BOARDWALK
HOME CARE

INSERVICES HANDBOOK

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ALL EMPLOYEES: Inservices - Policy Review (8 hours)			
Page	Topic	Credit Hours	Reviewed with RN
1	Job Description	0.5	
3	Organizational Chart	0.1	
4	Record Keeping And Reporting (Policy #5-01)	0.5	
5	HIPAA - Confidentiality & Records	0.5	
7	Client Bill of Rights & Responsibilities	0.5	
9	Advance Directives	0.5	
11	Conflict of Interest	0.1	
12	Crisis Situations & Emergency Preparedness (Emergency Plan)	0.5	
13	Training Specific to Job Requirements	0.1	
14	Cultural diversity	0.1	
15	Communication barriers	0.1	
16	Ethical issues	0.5	
17	Professional Boundaries	0.5	
19	Performance Improvement (PI) Plan	0.5	
21	Compliance Program	0.5	
23	Infection Control	0.5	
26	OSHA Requirements & Safety Education	0.5	
28	Incident Reports (Adverse Events)	0.5	
30	Client complaints/grievances	0.5	
31	Abuse, Neglect, Exploitation	0.5	
	TOTAL	8.0	

DIRECT-CARE EMPLOYEES ONLY (RN & HHA): Inservices - Case Study (4 hours)			
Page	Topic	Credit Hours	Reviewed with RN
34	Alzheimer's Disease	1.0	
44	Hand Hygiene	1.0	
52	Infection Control	1.0	
56	Lifting & Transferring	1.0	
	TOTAL	4.0	

Notes:

Evaluator Signature: _____ Date: _____

ORIENTATION MANUAL

JOB DESCRIPTION

POSITION TITLE: **CERTIFIED HOME HEALTH AIDE**

Description of the setting & physical and environmental requirements with or without reasonable accommodation: Work is in a variety of home environments. Frequent travel by car or public transportation throughout the service area is necessary. This position routinely requires driving a car or independently using public transportation, lifting, bending, reaching, kneeling, pushing and pulling, stretching, standing, stooping, walking, walking up and down stairs, seeing, hearing, speaking, writing, reading, carrying, weight bearing activities, and the use of a wide assortment of large and small home appliances. Required ability to participate in physical activity; ability to work for extended period of time while standing and being involved in physical activity; may require heavy lifting.

Hours to be worked: Range from 1 hour shift, to 24 hour live-in. Office staff will convey individual case assignments.

Special equipment to be operated: Hoyer Lift (in certain instances) other home medical equipment used in the provision of personal care services. RN Supervisor will supervise.
Special employer policies or limitations to be required: None

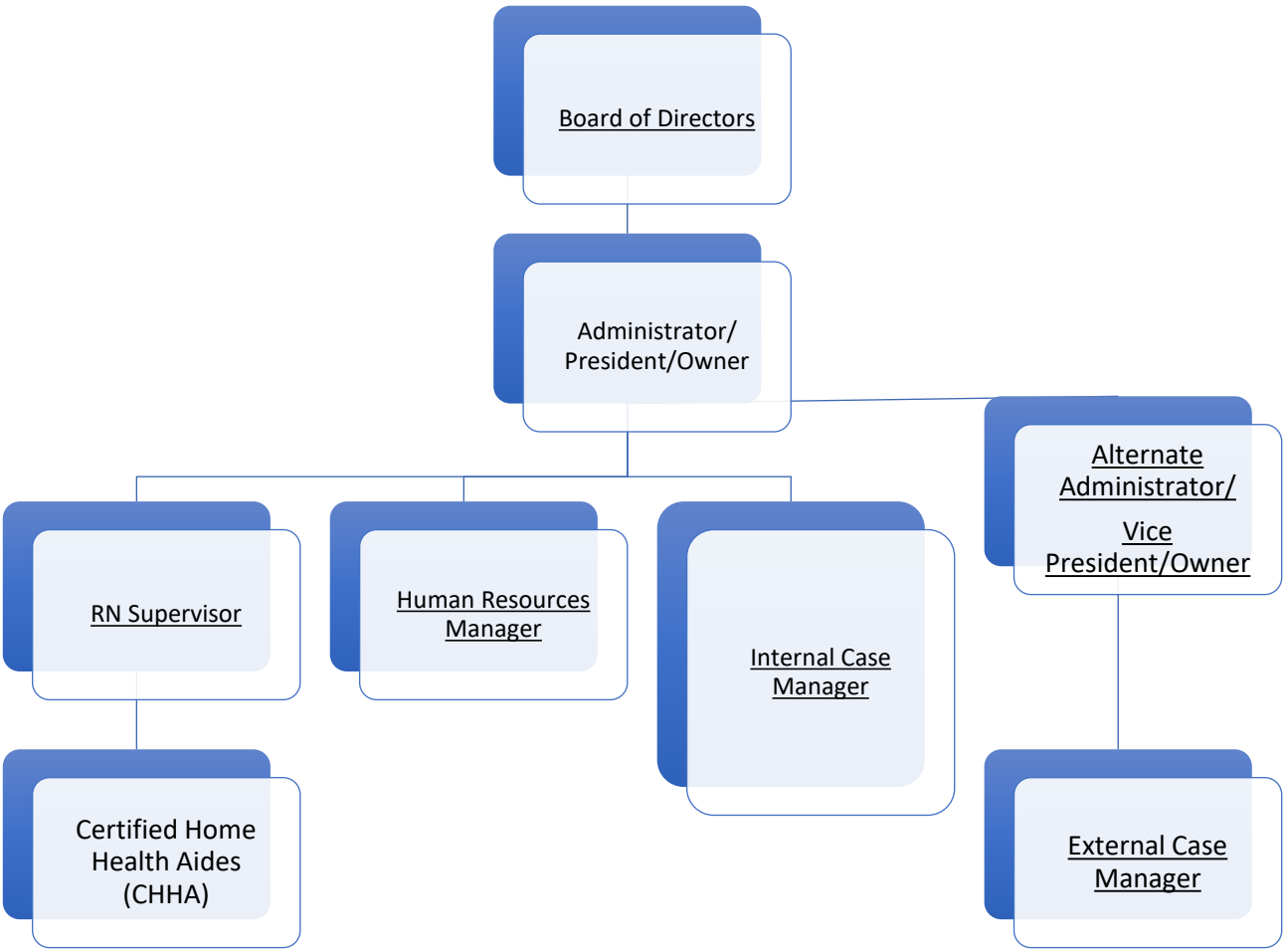
Minimum job qualifications - special skills or certificates required: A Certified Home Health aide in good standing, holding a current certificate in New Jersey. Able to effectively communicate with clients and co-workers. Ability to perform tasks involving physical activity, which may include heavy lifting and extensive bending and standing. Ability to deal effectively with stress.

