



Attendant Handbook

We take seriously our commitment to our patients/clients in providing Personal Assistance Services via the Primary Home Care Program. We believe you are the most asset in assuring that we meet our Agency's objective to provide Non-Technical Attendant Services to Medicaid eligible clients who reside at home using your most valuable personal qualities, which are patience, efficiency, loyalty, courtesy, cheerfulness, friendliness, and above all compassion. You should do everything possible to contribute toward an atmosphere of politeness and consideration to courteously assist our clients with Personal Care and Home Management. Care is provided to all clients eligible for Primary Home Care Services regardless of age, gender, sexual orientation, religion, handicap and ethnic origin.

We encourage you to take your orientation to our policies, procedures, and objectives of our agency seriously. Please read your employee handout and all other literature given to you on orientation day.

Thank you,

Jose De La O, Administrator
San Angel Primary Home Care

San Angel Primary Home Care

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Attendant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Purpose of This Handbook

This statement of office procedures for San Angel Primary Home Care has been prepared and approved by management as an expression of the company policies and practices concerning the conduct of business, including the establishment of offices, facilities, employer/employee responsibilities and relationships, and interaction with clients, and the public. This document is not a legal instrument, but rather an official expression of management's desires and plans for the establishment of a sound and productive working environment for its personnel, as well as the means which company shall attain objectives. Therefore, nothing in this handbook should be constructed as imposing, whether by implication or otherwise, any legal or contractual obligations or restrictions. San Angel Primary Home Care policies and procedures are subject to change, as management deems necessary, by distribution of an update and revised version of this manual.

DEFINITIONS

The word "shall" signifies a policy that may be utilized or should be utilized if management feels the circumstances warrant. The word "will" signifies a stricter adherence to policy.

A policy is not a rule of procedures. Rules are requirements of certain actions or non-actions, while procedures are chronological sequences of required actions. Neither assumes nor allows any discretion on the part of the person following them. They tell precisely what is to be done, and deviations are automatically an error. Policies, in contrast, are guides to thinking in decision-making. Their purpose is first to define the area within which a decision made will be in line with overall plans and goals.

A NOTE ABOUT PRONOUNS

For brevity and convenience, the masculine pronouns (he, him, his) have been used throughout this handbook to refer to persons of either sex. Wherever the context requires, the use of a masculine should be interpreted to include, and not to exclude the feminine.

1. PHILOSOPHY

The owner and management of San Angel Primary Home Care *operates* on the principle that the services we provide are an expression of the dignity and worth of every employee. We exist to meet the physical and emotional needs of our clients, to the fullest extent of our education, training and licensing.

2. MISSION STATEMENT

The Agency is a privately owned for profit company, dedicated to provide professional and para-professional services to clients in their homes assisting them to achieve the highest level of potential in their day to day self-care activities. We are committed to providing high quality, multi-disciplinary care by professionals who recognize the necessity for the comprehensive assessment of needs from both the client and the professional's point of view.

3. VISION STATEMENT

We value our clients above all. As the driving force behind our mission, our clients and their caregivers are to be treated with compassion, respect, and integrity by a trained team of staff who treat them as they would members of their own family.

4. INTRODUCTION

This employee Handbook is a brief description of the personnel policies, benefits, rules of conduct, and safety regulations of San Angel Primary Home Care It is designed as a guide; subject to the terms and conditions of other standard operating procedures, medical guidelines, insurance policies and various regulations. These policies, practices and benefits are continuously reviewed and may change

from time to time. Nothing in this Employee Handbook creates an implied or expressed contract of employment. The employment relationship may end at any time by San Angel Primary Home Care or any employee in accordance with the "at will" doctrine of Texas

5. EMPLOYMENT GUIDELINES

▪ PROBATIONARY PERIOD

All employees will be subject to a ninety (90) day probationary period from their initial date of hire, probationary period may be extended at the discretion of San Angel Primary Home Care An employee is not eligible for benefits during this probationary period.

During the probationary period, San Angel Primary Home Care may terminate any employee who has not met the expectations of San Angel Primary Home Care or fulfilled their job responsibilities.

▪ ORIENTATION

New employees will receive a comprehensive orientation and review of personnel policies, benefits, procedures, job descriptions, safe practices, universal precautions, work rules, forms and other matters. This orientation will start the first week of employment, and includes a variety of documents, schedules, forms, affidavits, and instructions. All employees to assure that changes are communicated and understood will attend staff meeting.

▪ CRIMINAL HISTORY CHECK AND BACKGROUND SEARCHES

Applicants for employment and new employees who are non-licensed will have their criminal history checked within 72 hours of date of hire. A Criminal History Check (CHC) will be done and management to determine the employability of the individual will review the response from the Texas Department of Public Safety (DPS). San Angel Primary Home Care will **not keep an unlicensed employee who was convicted of an offense as specified in Section 250.006, Convictions Barring Employment, or if the facility determines there is a contraindication of employment.** Employees may appeal to the Department of Public Safety (DPS) Error Resolution Center at (512) 465-2520, if it is felt that the information provided is not correct.

The agency will also conduct a search of the Employee Misconduct and the Nurse Aide Registry, TX DPS National Sex Offender search, and OIG-HHSC/HHS prior to the offer of employment for all unlicensed staff that has direct contact with the agency's client. If an individual is listed in these registries as having committed an offense of abuse, neglect or exploitation, the agency will not hire this individual.

E-Verify - The agency participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

▪ DRESS CODE POLICY

Dress attire must be appropriate for the work assignment and encourage a professional presentation.

▪ FIELD STAFF

Must present a neat and clean appearance.

Hair must be neatly groomed, facial hair/beards and mustaches must be neatly trimmed.

Leggings not allowed. Only clean/closed toe shoes are allowed.

All staff participating in direct client care is not to wear heavy perfume or after-shave.

▪ TRAINING AND MEETINGS

Personal care attendants will receive training during the orientation visit and supervisory visits performed in the clients' home.

▪ PERSONNEL RECORDS

Confidential personnel records are maintained on each employee. An employee may review his/her personnel file by requesting an appointment with the Administrator that does not interfere with work. All files are property of San Angel Primary Home Care and are treated as confidential information. All personnel records must be maintained in a locked filing cabinet at all times.

