Absences/Time Schedule**

Policies on Absences/Call out's/Back up-Workers:

**Absence:** No Call / No Show – One exception due to Emergency situation. If more than one exception, can cause grounds for termination.

**Call outs:** Excepted due to family emergencies (2) per month. If more than (2) employee will be put on, disciplinary probation status for 60 days. After 60 days if no call outs have been documented, employee will be taken off of disciplinary probation or terminated for excessive call outs. If employee schedule needs to be changed, please notify office.

**Back-up Workers:** Employee must give 12-hour notice to scheduler to fill case or hours scheduled to work.

Employee must report to cases or shift at scheduled time, if unable to present for work on time, it is the employee's responsibility to call the office or on-call person immediately, so that the office can call the client/facility to inform them of the change in the schedule. No schedule should be exchange between employee and client/facility without the office being notified, this can cause for grounds of termination.

I understand and have read the Absence's/Call Out's/Back up workers Policy

---

Print Name

---

Office Supervisor

---

Signature

# Back Up Worker Policy

## Policies on Absences/Call out's/Back up-Workers:

**Absence:** No Call / No Show – One exception due to Emergency situation. If more than one exception, can cause grounds for termination.

**Call outs:** Excepted due to family emergencies (2) per month. If more than (2) employee will be put on, disciplinary probation status for 60 days. After 60 days if no call outs have been documented, employee will be taken off of disciplinary probation or terminated for excessive call outs. If employee schedule needs to be changed, please notify office.

**Back-up Workers:** Employee must give 12-hour notice to scheduler to fill case or hours scheduled to work.

**Employee must report to cases or shift at scheduled time, if unable to present for work on time, it is the employee's responsibility to call the office or on-call person immediately, so that the office can call the client/facility to inform them of the change in the schedule. No schedule should be exchange between employee and client/facility without the office being notified, this can cause for grounds of termination.**

**I understand and have read the Absence's/Call Out's/Back up workers Policy**

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**Print Name**

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**Office Supervisor**

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**Signature**



## **On-Call Policy**

### **Policy:**

**JHC** provides continuity of services/access to service on a 24-hour basis, providing consistent quality interventions as indicated for the individual patient. On-call will be maintained for centralized intake and at each of the Branch offices.

### **Purpose:**

To provide non-emergency services to scheduled and non-schedule clients of **JHC** during the hours when the office is physically close. Customarily, this is from 9AM to 5PM Monday through Thursday. From 9AM – 5 PM on the weekends and holidays.

### **Procedure:**

All office personnel are required to participate in the company on-call process. An office personnel from the branch will be assigned for one week on call rotation. This begins Fridays at 5 PM and continues the following Friday at 9 AM. The on-call supervisor must be available to make scheduled and unscheduled home visits during this time frame. Home visits will be scheduled assigned by the office Supervisor/designee.

The on-call Supervisor must keep her beeper on and working to receive these calls during their rotation.

The response time to any beeper message is expected to be within 15 minutes of beeper activation.

The on-call supervisor must possess the “on-call books” containing all needed information.

There is an on-call coordinator who is responsible for taking all initial calls and referring appropriate call to the on-call supervisor. This on-call supervisor will maintain the paraprofessional schedule. The on-call coordinator will contact any patient/client whose regularly scheduled paraprofessional has called out. The on-call coordinator will re-staff and notify patients/clients of changes. She/he will notify appropriate on-call coordinator for need of orientations.

The on-call coordinator is responsible for notifying the scheduled Homemaker if a patient/client changes the plan for visit time or place. Any Homemaker making these scheduled visits must contact the office if the patient/client makes any changes to the schedule.

The central intake is responsible for responding to new referrals and inquires for new service.

#### Communication:

All on-call personnel shall document each received, time and disposition on the on-call log.

This log is maintained with the on-call books. All reportable incidents or situations requiring intervention will be called in to Best Choice Staffing Service or designee at 8AM.

If JUST HOME CARE Staffing Service is notified by phone of an incident or situation, it will also be documented on the on-call log.

All call outs by staff must be directed back to the office. Each staff member must call-out supervisor or designee directly.

All visits must have the required documentation submitted to the office by Monday morning. No visit will be paid without this documentation.