Job duties:
A certified home health aide is a person who carries out health care tasks as an extension of a registered professional nurse. A CHHA also provides assistance with personal hygiene, housekeeping and other related supportive tasks for a patient with health care needs in his/her home. The CHHA has HIPAA restricted access to certain client information, and is an hourly per-diem, non-exempt Direct Care staff member with no guaranteed minimum number of hours per week.

- Write visit reports (Daily Activity Report, etc.) to accurately record the care provided in the home, and complete other forms to document the work of this position, including incident reports and time and attendance reports. Ensure the Client signs the Daily Activity Report and Time Sheets as instructed. Submit these reports on time.
- Consistently takes and records temperature, pulse, and respiration when advised and reports all variations from normal.
- Competently assists the client in bathing in bed, in tub and in shower. Competently assists the client with care
- of teeth and mouth.
- Competently assists the client with grooming, care of hair including shampoo and shaving.
- Competently assists the client with foot care.
- Competently assists the client with ordinary care of nails (no cutting). Competently assists the client on and off bedpan, commode and toilet. Competently assists the client in moving from bed to chair or wheelchair and in walking with a cane or walker.
- Competently assists the client with eating.
- Prepares and serves meals according to instructions.
- Competently assists the client with dressing.
- With guidance from the nurse, arranges a schedule so that the patient follows medical recommendations such as increased physical activity and taking their own medication.
- Remind his/her patient to take their own medications as directed by the RN.
- Maintains records as instructed by the professional registered nurse.
- Competently performs other pertinent care functions as assigned and demonstrated by the Professional Registered Nurse.
- Safely accompanies client to obtain medical care.
- Makes and changes clients bed.
- Dusts and vacuums the rooms the client uses.

- Washes the clients dishes.
- Tidies the clients kitchen, bedroom, bathroom and personal environment.
- Makes a list of needed supplies.
- Shops for the client if no other arrangement is possible. The CHHA should never purchase alcohol or non prescription drugs for the client.
- Washes the clients' personal laundry if no family member is available or able, including ironing.
- Sends clients linen to laundry if necessary.
- Utilizes aseptic technique to clean around and secure the clients foley catheter or condom catheter.
- Competently cares for an incontinent patient.
- Assists the patient in changing position to prevent decubiti.
- Consistently follows the Aide Plan of Care developed by the RN.
- Consistently records all pertinent information on the Aide Plan of Care, and time cards in an appropriate timely manner.
- Correctly measures and records Intake and Output as directed by the RN.
- Competently assists the patient with range of motion exercises as directed by RN or therapist.
- Demonstrates the ability to communicate effectively with the client and his/her family members
- Assists the RN supervisor to make client visits by ensuring presence of self and client at the time planned.
- Demonstrates the ability to communicate effectively with other members of the health care team and staff of the agency.
- Consistently reports occurrences to the Nursing Supervisor.
- Consistently adheres to universal precautions, aseptic technique and infection control guidelines.
- Consistently implements care in a manner that is maximally safe for the client, his/her family and self.
- Consistently seeks, accepts and implements suggestions to improve performance.
- Demonstrates respect for the opinion of others.
- Consistently assumes and follows through on the responsibility for assignment.
- Demonstrates the ability to function effectively under stressful situations.
- Maintains confidentiality of client observations and records.
- Utilizes time effectively, maintaining a consistent level of productivity.
- Completes the continuing education requirements annually (12 hours).
- Consistently complies with standards for attendance, absence notification and punctuality.
- Consistently demonstrates professionalism through appearance, performance and communication.
- Assumes responsibility for reading and comprehending all posted notices, communications and policies and procedures related to CHHA’s.
- Demonstrates competencies to provide care to patients of all ages.
- Respects the rights, privacy and property of others at all times.
- A criminal background check is required.
- BHC Name Badges MUST be worn at all times

Organizational Chart



CLIENT CHARTS - Record Keeping & Reporting

Policy # 5-01

Policy: The Agency will document each direct contact with the client to ensure that there is an accurate record of the services provided, client response, and conformance with the Care Plan. This documentation will be completed by the direct staff and monitored by the skilled professional (RN) responsible for managing the client's care. An accurate record is maintained for each client.