▪ PERFORMANCE EVALUATION

Attendants will receive an annual performance evaluation. These evaluations will be complete by the employee's immediate supervisor and reviewed/approved by the Administrator.

▪ RESIGNATION

An employee, who decides to leave the agency, must give two (2) weeks written notice. Fill the employment separation form which should include:

1. The reason for leaving
2. The last day of work
3. Signature and date

6. PAY PRACTICES

San Angel Primary Home Care believes in "pay for performance". Wages and salaries are based on education, training, skill level, experience, licensing, certification, performance evaluation, and other factors. Compensation will not be paid during natural disasters, or if there is any interruption to our business and we cannot provide client services. ***See attached TX DADS provider letter dated 08/22/13 regarding Required Base Wages of Personal Attendants Effective 09/01/14 & 09/01/15.***

▪ PAYROLL PERIOD

The payroll periods include the first (1) day to the month through fifteen (15th) and sixteen (16) through the last day of the month. Paychecks will be distributed on the first (1st) and sixteenth (16th) of each month. If the payday falls on a holiday or weekend, the paychecks will be distributed on the day prior to the holiday and/or weekend.

▪ EVV

Employees are required to record working time via EVV. Any delay in reporting may cause a delay in providing payroll paychecks. Falsifying payroll records is a serious matter that will result in disciplinary action.

• OVERTIME PAY

Certain jobs, such as executive, administrative and professional are excluded from overtime regulations, in accordance with the U.S. Department of Labor and the Fair Labor Standards Act of 1938, as amended. Hourly employees are not permitted to work overtime unless scheduled and approved in advance by their supervisor.

▪ ON-CALL

There will be a SUPERVISOR On-Call from 5:00 P.M. until 8:00 A.M. the following morning every day. On-Call duty will be assigned to a PAS Supervisor on a rotating basis. The PAS Supervisor will receive the call and forward all client related calls to the Supervisor. On-Call staff must carry a mobile phone and an on-call binder. Their responsibilities include documenting all calls, performing visits as required and submitting reports.

▪ PAYROLL DEDUCTIONS

Certain payments will be automatically deducted of each paycheck, as required by law and others for the convenience of the employee:

- | | | | |
|----|-------------------------|----|--------------------------------------|
| a) | federal withholding tax | d) | court-order child support, IRS taxes |
| b) | social security tax | | bankruptcy payments |
| c) | Medicare insurance tax | | |

7. TIME AWAY FROM WORK

When it becomes necessary for employees to be away from work, absences may be paid or unpaid time, depending on the circumstances. **Attendant care staff and part-time and temporary employees do not receive paid absences or other benefits.**

▪ MEDICAL LEAVE OF ABSENCE

A Medical Leave of Absence shall be granted after it is approved by the Administrator only after medical evidence is submitted by a licensed physician indicating that it is necessary. The maximum amount of time allowed for a medical leave of absence is three (3) months. Any employee on medical leave who is not able to return to work after this period must have an extension approved by the Administrator. When an employee is on medical leave of absence, he/she may return to work only with the consent of the attending physician in writing. Employee benefits do not accrue during the time an employee is on medical leave of absence.

▪ JURY DUTY

When an attendant care staff are required to serve on a jury, San Angel Primary Home Care will consider these absences excused. Such duty must be noted on the time sheet, and a copy of the jury summons and a letter of service from the Clerk-of-the-Court must be turned in to the office. Employees are expected to return to work as soon as released from duty, including partial days.

▪ MILITARY LEAVE

Military leave of absence is granted as required by Military Selective Service Act of 1974, the Veterans Re-Employment Rights Law of 1994, and other applicable regulations. Such leave is excused and without pay.

8. WORKER'S COMPENSATION INSURANCE

San Angel Primary Home Care is a non-subscriber under Texas State Insurance regulation. However, every injury, no matter how small must be reported immediately to the Administrator or Supervisor and a written report submitted the same day. If you have been given a leave of absence from your doctor due to pregnancy or surgeries, etc. you must give agency a copy of that order and then turn in a medical release once you can return to regular duties as released by doctor only.

▪ INSURANCE- GROUP HEALTH, DENTAL & LIFE INSURANCE

San Angel Primary Home Care does not provide group health, dental or life insurance to direct care attendant staff.

9. BEHAVIORS AND DISCIPLINE

San Angel Primary Home Care is very concerned about its image, reputation and quality of service to its clients, to the public and to the community. Any action or activity which is determined to hurt San Angel Primary Home Care reputation or its normal operation will be reviewed by management. It is not practical to list every type of **unacceptable** behavior at work, but conduct should be guided by common sense, save work habits and honesty. Behavior that is illegal, unsafe, unethical or non-productive will be cause for disciplinary action. Disciplinary action includes counseling, warning, suspension, demotion, probation or termination. Each employee will receive a copy of the Work Rules and sign an acknowledgment of receipt.

▪ PROFESSIONAL RELATIONSHIPS

Employees who have client contact are required to maintain a professional relationship at all times. The following guidelines are provided:

- a) Refrain from sharing any personal life problems with clients.
 - b) Refrain from sharing any employment related problems with clients.
 - c) Refrain from taking family members or friends to client's homes. If circumstances require that someone else travel on a client visit, that person must wait in the car, which should be parked out of view. This is so that the client will not realize that someone is waiting. Do not inform the client that someone is waiting.
 - d) Refrain from accepting tips or gifts of any kind from clients. San Angel Primary Home Care does not want to be a burden to any of our clients. If it is judged that refusing a token of gratitude would hurt the client's feeling, then use good judgment and consult the Supervisor or Administrator for advice.
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▪ PROBLEM SOLVING

Complaints, misunderstandings, personality conflicts and other concerns should be taken care of as soon as possible. A complaint is anything that an employee feels is wrong, unfair, illegal or against San Angel Primary Home Care policy. Each problem should be discussed within three (3) working days of its occurrence. The Supervisor should be the first to hear about the problems, and should be able to solve it within a reasonable time. If the Supervisor does not satisfy the employee, or if the Supervisor is part of the problems, then a written explanation of the problem should be submitted to the Administrator.