#### Triage:

Any situation that appears to be emergent in nature should be immediately referred to 911.

## **POLICY: CONFIDENTIALITY OF INFORMATION**

### **PURPOSE:**

To ensure that all information regarding patients remain within the confines of the agency and is only released to authorized personnel and to outside sources if the patient has signed an authorization for release. This pertains to all identifiable health information transmitted orally, in writing or electronically in order to assure compliance with HIPAA requirements

### **PROCEDURE:**

1. The patient's records, and all information contained therein is made available only to authorized agency personnel except as otherwise provided by law, or as necessary to carry out the clinical and business operations of the agency and to secure third party payment. It is also made available to accrediting bodies. The patient signs a consent for release of this information on the initial visit and is informed that all information is kept in compliance with HIPAA requirements.
2. All patient communications, written, verbal or electronic are treated as privileged and confidential and remain within the confines of the agency  
Requests for the release of patient related information will only be honored when a signed notarized written consent is received from the patient requesting such release. Release must identify:
  - Name of requesting agency or individual
  - Organization he/she represents
  - Address and telephone number of the organization
3. Patient related information is only released to authorize agents after review by the most senior staff or designee.
4. The original record may not be removed from agency offices.
5. Clinical records will be available for review by contracting agencies, regulatory and accrediting bodies.
6. Education on the confidentiality of patient information is given to all employees during orientation and as part of the agency compliance program. Evidence of this is documented in the employees personnel file.
7. CQI reports are identified by the patients record number or initials and information distributed outside the agency is devoid of patient identification.
8. OASIS privacy statements are given to all patients who have OASIS data collected and transmitted
  - A log is kept of all request for copies of records that don't involve insurers or government, agencies, i.e. attorneys or others.

- OASIS information transmitted is encrypted.
- 9. All breaches of patient confidentiality are treated as serious and appropriate disciplinary action is taken.
- 10. No retaliation is to be tolerated regarding disciplinary action that is instituted as a result of breach of patient confidentiality.
- 11. Patient directories are not maintained for the purpose of marketing.

## **PURPOSE**

To have a timely process for the investigation and resolution of complaints.

## **PROCEDURE**

1. Each patient is informed regarding the agency's policy for receiving, reviewing, and resolving complaints, as described in the "Rights and Responsibilities" statement.
2. Upon receipt of a complaint, a notation is made on a complaint form or log with date of receipt and date of resolution. The complaint resolution is filed alphabetically within the complaint book.
3. Patient complaints are reviewed to identify trends or potential problems.
4. The patient is given the opportunity to voice their grievance without coercion, discrimination or reprisal.
5. Complaints that require additional action will be referred to the Home Health Aide Supervisor and/or Administrator.
6. Findings and follow-up are documented on the complaint form. All complaints are addressed verbally or in written form if requested.
7. Patients are informed that they have the right to appeal the Agency decision to the President of the agency if they are not satisfied with the resolution. This appeal will be responded to within 30 days of receipt.
8. If the patient is still not satisfied with the resolution, the patient is also informed that they can file a complaint with the Department of Health Area Office and is given the telephone number.

## **Disciplinary Action**

### **PURPOSE:**

To provide employees with the rules to be followed with regard to disciplinary action so that every employee may be treated fairly.

**POLICY:**

- A. Progressive discipline is suggested for most infractions. However, this may be bypassed, and the employee terminated, depending on the severity of the violation.
- B. Before consideration a course of action, the nature and severity of the offense must be considered. The Supervisor should:
  - Gather all pertinent information
  - Discuss the situation in private with the employee
  - Base action and decision on facts
  - Prepare proper documentation

**Category L Offense:**

The following is a list of offenses, which justify immediate termination but are not limited to these actions.

- A. Patient abuse (verbal or physical)
- B. Theft from the patient's home
- C. Possession of a firearm or other weapon while in a patients' home or in the offices of BCHHC
- D. Possessing or using drugs or alcoholic beverages in the patients' home or in the offices of BCHHC Staffing Services
- E. Soliciting money or services from patients or their families
- F. Falsification of any agency/medical records
- G. Willful negligence
- H. Failing to report a communicable disease
- I. Insubordination
- J. Not showing up for work or assigned cases without notice to the Supervisor
- K. Unauthorized disclosure of information contained in patient or personnel file

Because of the serious nature of these offenses the employee may be immediately suspended subject to investigation.