PROCEDURE:
Agency personnel shall use appropriate report to document ongoing client assessment, care, and needs when visits are made, when specific services are provided during each visit, or when specific parameters are to be followed. Entries will be signed and dated.

CHHA:

- The CHHA uses the appropriate Activity Sheet to document services rendered to the client.
- CHHA shall maintain weekly activity records, which shall include:
    - Date and time of each client assignment
    - Documentation of the activities performed, as well as those activities identified in the Care Plan that were **refused**
    - Changes in the client's condition
    - Date and signature of the CHHA
    - All entries should be legible and clear
    - Date and signature of client, family member, significant other (or Waiver of Signature on file)
- The Activity Sheet shows effective communication between all personnel involved in the client's care, including RN Supervisor, CHHAs and office staff.
- The RN or designated person is responsible for reviewing the CHHA Activity Sheet before it is filed in client chart.
    - Discrepancies are checked with CHHA
    - Errors are corrected as needed
    - Changes in client need/condition are to be reported to RN Supervisor who will review and determine necessary actions.

HIPAA - CONFIDENTIALITY & RECORDS

POLICY:
Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the privacy standards passed by Congress in response to that Act, as applicable, the Agency's policy is that any Protected Health Information (PHI) is to be treated with confidentiality by all employees. PHI is protected from misuse, disclosure and/or publication at all times other than is strictly necessary to promote the agreements between the company and clients, employees, representatives, third party payers, caregivers or other persons or entities with which the company works.

CONFIDINTIALITY
Definition of PHI & EPHI:
Under HIPAA, protected health information (PHI) is considered to be individually identifiable health information, or individually identifiable information that is created, collected, or transmitted by a HIPAA-covered entity in relation to payment for healthcare services.

- Health information such as diagnoses, treatment information, medical test results, and prescription information are considered protected health information under HIPAA, as are national identification numbers and demographic information such as birth dates, gender, ethnicity, and contact and emergency contact information.
- PHI relates to physical records, while EPHI is any PHI that is created, stored, transmitted, or received electronically.
- PHI only relates to information on patients or health plan members. It does not include information contained in educational and employment records.
- PHI is only considered PHI when an individual could be identified from the information. If all identifiers are stripped from health data, it ceases to be protected health information and the HIPAA Privacy Rule's restrictions on uses and disclosures no longer apply.

T**he types of information covered** by the policy include:

- Paper, electronic and computerized information
- Telephone and cell phone communications
- Verbal and faxed information

Persons authorized to release PHI: The Administrator/Owner are the only individuals authorized to release PHI/EPHI. All requests are submitted to Administrator/Owner.

Conditions that warrant the release of PHI/EPHI:

- For treatment, payment and healthcare operations.
- With authorization or agreement from the individual client.
- For incidental uses such as physicians talking to clients in a semi-private room.
- When requested or authorized by the individual, although some exceptions may apply.
- Without client authorization only by court order, subpoena or other legally recognized information access procedure

PROCEDURE:
1) Admission staff will obtain the signed authorization (Informed Consent form) from the client or someone legally authorized to act on behalf of the client, at the time of admission, which will allow for the release of PHI for the purposes of treatment, payment and health care operations (which include dealings with licensing, regulatory and accrediting bodies).
2) The client will receive the Notice of Privacy Practices form, which provides a description of the information the client/authorized party is authorizing the Agency to release.

3) If information is requested for any other purpose than treatment, payment or health care operations, a separate authorization form listing specific information to be released, will be signed by the client (or someone legally authorized to act on behalf of the client) prior to release by the Agency. (Authorization to Release Information form)

4) All employees and governing body members will receive training in confidentiality of client information during orientation and yearly. Employees are further required to sign a " HIPAA/ Confidentiality Agreement" during the hiring process
5) Staff will follow all HIPAA regulations
6) Staff is instructed NOT to:
   a) Leave records open and unattended
   b) Document in public places
   c) Keep records overnight in vehicles or other easily accessed locations
   d) Take one client record into another client residence
   e) Review charts of clients for whom they are not providing care

7) Client names on Performance Improvement (QAPI) reports will be replaced with client numbers or initials.
8) The Business Associates Agreement is to be signed by vendors who would have access to client information, such as computer support vendor, billing agents, or other outside vendor that would access client information.

RECORDS

1) Client records are retained for a period of at least seven years from the date of the most recent discharge or the death of the client. Client records will be retained if the agency discontinues operations.
2) Original/scanned copies of all active client records are kept in a secure location on the premises. Current electronic client records are stored in an appropriate secure manner as to maintain the integrity of the client data on web-based software.
3) Documents can be archived and stored after one year. All archived documents must be easily retrievable and made available to the appropriate entity upon request.
4) Client record information is safeguarded against loss or unauthorized use. Client records are kept in a secure location to prevent loss, tampering and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and water. The Agency secures system access through the use of passwords
5) An off-site computer program keeps web-based records. The computer program can be re-established off site if the agency is destroyed.
6) The following employees are authorized to make entries in the client record:
   a) Management
   b) Clinical Management staff
   c) Clinical staff provide care to client
   d) Case Managers - internal and external
   e) Human Resources

7) Accessibility to client charts is limited to office staff, staff caring for the client, licensing, regulatory, and accrediting bodies. Staff members will discuss client-related information with company personnel only on a need-to-know basis
8) Portions of client records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care when needed. Copies will be transported in a secured folder and protected for confidentiality.