▪ DISCIPLINARY ACTION

Failure to perform assigned duties or substandard performance will result in disciplinary action. Agency Work Rules will be enforced on all employees who are subject to disciplinary action. Before a disciplinary action is written, Supervisor should check personnel file for any other current disciplinary action on the specific employee. Disciplinary action will not remain in effect for longer than twelve (12) months. Each employee will be interviewed, and be asked to sign any disciplinary action. The employee's signature does not indicate agreement with the disciplinary action, but only verifies that the interview took place. The employee will be given a copy of the disciplinary action and the original will be placed in the employee's personnel file. The Administrator will review the specific situation along with the employee's entire performance record before termination. The Administrator and the Supervisor are the only persons with the authority to discharge an employee thus terminating the employee's position with the agency.

10. HOME SAFETY CHECKLIST

ALL AREAS OF THE HOME

In all areas of your home, check all electrical and telephone cords; rugs, runners and mats; telephone areas; smoke detectors; electrical outlets and switches; light bulbs; space heaters; wood burning stoves; and your emergency exit plan.

FIRE PREVENTION

- Check smoke alarms, make sure batteries are changed regularly and that the alarm is working
- Keep a fire extinguisher handy and make sure that all family members know how to use it
- Make sure any curtains near the stove or a furnace are firmly tied back and cannot come in contact with a burner or flame
- Check appliances for frayed electrical cords. Unplug all appliances when they are not in use. Avoid using long extension cords.
- Don't wear long-sleeved or loose clothing that can come in contact with a burner or flame

PREVENTION OF FALLS AND OTHER INJURIES

- Keep stairways and passageways free of clutter
- Don't wear loose or long clothing that can cause tripping when standing on a ladder or step stool
- Let the toaster cool and unplug it before reaching into it with a fork or other utensil
- Avoid slippery scatter rugs. Use nonskid pad or backing. Wipe up spills promptly.
- Never run electrical cords under a rug
- Store hazardous materials (including bleaches and cleaning products) in a safe place and away from food
- Don't use pesticides or other poisonous substances in areas where food is prepared

POISON PREVENTION

- Label all poisons
- Keep all substances in their original containers
- Store cleaning agents away from food and medications
- POISON CONTROL: 1-800-222-1222

HAZARDOUS WASTE DISPOSAL

- Place all needles and syringes in a hard plastic or metal container with a screw top or re-enforce top with heavy duty tape
- Place soiled bandages, disposable pads/sheets and medical gloves, masks and gowns in securely fastened plastic bags before placing them in the garbage can with other trash.

OXYGEN (O2) SAFETY/MEDICAL GASES

- Store medical gas cylinders on their sides in a stable protected area (i.e. protected from heat extremes)
- Utilize O2 in an area free from open flames and cigarettes

BATHROOM SAFETY

- Make sure that electrical appliances (such as hair dryers, radios, shavers, heaters, etc.) are not placed where they can fall into the bathtub or come in contact with water
- Install grab bars on the side of the bathtub
- Use a skid-resistant bath mat by the tub or shower
- If the bathtub doesn't have a skid resistant bottom, use a suction-type mat in the tub
- Have a special container for used razor blades and other sharp objects. Don't toss them into the wastebasket.
- Don't store medications in the bathroom. Instead, keep them in a closet or another dry, cool place that can be locked.
- Leave a night light on in the bathroom and in dark hallways

WEATHER PRECAUTIONS

- Tornado
 - Go to closet or bathroom
 - Wrap in a blanket
 - Cover head with pillow
- Cold Weather
 - Have blankets available
 - Wear layered clothes

- Have hot food and drinks several times a day
 - Cover head – up to 20% of body heat can be lost through the scalp
 - Hot Weather
 - Wear loose cool clothing
 - Drink liquids several times a day
 - Use fans if air conditioning is not available
 - Avoid direct exposure to the sun
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▪ CONCEALED WEAPONS

The possession of a handgun under authority of Texas Concealed Handgun Permit Law, Texas Civil Status, Article 4413 (29ee), is prohibited on San Angel Primary Home Care premises. If at any time, San Angel Primary Home Care has a reasonable suspicion that a concealed weapon or firearm is being carried, maintained, or stored in violation of this policy, San Angel Primary Home Care reserves the right to conduct a reasonable search of the person or property which it suspects to possess or contain a concealed firearm. The violation of this policy may lead to termination of employment as set forth in the established work rules of San Angel Primary Home Care
This policy is also a term and condition of continued employment.

▪ SMOKING IN THE WORKPLACE

Smoking has become a recognized health hazard and an irritant to many people. San Angel Primary Home Care policy is to control the quality of indoor air, to provide for the health, safety and comfort of all employees, and to limit the use of tobacco at work.

- a) Smoking is not permitted in any San Angel Primary Home Care facility or vehicle, including meetings.
 - b) Smoking material must be disposed of properly in approved outside containers.
 - c) Smoking is limited to outdoor areas only.
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▪ DRUG FREE WORK PLACE

The manufacture, distribution, dispensing, possession, sale, purchase, or use of a controlled substance on San Angel Primary Home Care property is prohibited. Being under the influence of alcohol or illegal drugs on company property is prohibited. The unauthorized use or possession of prescription drugs on San Angel Primary Home Care property is also prohibited. It is the responsibility of all San Angel Primary Home Care employees to report to their immediate supervisor or to higher management any persons in violation of this policy. A positive test shall mean either the presence of a drug and/or alcohol and will be the basis for discharge

Employee testing may be conducted when:

- a) Individual testing shall be required when there is reasonable suspicion that drugs or alcohol is affecting job performance and conduct in the work place.
 - b) Any employee involved in an on-the-job accident may be tested.
 - c) All employee(s) may be tested on a random basis.
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11. PROHIBITION OF SOLICITATION/REMUNERATION FOR REFERRALS

The employees and contractors will comply with the Health and Safety Code regulation relating to the prohibition of illegal remuneration for securing or soliciting clients or patronage. The Agency and its representatives will not intentionally or knowingly offer to pay or agree to accept any remuneration directly or indirectly, overtly or covertly, in cash or in kind, to or from any person, firm, association of persons, partnership, or corporation for securing or soliciting clients or patronage. Employees who receive or pay illegal remuneration will be terminated immediately, and/or reported to their respective licensing agency.