The Supervisor and/or Administrator will investigate the facts of the events leading up to the suspension and preparing the documentation as is necessary. The investigation must include meeting with employee to obtain information on the incident.

The Supervisor, Administrator, and Board or Directors if necessary, will make the final decision, all signing the exit interview if the decision is termination.

**Category 2 Offense:**

Offers progressive discipline, as these offenses are less serious in nature. Progressive discipline, as these offenses are less serious in nature. Progressive discipline provides the

employer with an opportunity to take corrective action, in order to maintain an affiliation with the Agency. Category 2 are offenses which require:

1. A verbal warning documented in writing (1<sup>st</sup> warning)
2. A second written warning
3. A third written warning
4. After twelve (12) months an oral or written warning becomes invalid use for discharge but is retained to indicate any trends of behavior.

**Category 2 offenses include but are not limited to:**

- A. Stopping work before time specified for such purposes
- B. Violation of tardiness or absenteeism policy
- C. Poor work quality or productivity
- D. Failure to follow safety rules
- E. Discourtesy to patients, families or fellow employees
- F. Smoking or using tobacco products in patients home
- G. Refusal of a job assignment
- H. Sleeping at a patients home
- I. Overstaying a leave of absence without approval, failure to return from a leave of absence or working at another job while on leave of absence
- J. Failure to attend mandatory in-service education programs
- K. Failure to comply with appearance/dress code

**Procedure:**

- A. The number of the violation is written on the disciplinary action form
- B. Actions which will take place should further disciplinary action
- C. The employees immediate supervisor must explain in full the reason for the disciplinary action. The employee may respond in writing on the disciplinary action form
- D. The employee will be given a copy of the notice
- E. If the employee refuses to sign a witness acknowledges that the employee refuse to sign
- F. Following a verbal warning and two (2) written warnings the employee will be terminated unless infraction/violation is of such severity that termination is required without prior

**NONDISCRIMINATION POLICY**

**JHC** does not exclude, deny services to, or otherwise discriminate against any person on the basis of race, color, or national origin, or of disability or age in the admission to, activities or in employment therein, whether carried out by JUST HOME CARE Staffing Service directly or through a contractor or any other entity with whom **JHC** arranges to carry out its programs, activities or services.

This statement is in accordance with Federal Laws and Regulations that provide similar protection against discrimination on grounds of sex and creed.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, Please contact:

**CEO- Joyce Bellamy**  
**Telephone- (203)901-3491**

**For individuals with limited English Proficiency and/or impaired hearing, vision, or speech. BCHHC will provide communication aides and/or the services of a qualified interpreter at no cost to the individual.**



## **POLICY: RESPECT FOR PROPERTY**

**PURPOSE:** Agency staff respect patients property and are culturally sensitive to patient needs

### **PROCEDURE:**

1. Respect for property is demonstrated through various actions taken by the staff, as follows:
  - a. Telephone requests to alert patients of prospective onset of services and to request that make arrangements for any other individuals to be present on admission if this is needed.
  - b. Patients are asked to identify the preferred location for caregivers to place personal and professional items, e.g., coats, nursing bags.
  - c. Care is taken not to damage into patients home or its contents.
2. Should any damage inadvertently occur during the delivery of care, this is reported to the agency and arrangements made between the management and patient to satisfy any claim made.
3. Respect for property also includes that staff be sensitive to the ethnic and cultural values of the patient in the process of rendering care.

## **POLICY: SATISFACTION SURVEYS: CLIENT, PROVIDER AND EMPLOYEE**

**PURPOSE:**

In order to improve the quality of services provided and the workplace environment, guidelines for the appropriate method and management of Satisfaction Surveys are established.

**PROCEDURE:**

1. A selection of ten clients who are chosen randomly are to be sent survey on a monthly basis to ascertain their level of satisfaction with services provided.
2. All surveys are to be reviewed to trend for patients of satisfaction/dissatisfaction.
3. The results are used to formulate organizational policy.
4. In order to improve the workplace, all employees are to complete an employee satisfaction surveys as part of their annual review.