CLIENT BILL OF RIGHTS & RESPONSIBILITIES

POLICY:
Agency will provide all patient/clients with a copy of a written Client/Patient Bill of Rights which is designed to recognize, protect, and promote the rights of each patient/client to be treated with dignity and respect of their rights and responsibilities. Agency will also instruct the staff to comply with these rights while delivering services, assure that patient/clients understand these rights and responsibilities, and afford them their rights as home care consumers.

PROCEDURE:
Regarding client rights and responsibilities:

- Agency will provide all clients with a copy of a written Client Bill of Rights & Responsibilities upon admission
- Admission staff will review the Bill of Rights & Responsibilities with client or appropriate representative
- Client or appropriate representative will sign an acknowledgement and understanding of rights and responsibilities
- The signed acknowledgement will be kept in the client record
- A copy of Client Bill of Rights & Responsibilities will be left with client or appropriate representative
- Agency protects and promotes the exercise of client rights, as stated in policy
- Caregivers are trained on the Client Rights & Responsibility Policy, during orientation and annually

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

These Rights and Responsibilities will be followed by all employees of Boardwalk Homecare that provide services to you in your place of residence, as well as the patient/clients. You receive a copy of these rights upon admission to Agency. You have the right to exercise these rights at any time without fear of reprisal or discrimination in services.

Client has the right to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care/service and the frequency of visits, as well as any modifications to the plan of care/service
- Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the client will be responsible
- Receive information about the scope of services that the Agency will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care/service
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable. Client can call 800-792-9770 for any issues regarding Advance Directives implementation.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI) (not applicable for PDC)
- Be advised on the agency's policies and procedures regarding the disclosure of client records
- Be able to identify visiting personnel members through agency generated photo identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Choose a health-care provider, including an attending physician*, if applicable
- Receive appropriate care/service without discrimination in accordance with physician's* orders, if applicable
- Be informed of any financial benefits when referred to a PD
- Be fully informed of one's responsibilities
- Be advised of the State Abuse hotlines:

  NJ Adult Protective Services: 800-792-8820

NJ Child Abuse Hotline: 877-652-2873

- State Complaint Hotline and the reasons for calling the hotline are for asking questions or voicing complaints about the Agency. The NJ Complaint Hotline is 800-792-9770, available 24 hour a day. You can also write to:

New Jersey Department of Health
Division of Health Facilities Evaluation and Licensing
PO Box 367
Trenton, NJ 08625-0367

OR

New Jersey Division of Consumer Affairs
P.O. Box 45025
Newark, New Jersey 07101
www.njconsumeraffairs.gov
Complaints 973-504-6200

Patient/Client has the responsibility to:

1. Notify Agency of changes in their condition or service situation (hospitalization, symptoms, etc.).
2. Cooperate and participate in the implementation of the established and agreed upon care plan.
3. Notify Agency if the visit schedule needs to be changed.
4. Keep appointments and notify Agency if unable to do so.
5. Inform Agency of the existence of, and any changes to, advance directives.
6. Advise Agency of any problems or dissatisfaction with the service.
7. Provide a safe environment for service to be provided.
8. Use appropriate language and behavior and dress appropriately around staff.
9. Provide acceptable accommodation in the home and meals **for live-in aides only**. If meals are not provided there will be an additional daily charge for meals.
10. Respect the rights of all organization personnel and cooperate with them regardless of race, color, religion, age, gender, sexual orientation or national origin.
11. Review and sign activity reports, care notes and other required agency documents, as requested.
12. Acknowledge that all original documents are the property of Agency and to return all used and unused agency documents upon discharge from care.
13. Reasonably protect, secure and store your valuables
14. Refrain from discussions of a personal nature with staff
15. Pay bills for services rendered in a timely manner.

ADVANCE DIRECTIVES

Policy:
Clients have the right to accept or refuse medical care, client resuscitation, surgical treatment, and the right to formulate an Advance Directive.

Client care/service is not prohibited based on whether or not the individual has an Advance Directive. Patients have the right to refuse care/service after the consequences of refusal of services is explained to them or their caregivers.

Client has the right to revoke or change an Advance Directive at any time. Client will need to notify the Agency of changes.

Employees will assist clients/patients with resources to obtain an Advance Directive upon request of the client/legal representative.

Client Education: Boardwalk Homecare provides client education upon admission:

- Information about Advance Directives (Advance Directives Information form)

- Boardwalk Homecare policy regarding Advance Directives, resuscitation and medical emergencies (Advance Directive/Resuscitation/Medical Emergencies Policy form)

Honor Existing Advance Directives: Boardwalk Homecare will inquire about the existence of Advance Directives and document in the client record. Agency employees shall honor all Advance Directives made available to them by client. (Advance Directives Verification form)

Staff Education: The Agency instructs staff on the Advance Directive/Resuscitation/Medical Emergencies policy.

Resuscitation and Medical Emergencies: Client medical emergencies are directed through the state's 911 emergency system. Advance Directive General Information: Advance Directives include written instructions from a Physician and the client/patient regarding resuscitation and withholding or withdrawing treatment. These directives may include, but are not limited to, Living Wills and designating another person to make medical decisions for them should they become unable to make these decisions (Healthcare Power of Attorney). Patients/ legal guardians should discuss their desire to complete an Advance Directives with their physicians and obtain the required paperwork/form signed by all responsible parties involved.