12. RESPONSIBILITIES OF A HOME CARE PROVIDER

The following information is an outline of your responsibilities as a Home Care Provider for San Angel Primary Home Care These are guidelines for the care you provide.

It is your responsibility to report to the office the following:

- If the client is not at home when you show up for work;
- If the client has been admitted into the hospital or nursing home;
- If you notice and health changes in the client;
- If the client had moved;
- If the client has a change of address or phone number;
- If your address or telephone number has changed.

Your tasks and schedule are assigned to you on your time sheet. Please follow your assigned tasks and scheduled hours. If tasks and/or hours are increased or decreased, the office will notify you.

If you are unable to report to work:

You must call the client and you have to notify the office.

There must be no clock in and out for the day that you miss unless you make up the time.

Work hours can be made up only on the same day, but you need to notify the office to see if a schedule can be arranged.

It is not permitted:

To accept gifts or favors from the client.

To give gifts or favors to the client.

To borrow money from the client.

To have family or friends over during working hours.

To drive the client's car for your personal business or to take the client anywhere including the doctor or the store. To eat during working hours. The attendant provides services planned to maintain, strengthen, and safeguard the client in his/her own home environment. He/she provides care, warmth, and support in accordance with the specified plan of care for the client.

13. REPORTING ABUSE, NEGLECT, EXPLOITATION AND REPORTABLE CONDUCT

Clients served by the Agency have the right to be cared for in an environment that is safe and free of harm. It is the policy of the Agency to not only expressly prohibit abuse, neglect, and exploitation of clients by agency employees, contractors, agents, and affiliates, but also to prevent abuse, neglect, and/or exploitation and to report, review and investigate all suspected abuse, neglect, and/or exploitation of clients served by the Agency by persons external to the Agency.

Abuse - Any act, or failure to act, done knowingly, recklessly or intentionally, including incitement to act which causes or may cause physical or emotional harm or pain. May include, but is not limited to physical injury, unreasonable confinement, intimidation, cruel punishment, sexual assault or exploitation, or abusive language that is intended to degrade, vilify, or threaten a person with physical or emotional harm or pain.

Exploitation - The illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with a person using the resources of such person for monetary or personal benefit, profit, or gain without the informed consent of such person.

Neglect - (Which includes child neglect) The failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.

All health care professionals, whether employed, or contracted by the Agency, who suspects abuse, neglect and/or exploitation have the legal obligation to report such to the **Texas Department of Protective and Regulatory Services (DPRS) (1-800-252-5400)**.

Reportable Conduct by Unlicensed Direct Care Personnel is defined by Health and Safety Code 253.001 as:

- Abuse or neglect that causes or may cause death or harm to an individual;
- Sexual abuse of an individual receiving agency services;
- Financial exploitation of an individual in an amount of \$25.00 or more;
- Emotional, verbal, or psychological abuse that causes harm to an individual.

▪ **PROCEDURE:**

1. At the time of admission the Supervisor provides the client a copy of the agency's policy for the reporting of abuse, neglect or exploitation of a client and reportable conduct by unlicensed direct care personnel.
 - a. The SUPERVISOR reviews the policy and client handout with the client.
 - b. The client acknowledges receipt of the agency abuse policy as part of the services agreement.
 - c. Acknowledgment of the client's receipt of the policy is included in the client record.

Process of care:

- a. Agency staff is to report any client situation, concern, or incident in which abuse or neglect is suspected to the Supervisor.
- b. The Supervisor will discuss the situation with team members involved in the care of the client and the clients' physician as appropriate.
- c. A SUPERVISOR will make a home visit to further assess the situation.
- d. **If the abuse or neglect is suspected it will be reported to the Texas Department of Protective and Regulatory Services at 1-800- 252-5400 or Adult Protective Services: (210) 532-2873 or Child Protective Services: (210) 337-3168.**
- e. Documentation of the findings and interventions are incorporated in the client clinical record through visit notes, communication sheets, case conference and or physician verbal order.

14. AGENCY COMPLAINT PROCEDURE

I understand that if I have any complaints or problems concerning San Angel Primary Home Care that I am to call the office at (956) 223-4528. If the office does not resolve the problem to my satisfaction, I should call San Angel Primary Home Care Administrator/Owner at (956) 621-0556. If the problem is still not resolved. I have the right to call the State Home Health Hotline at 1-800-458-9858. The purpose of this Hotline is to receive complaints and questions about local home health agencies. Operation hours are from 9:00 AM to 5:00 PM, Monday through Friday, other times a recorder will answer. If you prefer to register a complaint in writing you may do so at: TDHS-HCSSA: PO Box 149030; mail code E217; Austin, Texas 78714.

15. EXPOSURE CONTROL PLAN

BLOODBORNE INFECTION

- a) **Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- b) **Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- c) **Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials those results from the performance of an employee's duties.
- d) **Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

TRANSMISSION OF BLOODBORNE INFECTION

According to the NIOSH Alert [Preventing Needlestick Injuries in Health Care Settings](#), it is estimated that 600,000 to 800,000 needlestick injuries (NSIs) and other percutaneous injuries (PIs) occur annually among health care workers. PIs are caused by sharp objects such as hypodermic needles, scalpels, suture needles, wires, trochanters, surgical pins, and saws. Additional exposure incidents include splashes and other contact with mucous membranes or non-intact skin. Post-exposure management is an integral part of a complete program for preventing infection following exposure incidents.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood,

Sharps with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

EXPOSURE CONTROL

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Control Plan. Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

WORK PRACTICE CONTROLS

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Methods of Compliance --General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Employers shall provide handwashing facilities which are readily accessible to employees. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

TUBERCULOSIS

According to (CDC), nearly one-third of the world's population is infected with Tuberculosis (TB), which kills almost 2 million people per year. TB causes more deaths than any other infectious agent in the world. In the mid-1980s, a resurgence of outbreaks in the United States brought renewed attention to TB. An increase in high risk, immuno-suppressed individuals, particularly those infected with HIV, lead to an increase in TB cases. Drug-resistant strains of this deadly disease also contributed to the problem. However, through a broad range of Federal and community initiatives, TB rates have declined steadily over the past decade. The 14,097 TB cases reported to CDC for 2005 represented a 2.9% decrease from 2004 and a 47% decrease from 1992, when the number of cases and the case rate peaked during a resurgence in the United States. Compared with 2004, the TB case rate in 2005 declined 3.8% to 4.8 per 100,000. OSHA recognizes, however, that continued vigilance is necessary to maintain the gains achieved so far. OSHA intends to provide guidance to workplaces with less medical expertise and fewer resources than hospitals, and to use cooperative relationships with employers, public health experts and other government agencies to promote TB control.