**CELL PHONE POLICY**

Cell phones are to be used safely. We advocate the following safety tips. Cell phones can pose a serious health risk. Safety advocates have determined through research that driver inattention is a primary or contribution factor in as many as 50 percent of all traffic accidents.

We at **JHC** want to use the technology in a way that limits accidents and protects your safety while talking and traveling. We advocate the following safety tips as offered by World or Wireless, a cellular industry organization:

- Get to know your cell phone features
- Use a hand free device
- Position your phone within easy reach
- Suspend calls in heavy traffic or hazardous weather conditions
- Do not take notes or look up phone numbers while driving
- Do not engage in stressful or emotional conversations that may divert your attention from the road

**JHC** is not responsible for accidents caused by unsafe travel. You must use a hands-free set while driving on company time.

**PURPOSE:** To provide patients education in home safety.

**PROCEDURE:**

1. To ensure optimum participation in the plan of home care, patients are given appropriate written and verbal instructions related to the care plan.
2. Training in safety in the home shall include, as is appropriate:
  - Basic home safety
  - Electrical safety
  - Fire safety
  - Storage, handling, and ordering of supplies, and,
  - Disposal of expended supplies
3. Safety training shall have as its focus the prevention and or avoidance of situations or activities which lead to accidents
4. In situations where the home environment is perceived to be unsafe, specific suggestions and/or recommendations shall be made to redress the situation. For example, clients may be advised to:
  - a. Install a smoke detector
  - b. Eliminate throw rugs or install adhesive backing
  - c. Contact a qualified electrician to ground or install an electrical outlet
  - d. Obtain a portable fire extinguisher
5. All safety related training, recommendations and follow up assessments are clearly and promptly documented on the plan of care and retained in the clients record.

**POLICY: CLIENT/ABUSE AND NEGLECT pg. 1 of 3**

**PURPOSE:** To ensure the safety of patients and provide for appropriate intervention.

**GENERAL POLICY:**

It is mandate under Connecticut law that health care professionals who suspect abuse or neglect of a client under their care must report the alleged or suspected neglect or abuse to the proper authorities. Failure to report actual or suspected abuse may constitute a crime on the part of the health care professional.

### **ASSESSING ABUSE:**

There are three main categories of abuse:

1. CHILD ABUSE
2. ELDER ABUSE
3. SPOUSE ABUSE (usually abused females)

### **RECOGNIZING ABUSE:**

The home care professional may not realize that abuse is occurring when she/he sees client the first time. However, certain signs may begin to appear which would indicate that the situation is not normal. The professional should look for the following:

### **CLIENT HISTORY-**

- When taking the clients history he/she may be vague about how an injury occurred, or may tell different stories to different people.
- When asked about specific injuries, the client may be evasive or not answer at all.
- The client may attempt to minimize or hide injuries.
- The client may exhibit embarrassment over the injuries. This is frequently due to their behavior that they were punish for having done something wrong.
- Out of fear, or sometimes love, the abused client will frequently attempt to protect the abuser.

### **Assessing the Abuser-**

- The abuser may appear overly agitated when dealing with health care professionals: may become impatient when procedures are not carried out immediately or is very impatient as questions are asked.
- Abuser may take an opposite behavior, show no interest in clients problems.
- The client may exhibit signs of fear when the abuser is present, or is being discussed.
- Assess for threatening tones or language on part of the abuser towards client, or towards anyone else, including the health care professionals.

### **PHYSICAL EXAMINATION:**

- Look for characteristic signs of abuse such old bruises, scars, burns, or deformities that the client can't or won't explain.

- Make note of any recent bruises or scars that were not present on prior visits and seek an explanation.
- Observe for poor hygiene or nutritional status, dehydration, indications of over medication or under medication such as grogginess or decreased level of consciousness.
- Note pressure sores or other evidence of skin breakdown or infection.

**NOTE:** Some situations or conditions that suggest mistreatment may actually present progression of a medical diagnosis. For example, bruises may be caused by a coagulation disorder, as with Coumadin overdose.