PROCEDURE:
Client Education:
Advance Directives Information: The agency will provide all clients with the advance directive information form upon admission to educate the client/representative/family regarding the client's rights to accept or refuse medical care, resuscitation, surgical treatment, as well as the right to formulate an advance directive.
Advance Directives, Resuscitation and Medical Emergencies Policy: The agency will provide all clients with the Advance Directive/Resuscitation/Medical Emergencies Policy form upon admission to educate the client/representative/family regarding the agency's policies.

Honor Existing Advance Directives: Upon admission the agency will inquire about the existence of Advance Directives and document in the client record. Agency employees shall honor all Advance Directives made available to them by client. (Advance Directives Verification form)

Staff Education: All employees will receive instruction on the Advance Directive, Resuscitation and Medical Emergencies policy at during orientation and on an annual basis. Boardwalk Homecare employees do not administer CPR.

Resuscitation and Medical Emergencies:
Patients and families will be provided written information about the organization's policies for Advance Directives, resuscitation, medical emergencies and accessing 911 services (EMS) prior to the initiation of care/services. (BHC Advance Directives, Resuscitation and Medical Emergencies Policy form)

In the event that a client suffers respiratory or cardiac arrest in the presence of an employee, the employee will contact emergency medical services unless an Advance Directive with a Do Not Resuscitate (DNR) form is present. "DNR" orders are

not to be followed by CHHAs - 911 must still be called in any emergency. The office or on-call designee is notified.

Client medical emergencies are directed through the state's 911 emergency system.

If there is a non-life-threatening emergency CHHAs are instructed to contact the office or on call number where a supervisor shall provide guidance on the situation, which may include calling 911 or following the instructions for client emergency management (including evacuation) provided during admission.

If a life-threatening situation arises or an apparent injury (adverse event) occurs when a CHHA is alone with a client, 911 is called first, and then the office or on call designee is notified.

If the CHHA reports to client's home and the client has expired, 911 is called. The RN Supervisor or Administrator will notify the client's physician if deemed necessary and will update the clinical records to note the event(s).

Patient/Client's and primary caregivers (family) are advised upon admission that our Agency provides after hours "on call" coverage.

Clients and their families are instructed upon admission how to respond to emergencies on the Emergency Management Plan.

CONFLICT OF INTEREST

POLICY:

Definition: Conflict of interest (COI) - A situation in which a person or organization is involved in multiple interests, financial or otherwise, and serving one interest could involve working against another. A potential for conflict of interest is said to exist when a person can gain a financial benefit, either directly or indirectly, through "insider" connections or association with the agency.

Definition: Financial interest - A person has a financial interest if the person has any of the following, directly or indirectly, through business, investment, or family:

- An ownership or investment interest in any entity with which agency has a transaction or arrangement,
- A compensation arrangement with agency, and any entity or individual with which Agency has a transaction or arrangement
- A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which Agency is negotiating a transaction or arrangement.

(Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial)

If a matter arises in which an Owner, Board Member or Employee has a conflict of interest it shall be promptly disclosed to the agency and must be approved by the Governing Body/Owner.

Board Members are generally prohibited from activities that might present conflicts of interest. The powers of directorship may not be used to personally benefit the Director at the corporation's expense.

Board Members and employees are required to demonstrate the utmost good faith in his/her dealings with and on behalf of the organization
No one is permitted to use his/her knowledge of the company operations or plans in such a way that a conflict might arise between them and the organization
No one will accept gifts or favors or entertainment that might influence their decision-making responsibilities to the organization
A full disclosure must be made of all facts pertaining to any transaction, including employment outside of the organization that is subject to any doubt concerning the possible existence of a conflict of interest before consummating the transaction
Employees are trained on conflicts of interest during orientation.

PROCEDURE:

All employees, contract staff (if applicable) and governing body members will abide by the Conflict of Interest policy.
Procedure for COI Disclosure: Disclosures are recorded on the Conflict of Interest Disclosure Form. In addition to conflicts and potential conflicts of interest that may arise for all employees, the following disclosures are required:

- Board members and executive staff at the time of appointment
- All owners with holdings of 5% or more interest in the company, at the time ownership is acquired
- Employees, at the discretion and/or specific request from the Governing Body/Owner

In the event of proceedings that require input or voting, the individual(s) with a conflict of interest is/are excluded from that activity.
Transactions with parties with whom a conflicting interest exists may be undertaken only if all of the following are observed:

- The conflicting interest is fully disclosed;
- The person with the COI is excluded from the discussion and approval of the transaction;
- A competitive bid or comparable valuation exists (if applicable)
- The governing body/owner has determined that the transaction is in the best interest of the organization.

If a conflict or potential conflict of interest appears to arise for a staff member, the staff member must immediately reveal the potential conflict to his/her immediate supervisor, who will notify the administrator. The governing body/Owner shall determine whether a conflict exists. If it determined that a conflict of interest does exist, a Conflict of Interest Disclosure Form must be signed by the applicable Governing Body member or employee. The decision shall be recorded in the minutes of the Board meeting.

Crisis Situations & Emergency Preparedness

POLICY:
Emergency preparedness plan will be maintained to meet critical client needs in a disaster or crisis situation.