16. INFORMATION REGARDING ADVANCE DIRECTIVES

The Out-of-Hospital DNR order applies to only six processes of resuscitation: cardiac compression, tracheal intubations, artificial ventilation, defibrillation, cardiac pacing and the administration of cardiac resuscitation medications. It is used to prevent resuscitation efforts normally performed by Emergency Medical Services (EMS) personnel but may apply in any out-of-hospital setting such as home care or the hospital emergency room. The Out-of-Hospital DNR order form is a state approved document with a distinctive logo (unlike other advance directives which may be produced and copied by many sources.) The logo is designed to quickly inform the EMS response team that the DNR form is valid.

This form is filled out by the person or person's agent and the person's attended physician and is witnessed by two individual who are not related to or caring for the person. That person may also wear a state approved identification bracelet or necklace. It is the presence of the form or a bracelet or necklace that informs the EMS personnel, home health or Hospice nurse that the resuscitation efforts usually required by practice standards are not required. A woman known to be pregnant cannot seek an Out-of-Hospital DNR order. The agency will provide written notice of Advance Directives to a client at the time the client is admitted to receive home health services.

HIPAA INFORMATION

Objective In 1999, under Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), The Department of Health and Human Services (HHS) issued the first comprehensive federal protection for the privacy of health information known as the HIPAA Privacy Rule. In an effort to prevent inappropriate uses and disclosures, the Privacy Rule applies certain restrictions to the use and disclosure of protected health information (PHI).

Why offer it? Federal law required compliance with the Privacy Rule by April 14, 2003 for large health plans (total receipts for previous plan year > \$5 million) and by April 14, 2004 for small health plans (total receipts for previous plan year ≤ \$5 million). Failure to comply may result in civil monetary penalties including fines and prison terms for misuse of patient information with knowledge and intent.

Who offers it? All health plans, insurance issuers, providers and clearing houses are by definition covered entities and must comply. Plans with fewer than 50 employees that are self-insured and self-administered by the employer, as well as plans whose primary benefits are not health benefits are considered an exception. Some or all of HIPAA's administrative simplification rules also apply indirectly

to employers/plan sponsors that perform administration functions for the group health plans they sponsor, if the administration functions involve PHI. As the sponsor of a group health plan, the employer is now considered a Covered Entity and is required to comply with the HIPAA Privacy and Security Rules. The Department of Labor released further clarification indicating that employers with fully-insured plans who do not create or receive PHI, except for summary health information and enrollment information, are no longer required to comply with the Privacy rule administrative requirements. Due to the nature of self-insured plans, the compliance requirements are quite extensive. Regardless of the compliance requirements, legal review is recommended prior to implementation.

What are the provisions of the law? The Privacy Rule defines PHI as any individually identifiable health information pertaining to past, present or future physical or mental health of an individual. PHI identifiers include: • Names • Telephone numbers • Social Security numbers • Medical Record numbers • Dates relating to birth, death, admission or discharge PHI also includes records of provision of care and payment for care such as full medical records, explanation of benefits (EOB) or billing statements. Under the Privacy Rule, PHI may be used or disclosed only for the following reasons: • To the individual; and • For "treatment," "payment," or "health care operations;" and • In certain cases, to family members or close personal friends if the disclosure relates to health care or payment for care and the individual has been given the opportunity to object. Other uses and disclosures of PHI require explicit written authorization from the individual. In general, all disclosures pertaining to health information should be limited to the minimum necessary for the purpose of the disclosure.

THE SAFE MEDICAL DEVICES ACT

Term: The Safe Medical Devices Act



Description: The Safe Medical Devices Act requires health-care professionals to report death or injuries caused or suspected to have been caused by a particular medical device to the FDA or the product's manufacturer. It was designed so that the FDA could be quickly informed of these dangerous medical products and could then track or recall the product. The hospital must file the report within ten working days after the event is determined to need to be reported. The Safe Medical Devices Act was signed into law in 1990. It was an update to the Federal Food, Drug, and Cosmetic Act that was last modified in 1976. The 1976 law required new high-risk products to go through a premarket procedure. It required FDA approval based on clinical experience before a product could be marketed. This, however, proved insufficient as FDA employees lacked the necessary information to be able to make informed decisions about said devices. This is the reason The Safe Medical Devices Act was written into law.

A medical device is defined by the Safe Medical Devices Act of 1990 to include any instrument, apparatus, or other article that is used to prevent, diagnose, mitigate or treat a disease as to affect the structure or function of the body with the exception of drugs. A medical device can range from gauze sponges to implanted devices such as pacemakers.

17. BODY MECHANICS AND POSITIONING (CLIENT CARE)

Attendants/Caregivers often need to teach clients the use of proper body mechanics for safe walking and movement. First, however, the nurse needs to understand and practice proper body mechanics himself or herself. People (clients and Attendants/Caregivers alike) differ in weight, size, and ability to move. The nurse's physical strength is not as important as how efficiently he or she uses the body. Ultimately, efficient use of one's body will determine how effectively and safely the nurse is able to move clients. It is important to provide safety for both the nurse and the client.

Use of the safest and most efficient methods of moving and lifting is called body mechanics. This means applying mechanical principles of movement to the human body.

Principles of Body Mechanics

The laws of physics govern all movement. From these laws we derive the general principles of body mechanics (Box 48-1). In other words, some ways of moving and carrying objects are more effective than others.