#### **DOCUMENTING ABUSE:**

- Always document findings objectively
- Never allow emotions to influence charting
- Record information in the clients own words
- Record personal observations (of the health care professional)

#### **REPORTING ABUSE:**

All agency field staff are required to report suspected or actual cases of abuse or neglect to their immediate supervisor for appropriate follow-up. In an emergency, the field staff employee should contact proper authorities.

#### **Abuse & Neglect (2)**

Documentation of the field staff report and reports to responsible authorities must be documented in the clients clinical report. Names of people spoken to, their Company name and phone number. In the case of the Connecticut Child abuse Hotline, an ID number must also be obtained when the call is made. When reporting child abuse, a form DCF-136, obtained from the Connecticut Department of Children and Families (DCF), must be completed and filed with DCF within 48 hours of verbal report.

#### **WHOM TO REPORT TO:**

**IN THE EVENT OF IMMEDIATE EMERGENCY OR DANGER CALL THE POLICE AT 911**

Patient Service Policy and Procedure Manual

**POLICY: CLIENT/ABUSE AND NEGLECT pg. 3 of 3**

**Connecticut Child Abuse Hotline  
1(800) 842-2288**

**Protective Services for Adults (CT)**

1(888) 385-4225

**WHEN REPORTING SUSPECTED CASES OF ADULT OR CHILD ABUSE TO YOUR SUPERVISOR, PLEASE INCLUDE:**

- ❖ WHAT HAPPENED
- ❖ TO WHOM IT HAPPENED
- ❖ WHEN IT HAPPENED
- ❖ WHERE IT HAPPENED
- ❖ WHO MAYBE RESPONSIBLE FOR THE MISTREATMENT, PHYSICAL ABUSE AND/OR NEGLECT

**A copy of the report will remain in client files for 6 years for adults, 7 years plus majority for children.**

**SUPPORT GROUPS:**

The following organizations offer support and counseling for the abuse victim and the abuser.

**CHILD HELP USA/I.O.F  
(800)4-A-CHILD**

**NATIONAL CLEARINGHOUSE ON  
MARITAL AND DATE RAPE  
(415)524-1582**

**NATIONAL COALITION AGAISNT  
SEXUAL ASSAULT  
(415)236-7273**

**OFFICE OF VICTIM SERVICES  
31 COOKE STREET PLAINVILLE, CT 06062  
1(860)747-3994 1(800)822-8428**

**NATIONAL COMMITTEE FOR  
PREVENTION OF CHILD ABUSE  
(312)663-3520  
PARENTS ANONYMOUS  
(800)421-0353**

**PARENTS UNITED  
(408) 453-7616**



# **RL RESEARCH REPORT**

September 7, 2000

2000-R-0855

## **MANDATED REPORTERS OF CHILD AND ELDER ABUSE**

By: Robin Cohen, Principal Analyst

Who are mandated reporters of child and elders abuse, and (2) what are they required to do?

### **SUMMARY**

The law requires certain professionals who have some degree of contact with children to report suspected abuse, neglect, and at-risk situations to the Department of Children and Families (DCF). They must make an oral report within 24 hours of suspecting the problem,

with a written follow-up 48 hours after that. People who fail to report can be fined up to \$500. Reporters call a dedicated, toll-free hotline (1-800-842-2288) to make reports.

A similar group of professionals is required to report suspected abuse, neglect, abandonment, or exploitation of elderly people and face the same penalty for failure to report. Generally, making an oral report is the extent of the reporter's involvement. The number to call 1-888-385-4225 or an intake number at the appropriate Department of Social Services(DSS) regional office. In the Hartford area that number is(860)566-7329.