Coverage will be available 24 hours a day through cell phones, answering services and/or call forwarding.

Clients will be given the organization's 24-hour telephone number and instructed on procedures to take in the event of a disaster. Staff will be contacted through the existing phone tree.

PROCEDURE:
In the event of a disaster the Administrator will determine if the physical site at the organization is safe (i.e., in the event of earthquake, tornado, or hurricane) and habitable. When the power is out at the organization, the Administrator will contact the electric company for the time frame for resolution. An emergency alternate site, such as a home office, may be used.

As part of improving the emergency plan process, the organization will hold a disaster drill at least once a year.

In the event that the organization cannot reach the affected area, the client is instructed to follow their Emergency Management Plan which was created by the RN Supervisor.

Staff will respond to individual clients on an as-needed basis depending upon the accessibility of the affected area.

It is the policy of the company to establish and maintain open communication with the local office of FEMA. Our staff should be informed as to the local provisions from the local Federal Emergency Management Agency (FEMA) office for the emergency planning.

In the event the organization is unable to provide services to current clients, another Agency company will be contacted to provide services on their behalf.

The Crisis Situation Policy will be reviewed with all employees during orientation and annually.

Education materials are provided to the client in the Client Admission Packet.

Emergency phone numbers are as follows:

- Boardwalk Homecare: 732-841-6503
- Monmouth County Office of Emergency Management: 732-431-7400
- New Jersey Office of Emergency Management: 609-882-2000 ext. 2500

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Aide Qualifications & Certification Requirements
Number of Policy & Procedure	Policy #4-02
Effective Date	03/01/2019

POLICY:
The agency will verify licensure and/or registration for applicable positions prior to hire, and prior to expiration.

All RNs, LPNs and CHHAs must hold a valid, current New Jersey license in good standing, in accordance with the state's occupational certification regulations. Out-of-state certifications are also not valid for in-home personal care in New Jersey.

All employees in positions that require a license, registration or certification will duly and properly possess them and provide copies of them to the Agency.

Employees who allow their license to lapse or whose licenses are suspended for any reason, will not be assigned to client care pending reinstatement of license, and must bring the fact that their license has lapsed or is suspended to the immediate attention of the Agency. During the time that an employee's license has lapsed or is suspended, the employee may be suspended without pay or terminated.

Licensure/Certification will be checked prior to hiring and annually thereafter. Results of the licensure/certification check will be kept in the employee personnel record.

Home Health Aide Course
In NJ the CHHA course consists of 60 hours of class lecture and 16 hours of competency training. Once training is complete, applicants will have the knowledge and skills required by the New Jersey State Board of Nursing to become a Certified Home Health Aide. Applicants will receive a certificate that the course is finished; however, applicants must apply to the Board of Nursing within 6 months of completing the course to receive state certification.

Requirements to become a HHA
Applicants must be 18 years of age, U.S. citizens or qualified legal alien, and have the ability to read, write and speak English proficiently. Applicants must be physically capable of participating in class work such as lifting, getting patients out of bed, giving bed baths, aiding transfers for those with limited mobility, and other patient related care. **The NJ Board of Nursing requires that applicants be current on child support obligations, not be in default of student loans, not have been convicted on any "Disqualifying Crimes". Applicants will have to pass a criminal background check and be fingerprinted.** Applicants will be asked to demonstrate the ability to read and write English. Applicants must bring government issued ID and social security card to register for the class. If applicant is not a US citizen, they must bring in proof of eligibility to work in the USA. A birth certificate is also required for the Board of Nursing application. The BON also requires any documents pertaining to name changes, such as marriage certificates or divorce decrees. Documents will be uploaded when you apply online for your state certification.

All HHA's certified through the NJ Board of Nursing need to have a "promise of employment" from a prospective HHA agency in order to get certified. In order to maintain the certification, HHA's will need to be employed and registered with an agency during certification and at time of renewal.

TRAINING SPECIFIC TO JOB REQUIREMENTS

The Certified Homemaker-Home Health Aide Must Meet These Requirements

1. Completion of a Homemaker-Home Health Aide course approved by the New Jersey Board of Nursing.
2. Successful completion of a competency evaluation by a New Jersey-licensed home health care services agency.
3. Hold a current and valid certification by the New Jersey Board of Nursing as a Homemaker-Home Health Aide. The certificate will have a State of New Jersey Seal and date of expiration; certificates expire every two years. Should you have any questions concerning a CHHA's certification, you should call the New Jersey Board of Nursing at 973-504-6430.
4. Completion of the federal and state criminal history background checks.
5. Employment by a home care services agency.
6. Supervision by a licensed Registered Professional Nurse.

CULTURAL DIVERSITY

Policy:

Staff will respect and honor different cultural backgrounds, beliefs and religions. Employees must be able to identify differences in their own beliefs and the client's beliefs and find ways to support the client. Employees will make efforts to understand how the client's cultural beliefs impact their perception of their illness.

Cultural considerations for all clients shall be respected and observed. Where such considerations impede the provision of prescribed health care or treatment, personnel shall notify the supervisor and in an effort to accommodate the client. If an employee refuses care/service to a client, management must provide an alternate employee to complete the care/services or refer the patient/client to another company immediately.

Procedure:

Upon admission employees will attempt to identify differences in client beliefs/cultural background. The care plan will be adjusted as necessary to meet client needs.