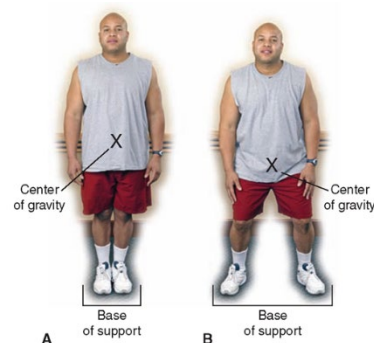
Principles underlying proper body mechanics involve three major factors: center of gravity, base of support, and line of gravity.

Center of Gravity

A person's center of gravity is located in the pelvic area. This means that approximately half the body weight is distributed above this area, half below it, when thinking of the body divided horizontally. In addition, half the body weight is to each side, when thinking of the body divided vertically. When lifting an object, bend at the knees and hips and keep the back straight. By doing so, the center of gravity remains over the feet, giving extra stability. It is thus easier to maintain balance (Fig. 48-1).

Base of Support

A person's feet provide the base of support. The wider the base of support, the more stable the object, within limits (see Fig. 48-1). (The feet must not be too wide apart, as this would cause instability.) The feet are spread sidewise when lifting, to give side-to-side stability.



BOX 48-1. Basic Principles of Body Mechanics

1. It is easier to pull, push, or roll an object than it is to lift it. The movement should be smooth and continuous, rather than jerky.
2. Often less energy or force is required to keep an object moving than it is to start and stop it.
3. It takes less effort to lift an object if the nurse works as close to it as possible. Use the strong leg and arm muscles as much as possible. Use back muscles, which are not as strong, as little as possible. Avoid reaching.
4. The nurse rocks backward or forward on the feet and with his or her body as a force for pulling or pushing.

FIGURE 48-1 · Maintaining balance. (A) The distance between this person's feet (base of support) is small, and the heaviest part of his body (center of gravity) is far away from the base of support, making him more likely to lose balance. (B) By increasing the distance between his feet and lowering his body toward the ground, the person has increased ability to maintain side-to-side balance. His right foot is slightly in front of the left, for back-to-front stability.

One foot is placed slightly in front of the other for back-to-front stability. The weight is distributed evenly between both feet. The knees are flexed slightly, to absorb jolts. The feet are moved to turn the object being moved. (It is important not to twist the body.)

Line of Gravity

Draw an imaginary vertical (up and down) line through the top of the head, the center of gravity, and the base of support. This becomes the line of gravity, or the gravital plane (Fig. 48-2). This is the direction of gravitational pull (from the top of the head to the feet). For highest efficiency, this line should be straight from the top of the head to the base of support, with equal weight on each side. Therefore, if a person stands with the back straight and the head erect, the line of gravity will be approximately through the center of the body, and proper body mechanics will be in place.

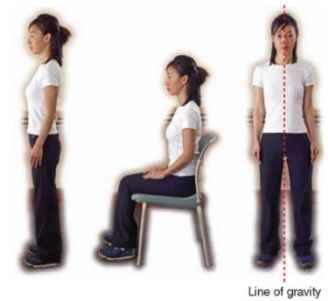
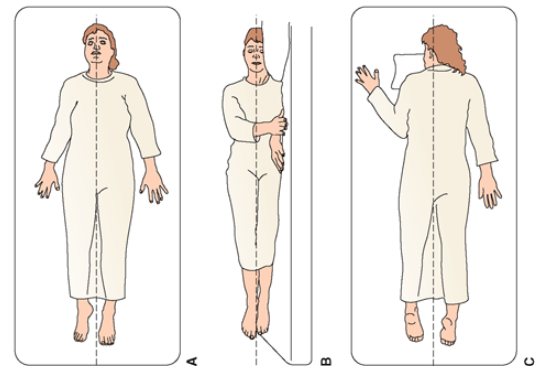


FIGURE 48-2 · When the body is held in proper alignment, the back is in a "neutral" position, with the curve of the lower spine intact.

Body Alignment

When lifting, walking, or performing anybody activity, proper body alignment is essential to maintain balance. When a person's body is in correct alignment, all the muscles work together for the safest and most efficient movement, without muscle strain. Stretching the body as tall as possible produces proper alignment. This can be accomplished through proper posture (see Fig. 48-2). When standing, the weight is slightly forward and is supported on the outside part of the feet. Again, the head is erect, the back is straight, and the abdomen is tucked in. (Remember that the client in bed should be in approximately the same position as if he or she were standing [Fig. 48-3].)

FIGURE 48-3 · When a person is in proper alignment, an imaginary straight line can be drawn connecting the person's nose, breastbone (sternum), and pubic bone. Alignment in bed should be approximately the same as when standing. (A) Proper body alignment for a person lying on the back (supine). (B) Proper body alignment for a person lying on the side (lateral). (C) Proper body alignment for a person lying on the stomach in bed (prone). A small pillow or folded towel should be placed under the shoulder toward which the head is turned.



POSITIONING THE CLIENT

Encouraging clients to move in bed, get out of bed, or walk serves several positive purposes. Clients may be reluctant to move or may stay in bed unnecessarily. This immobility can contribute to a number of disorders, among which are pressure ulcers, blood clots, constipation, muscle weakness and atrophy, pneumonia, joint deformities, and mental disorders. By assisting clients to maintain or regain mobility, you promote self-care practices and help to prevent these complications (Fig. 48-4).

It is important to practice good body mechanics when lifting and moving clients. In this way, the nurse prevents injury to self and client (Fig. 48-5).

Moving and Positioning Clients

There are many reasons to change the client's position, including promoting comfort, restoring body function, preventing deformities, relieving pressure, preventing muscle strain, stimulating proper respiration and circulation, providing diversion, and giving nursing treatments. In Practice: Nursing Care Guidelines 48-1 gives tips on positioning clients for their maximum comfort.

It is important to explain to the client why his or her position is being changed and how it will be done. The client's understanding is important because he or she will be more likely to maintain the new position. If he or she can help, explain how. The client's assistance will save strain on the nurse and will give the client some exercise, increase independence and self-esteem, and instill a feeling of control.

Sometimes turning the client is such an important part of treatment that the provider specifies how often to do it. This consideration is especially important for older or immobile clients. Some conditions do not permit turning the client, such as fractures that require traction appliances. In other conditions, such as unstabilized spinal injuries, turning may be harmful. In most other conditions, turning is helpful and encouraged.

