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Description automatically generated ADULT ABUSE

Abuse is to an adult, you should report the abuse to your local state adult Protective Services (APS) Agency, 1-800-490-8505. If it is a child who is the victim, then you should report the suspected abuse to your local or state Child Abuse Agency. If you do not know your state child abuse agency you can call the Child Help’s

National Child Abuse Hotline, 1800-422-4453, TDD -800-222-4453. Appropriate family members should be notified of alleged instances of sexual abuse.

The organization should report the alleged sexual abuse incident to their insurance agent. Antiretaliation.

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

INVESTIGATION AND FALLOW-UP

The organization will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. The organization will use an outside third party to investigate, If the organization will cooperate fully with any investigation conducted by law enforcement or regulatory agencies. It is the organization’s objective to conduct a fair and impartial investigation. The organization provides notice that they have the option of placing the accused on a leave of absence or on a reassignment to non-patient contact.

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

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliation against any employee/volunteer exercising his or her rights under the policy.

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

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

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Description automatically generated CELL PHONE POLICY

A Brand New Age Home Care encourages safe use of cellular telephones by employees who use them to conduct business for A Brand New Age Home Care.

Employees who use hand-held cellular phones while on company business should refrain from making or receiving business calls while driving. If an employee needs to make or receive a business phone call while driving, the employee should make sure the vehicle is stopped and that he or she is parked in a proper and safe location before taking or making a call.

Employees who use a hands-free device must keep business conversation brief while driving. Employee must stop the vehicle in a safe and proper parking area if the conversation becomes involved or if traffic becomes heavy/road conditions are poor.

Employees who are faced with an emergency, such as traffic accident or car trouble, may find it necessary to make a phone call while driving.

Employees who are found to have violated this policy may be subject to disciplinary action up to and including termination from employment.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME), have read and understand the above Cell Phone Policy. I have been provided a copy of this policy to review for future reference.

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