Staff will not assign personnel unwilling to comply with organization policy, due to cultural values or religious beliefs, to assignments where their actions may be in conflict with client needs.

If the Agency cannot meet client needs a referral will be made.

Cultural Diversity training will be completed during orientation.

COMMUNICATION BARRIERS

POLICY:
The Agency's policy is to ensure that personnel can communicate with the client in the appropriate language or format understandable to the client. This may include the availability of bilingual personnel, interpreters, or assistive technologies. Personnel can communicate with the client by using special telephone devices for the deaf or other communication aids such as picture cards or written materials in the client's language.

PROCEDURE:
In order to provide optimal quality care to our clients, the Agency will facilitate communication with sensory-impaired clients and clients with limited formal education. The Agency shall attempt to arrange for bilingual staff members or an interpreter to work with non-English speaking clients, when possible.

Upon admission employees will identify differences in client's beliefs or cultural background and modify the service plan to meet their needs.

- Situations will be addressed on a case-by-basis and methods of communication will be dictated by client need.
- If the Agency is unable to meet appropriately meet client needs, a referral will be made.
- A Limited English Proficiency (LEP) person may prefer or request to use a family member, friend or significant other.
- Every effort will be made to obtain the services of an available interpreter when necessary for persons who don't speak English or use sign language.
- Every attempt shall be made to match the client to visit staff who speaks the client's language.
- Written and verbal communication will be at an educational level that the client will understand.
- If a qualified interpreter on staff is not available, an interpreter will be obtained from one of the following:
    - Accredited Language Services - 1-800-322-0284
    - Verbatim Solutions 1-800-575-5702
    - www.languageline.com

ETHICAL ISSUES

POLICY:
Boardwalk Homecare provides care within an ethical framework that is consistent with applicable professional and regulatory bodies

The Agency has mechanisms to identify, address and evaluate ethical issues.

The Agency monitors and reports ethical issues to Board.

All personnel are educated on the Agency's ethics policy during orientation, which includes:

- Examples of ethical issues
- educational in-services
- The process to follow when an ethical issue is identified

Agency management and the Governing Body/Owner will participate in the consideration and resolution of ethical issues that arise regarding business practices. A summary of ethical issues will be addressed annually.

PROCEDURE:
Identifying Ethical Issues: Agency will furnish to its staff the educational resources necessary to assist in ethical aspects of home care. (Ethics In-Service). Examples of ethical issues requiring a decision/resolution may include but are not limited to:

Withholding/withdrawal of	Accepting or Refusing Care	Admissions/Transfers
Informed Consent	Advance Directives	Confidentiality
Standards of Care	False Advertising	Abuse & Neglect
Client Safety	Fraudulent Billing Practices	Incompetent or Illegal Behavior

Address and Evaluate Ethical Issues:

- Should an employee wish to raise an ethical concern, the Ethical Issues/Concerns Reporting Form is completed and processed by Administrator
- The Agency addresses/ evaluates ethical issues through an ethics forum held at the Governing Body Annual meeting
- The forum will welcome all office staff members.
- Ethics policy and in-service will be reviewed during the forum
- The Ethics Review form will be completed at the forum, to document activities. The Ethics Review form is kept in the Ethics section of the Governing Body Record.

PROFESSIONAL BOUNDARIES/GENERAL PERFORMANCE EXPECTATIONS

It is the employees' responsibility to be reliable, dependable, caring, and to comply with the agency's standards of conduct and performance. Every employee has an obligation to observe and follow the agency's policy guidelines and to maintain proper standards of conduct at all times. Employee conduct that is not in the best interest of the agency, discredits the service we provide or willfully disregards the established standards, rules and guidelines of the agency, are involved or participate in other inappropriate or unprofessional behavior that jeopardizes the integrity, negatively impacts, or is in any way in conflict with the company's interest will not be tolerated and will lead to disciplinary actions, including immediate dismissal.

Employee performance evaluations are conducted on an annual basis for direct care workers.

Following are some rules to guide conduct of Agency's employees:

- You must report or disclose to your Supervisor within one (1) business day if you are arrested, indicted or convicted of any crime;
- Treat all clients, visitors and coworkers with respect and courtesy;
- Do not give your telephone number or personal information to the client or their family;
- Refrain from behavior or conduct that is offensive or undesirable, or which is contrary to the agency's best interests
- Do not accept money, loans or gifts from patient/clients or their family members. If the patient/client wishes to give you a gift, you must report this situation to the office;
- Do not discuss your religious or political beliefs or personal affairs with clients;
- Report to your supervisor suspicious, unethical or illegal conduct by coworkers, clients or vendors
- Report to your supervisor any threatening or potentially violent behavior by clients and their family and coworkers
- Comply with all of the agency's safety, security and confidentiality requirements
- Wear appropriate clothing and maintain personal cleanliness and good hygiene
- Perform assigned tasks per the Care Plan efficiently and in accord with established quality standards
- Report to work punctually
- Keep accurate records and submit them on time
- Give proper advance notice whenever you are unable to work or report on time
- Comply with Agency's zero fraud tolerance policy at all times
- Always ask permission before touching clients and explain any procedure you are able to undertake
- If there is an accident, you (or the client) must call the office or after hour call number immediately. Following the telephone call.