In some situations, the client is turned only to wash or rub the back; to assess skin condition, wounds, or dressings; or to change the bed linens. Some clients may not be allowed or able to turn at all and must remain in a supine position. If this is the case, and the client is physically able, the nurse may ask him or her to pull up slightly on the overhead trapeze to provide back

care and other interventions as needed. If the client is able to help move himself or herself, explain what he or she can do and why it is important. Encourage the client to help as much as possible.

Key Concept It is important to give meticulous skin care to the person who must remain on his or her back. If the person can pull up off the bed, the nurse can wash and gently massage the back with the hand held flat. This helps to prevent skin breakdown. In other situations, a special bed is often used.

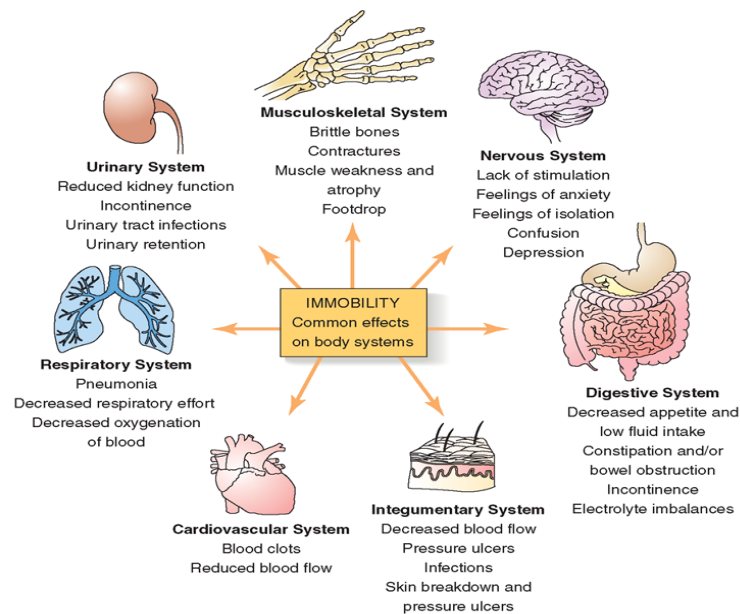


FIGURE 48-4 · There are many dangers to the immobile client.

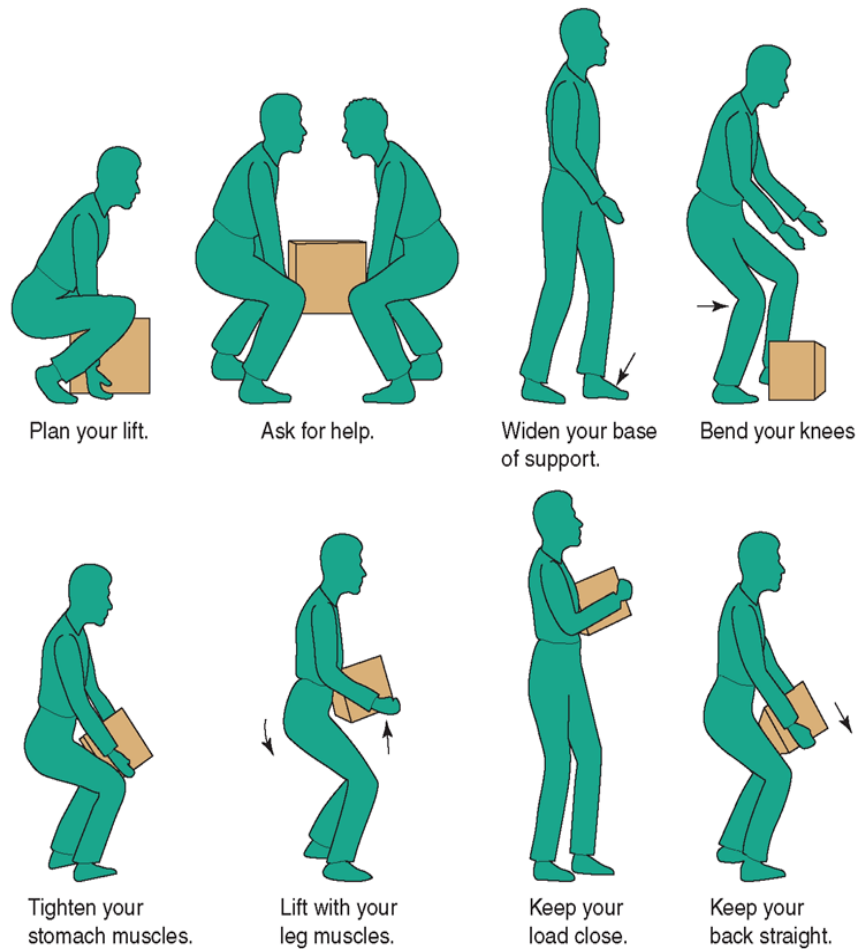
Special beds operate in different ways to relieve pressure and provide back support. Although not commonly used, in some cases, the client who cannot turn is placed in a circle bed, which rotates the client from head to toe, or on a Stryker (wedge) turning frame, which rotates the client from side to side. More commonly, the client is placed in a rotating or oscillating bed (e.g., the Rotor-Rest), a flotation bed, or other special type of bed.

Nursing Alert Be sure to request help from another person if the client is heavy or if you are unsure that you can move the person by yourself. It is also important to be sure you know how to use special equipment for moving and lifting clients before use.

Positioning for Examinations and Treatments

The client is sometimes helped into a special position as part of a treatment or examination. Many different positions are used for physical examinations, nursing treatments and tests, and to obtain specimens. Because Attendants/Caregivers assist clients into some of these positions and will see other positions used, it is important to know how to assist the client and how to place the necessary drapes. Important client positions are supine (dorsal recumbent—lying on the back), prone (lying on the abdomen), Sims' (semi-prone—lying on the side [usually the left]—with the upper knee flexed), Fowler's (lying on the back, with the head elevated), knee-chest or genupectoral (lying on the knees, with the chest resting on the bed), dorsal lithotomy (lying on the back, with the feet in stirrups), and lateral (lying on the side). The supine position may be modified by bending the knees and placing the feet flat on the bed. Trendelenburg's (the head-down position—lying with the head lower than the feet)—is used to treat shock, by promoting blood flow to the brain. This position is also used for some portions of postural drainage, to help drain secretions from particular segments of the lungs. Reverse Trendelenburg's position may be used to enhance tube feeding and as an emergency procedure to help stop bleeding in a head injury (see Chap. 43). Two other, less commonly used positions are the modified standing position (standing while bending over forward), and the position used for lumbar puncture. Special positioning is shown in Table 48-6.