## **CHILD ABUSE REPORTERS**

### **Who Must Report** (see attached form)

State law lists the following individuals as mandated reporters of child abuse and neglect:

1. Licensed physicians and surgeons and unlicensed medical residents
2. Registered and license practical nurses
3. Medical examiners
4. Dentists and dental hygienists
5. Psychologist, social workers, and licensed marital and family therapists
6. School teachers, principals, guidance counselors, and paraprofessionals
7. The child Advocate
8. Police officers
9. Clergy
10. Pharmacists and physical therapists
11. Licensed osteopaths, chiropractors, podiatrists, and physicians' assistants
12. Licensed substance abuse councilors
13. Sexual assault and battered women's counselors
14. Childcare providers working in license facilities

### **Duties of Reporters**

By law, these individuals must report to either DCF or the local law enforcement agency when, acting in their professional capacity, they have reasonable cause to suspect that a child under the age of 18

1. Has suffered non accidental physical injury, an injury which is at odds with the given history, or is in a condition resulting from maltreatment, such as malnutrition, by the person responsible for his health, welfare, or care, or by someone to whom the responsible person gave access
2. Has been placed by the responsible person at imminent risk of serious harm by an act or failure to act
3. Has been neglected

These situations are defined in law (CGS 46b-120) and a DCF publication (which is distributed at numerous community training sessions) a copy of which is attached. (The law provides that treatment of a child by a Christian Scientist practitioner alone does not constitute maltreatment (CGS 17a-104)



An oral report must be made within 24 hours of the alleged abuse and a written one 48 hours after that (see copy of reporting form DCF-136 attached) both to the hotline. A law enforcement agency must immediately notify DCF when it receives an oral report. Likewise, DCF must notify the appropriate law, enforcement agency within 24 hours whenever it receives a report indicating that a child has (1) died, (2) been sexually assaulted, (3) suffered brain damage or loss or serious impairment of a bodily function or organ, (4) been sexually exploited, or (5) suffered non accidental physical injury

If the abuse or neglected is alleged to have been committed by a staff member of an institution caring for the child or a school, the reporter must additionally notify the person in a charge of the institution or school, who in turn must notify the child's parent or other responsible caretaker. If the report concerns a certified school employee, the person in charge must send a copy of the written report to the commissioner of education. Copies must also be sent to the state executive agency head when the report concerns an employee of a state-licensed facility or institution (CGS 17a-101b©17a-101c)

The statutes specify what information the report must contain, including the names and addresses of the child and parents, as well as the child's age and gender (CGS 17a-101d)

Calls, which are recorded, are answered by DCF social workers who ask for the child's name, address, and phone number. They also ask the reporter to explain his concerns and to offer any other information that might help the worker understand the situation.

The worker will request the reporter's name and phone number in the event she needs to ask additional questions.

### **PROTECTIONS FOR REPORTERS**

The law protects mandated reporters who report in good faith and punishes those who knowingly make false reports. It prohibits employers from discriminating, discharging, or retaliating against an employee who makes a good faith report or who testifies or is about to testify in any abuse or neglect proceeding. Civil penalties of up to \$2,500 can be levied against violating employers.

The law grants civil and criminal immunity to reports who in good faith make or do not make such reports. Likewise, individuals who knowingly make false reports can face fines up to \$2,000, a one-year prison sentence, or both (CGS 17a-101e). In addition to the \$500 penalty for failure to report, mandated reporters can be sued for damages if further injury is caused because the reporters failed to act.

Mandated reporters must give their names when they make a report but may request anonymity to protect their family's privacy. Unless a reporter gives written consent to the contrary, his name can be disclosed only to (1) DCF employees, (2) law enforcement officers (3) state's attorney (4) assistant attorneys general (5) judges and necessary parties in court proceedings and (6) state child care licensing agencies, executive directors of institutions, schools, facilities, or school superintendents.

DCF recommends that individuals reporting abuse not talk with parents before DCF investigates as doing so would put the child at greater risk and interfere with the agency's investigation and any criminal investigation. Reporters have no legal obligation to notify the parents.

### Non-Mandatory Reporters

Anyone other than a mandated reporter can also file a report, either verbally or in writing, with DCF or local law enforcement when he suspects abuse or neglect. The DCF commissioner must use her best efforts to obtain the name and address of the person making the report, but these reporters have the option of remaining anonymous.

As with the mandated reports, DCF has 24 hours to notify the appropriate law enforcement agency when a reporter alleges any of the five scenarios described above (CGS 17a-103).