FIGURE 48-5 · Lifting techniques using good body mechanics. Use long, strong muscles of arms and legs. Hold the object so the line of gravity falls within the base of support. Keep the back straight and the load close to the body. Ask for assistance, if necessary.



Supination

Supination is to rotate the forearm so that the palm faces forward.

Pronation

Pronation is to rotate the forearm so that the palm faces backward.

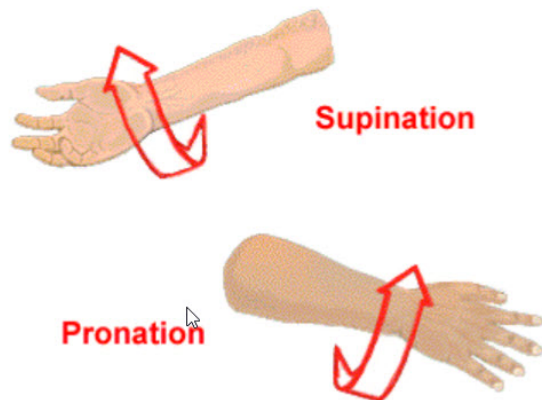


Fig. 48.6

Postures and Direction of Movement

Supine

Someone in the supine position is lying on his or her back.



Supine

Prone

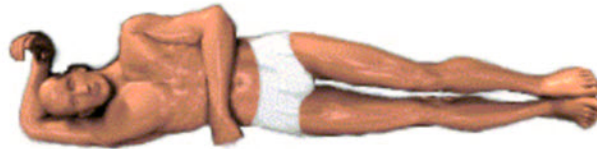
Someone in the prone position is lying face down.



Prone

Right Lateral Recumbent

The Right lateral recumbent, or RLR, means that the patient is lying on their right side.



Right Lateral Recumbent

Left Lateral Recumbent

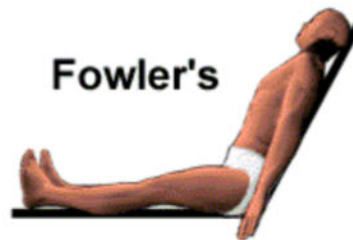
The left lateral recumbent, or LLR, means that the patient is lying on their left side.



Left Lateral Recumbent

Fowler's Position

A person in the Fowler's position is sitting straight up or leaning slightly back. Their legs may either be straight or bent.



Fowler's

Trendelenberg Position

A person in the Trendelenberg position is lying supine with their head slightly lower than their feet.



Trendelenberg

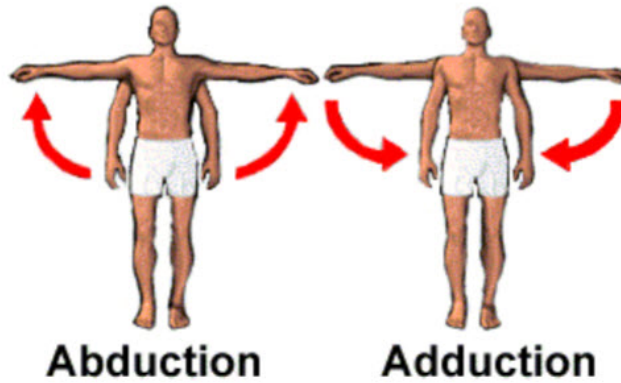
Fig. 48.6

Abduction

Abduction is movement away from the midline, or to abduct.

Adduction

Adduction is movement toward the midline, or to add.

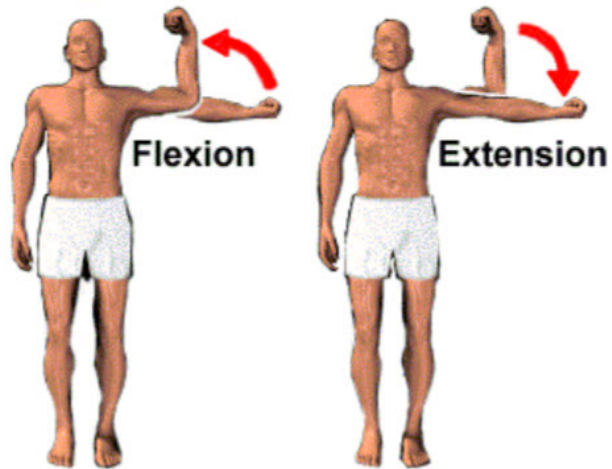


Flexion

Flexion is to bend at a joint, or to reduce the angle.

Extension

Extension is to straighten at a joint, or to increase the angle, for example, from 90 degrees to 180 degrees.



Medial Rotation

Medial rotation is to turn inward.

Lateral Rotation

Lateral rotation is to turn outward.

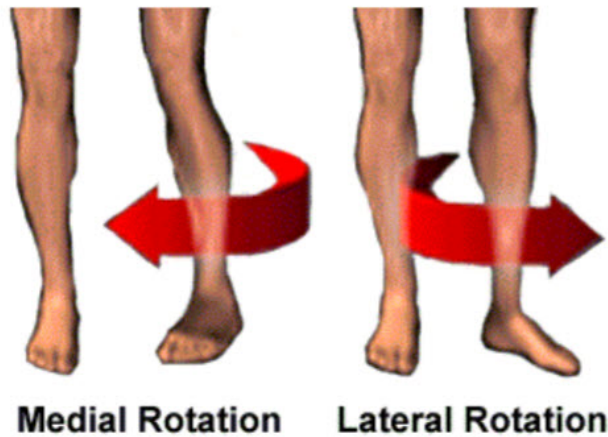


Fig. 48.6