## **ELDER ABUSE AND NEGLECTED REPORTING**

### *Who The Mandated Reports Are*

This list of mandated reporters is very similar to that for child abuse and neglect. They include:

1. Licensed physicians and surgeons and licensed or unlicensed residents and interns
2. Registered and licensed practical nurses
3. Nursing home administrators, nurse's aides, orderlies, and anyone else paid for providing care in a nursing home
4. Patient advocates
5. Medical examiners
6. Dentist
7. Osteopaths, optometrists, chiropractors, and podiatrists
8. Psychologists and social worker
9. Clergy
10. Police officers
11. Pharmacists
12. Physical therapists

Anyone else who suspects abuse, neglect, exploitation or abandonment can also report to DSS.

### *What and When They Must Report*

When any mandated reporter has reasonable cause to suspect or believes that someone age 60 or over (1) has been abused, neglected, exploited, or abandoned, or is in a condition caused by one of these or (2) is in need of protective services (services designated to protect elderly

individuals from such harm), he must report this to DSS within five days. Anyone who is required to report and doesn't can be fined up to \$500.

The report, which can be made orally or in writing, must contain the name and address of the elderly person, information regarding the nature and extent of the problem, and any information which the reporter believes might be helpful in an investigation.

As with the child abuse cases, the law grants both civil and criminal immunity to reporters in proceeding that might arise from the report, except for liability for perjury, unless the reporter acted in bad faith or with malice (CGS 17b-451)

According to DSS Elderly Services Unit head Christine Lewis, the reporter is never told the outcome of an investigation. But if asked, DSS protective services staff will let the reporter know that they took action.

**JUST HOME CARE, LLP**

**Non – Compete Agreement**

I \_\_\_\_\_ agree to refrain from employment from any agency, facility or institution that I have contracted to work at through JUST HOME CARE, LLP., for a minimum of 365 days after termination from JUST HOME CARE, LLP.

\_\_\_\_\_  
Signature Employee

\_\_\_\_\_  
Signature  
JUST HOME CARE, LLP

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **JUST HOME CARE, LLP**

### **Conflict of Interest Policy & Procedure**

**Policy:** JUST HOME CARE, LLP will utilize the Policy and Procedure to protect its property.

**Purpose:** JUST HOME CARE, LLP has a conflict of interest Policy.

**Procedure:** Each of JUST HOME CARE, LLP employees will sign a non-solicit and non-compete upon being hired. The forms will be signed upon hire and kept in the employee's personnel file.

## **JUST HOME CARE, LLP**

### **Conflict of Interest Policy & Procedure**

I \_\_\_\_\_, agree not to solicit and or coerce any patients serviced by JUST HOME CARE, LLP. Upon departure, termination or ending my affiliation with the agency. I agree to the respect of quality of care and standards maintained at JUST HOME CARE, LLP upon my departure, termination or ending my affiliation with the agency.

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Signature Employee

---

Signature  
JUST HOME CARE, LLP

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Date

---

Date

## JUST HOME CARE, LLP

### Time Sheet / Memo

If our timesheets are not properly filled out, it can cause delay in the billing cycle and can cause delay in your payroll pay. Please fill out timesheets correctly. If you are not sure about the different cases, feel free to call the office and someone will assist you.

These are the following guidelines for your timesheets:

- No White-Out
- No Scribbles
- No Magic Marker Pens Black/Blue Pens ONLY
- If there is a mistake, Cross out with ONE line and initial by the mistake
- ALWAYS turn in originals, NEVER turn in copies
- No Fax Copies
- Always fill in the date and time
- Always enter the total amount of hours
- Make sure the clients accepted
- ALWAYS turn in your own timesheet
- Make sure your name is on ALL your timesheets and written clearly

It is illegal for the processor to make any corrections to your timesheets so DO NOT ASK. If the timesheet is not correctly filled out in the guidelines stated, your timesheet will NOT be accepted which will delay your pay.



# HIPPA Certificate

This Is to certify that

---

Has successfully completed  
The in-service program titled

**HIPPA IN HOMECARE:**  
*Protecting Your Patients Privacy*

This training included instructions and testing

Privacy Officer: \_\_\_\_\_

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



Signature Card

The following are authorized signers for the following client

Client Name: \_\_\_\_\_

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

5.) \_\_\_\_\_

Information given by: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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