The following conduct is prohibited and is not intended to be all-inclusive. Any employee engaged in this conduct will be subject to corrective action, up to and including termination:

- Engaging in or threatening acts of workplace violence, including possession of firearms or other weapons, fighting or assaulting a coworker or patient/client or threatening or intimidating a coworker or patient/client
- Engaging in any form of sexual or other harassment
- Reporting to work under the influence of alcohol or illegal drugs or narcotics, or using, selling dispensing or possessing illegal drugs, alcohol or narcotics
- Disclosing client or agency confidential information
- Falsifying or altering any agency record or report, such as an employment application, medical reports, time records, daily activity sheets, or expense reports
- Stealing, destroying, defacing or misusing agency property or the property of a coworker or patient/client
- Solicit money, gifts or loans from a patient/client their family and/or vendors or receiving such money or gifts
- Misusing the agency's electronic communication systems, including e-mail, computers, internet access, telephones and faxes
- Refusing to follow instructions or being insubordinate
- Smoking during prohibited times and/or in prohibited areas

- Using profanity, threatening or abusive language towards clients, their family and other coworkers
- Excessive tardiness or absenteeism
- Do not argue with client or family members *under any circumstances*. Communicate with Agency if there are any issues or concerns, including additional duties or tasks not on the Care Plan that you are being asked to perform.
- Failing to notify the agency about a work assignment you accepted and then fails to show-up for
- Any act of misconduct by the employee including, but not limited to, any act of dishonesty, which is deemed, in the sole discretion of the agency, not to be in the agency's best interests, and/or which reflects poorly upon the integrity and business reputation of the Agency
- Staff members are NOT allowed to make any private arrangements with clients and any changes in the assigned work schedule must be approved by the Agency.
- Coverage is continuous during a given shift or assignment. Staff members are expected to complete the entire shift/assignment and are not allowed to leave the assignment during their stay or before the relieving staff member arrives (where applicable) without explicit instructions from the company.
- Staff members are not allowed to take the client off the home-premises without explicit permission from Agency. Taking clients on preapproved appointments or running approved errands on behalf of clients are permitted
- Visits and phone calls from friends, relatives, or children are strictly prohibited and guests and visitors are not permitted in the client's home while you are working in the home of one of our clients. In the event that you are being picked up from work or someone is bringing you something, that person must not be let into the client's home. Violation of this policy may result in disciplinary action up to and including termination.
- Solicitation for any cause during working time and in working areas is not permitted.
- Sleeping in work areas or while on duty is expressly prohibited. The only exception is when the employee is working as a live-in or 24-hour care cases.

At the Agency's discretion, any violation of the agency's policies or any conduct considered inappropriate or unsatisfactory would subject the employee to corrective action. The agency retains the right to administer corrective action in any manner that it sees fit. This policy is not intended to modify the status of employees as at-will or in any way restrict the Agency's right to bypass the suggested corrective action procedures or create an employment contract.

PERFORMANCE IMPROVEMENT PLAN

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Performance Improvement Program
Number of Policy & Procedure	Policy #6-01
Effective Date	03/01/2019

POLICY:
The agency develops, implements, and maintains an effective, ongoing, organization-wide Performance Improvement (PI) program.

The organization measures, analyzes, and tracks quality indicators, including adverse client events, and other aspects of performance that enable the organization to assess processes of care, services, and operations.

Organizational-wide PI efforts address priorities for improved quality of care and client safety, and that all improvement actions are evaluated for effectiveness.

The Governing Body participates in the Performance Improvement (PI) process. The PI Program is reviewed at board meetings and results are recorded in the Meeting Minutes

The PI Plan will be specific to the needs of the organization. The methods used for reviewing data include, but are not limited to:

- Current documentation (e.g., review of client records, incident reports, complaints, satisfaction surveys, etc.)
- Client care
- Direct observation in care setting
- Operating systems
- Interviews with clients and/or employees

The following elements are considered within the plan:

- Program objectives
- All disciplines
- Description of how the program will be administered and coordinated
- Methodology for monitoring and evaluating the quality of care
- Priorities for resolution of problems
- Monitoring to determine effectiveness of the action
- Oversight and responsibility for reports to the governing body/owner

PROCEDURE:
PI Coordinator is VP Brendan Watson

PI Coordinator prepares a an annual PI written report

The Governing Body is involved in the Performance Improvement (PI) process: Annual written PI report is reviewed during the Annual Corporate meeting and more frequently as needed. The Governing Body will provide adequate resources necessary to ensure quality client care, maintain good business practices, and confirm that resources are utilized appropriately.

There is evidence of personnel involvement in the Performance Improvement (PI) process: All personnel will be trained on the organization's PI Plan during orientation and will be updated on initiatives during staff meetings, email updates, etc. Training evidenced in PIP Meeting Minutes as part of the Annual Meeting Record, and more frequently as needed..

Each Performance Improvement (PI) activity contains the required items:

- Description of audit/indicators
- Frequency of activities
- Individual Responsible for conducting activities
- Data Collection methods
- Threshold/goal
- Plan for re-evaluation threshold/goal is not met

PI activities include 8 topics:

- Client Adverse Events
- Infectious Disease
- Client Grievances
- Work-related Injuries & Illnesses
- One important aspect related to care - Hospitalizations
- One important aspect related to administration - Performance Evaluations
- Client & personnel satisfaction surveys
- Client record - audits

All audits and data collection will be the responsibility of the PI Coordinator. All data collected will be available to the PI Coordinator quarterly for review, with decisions on action plans for follow-up or recommendations for performance improvement. The plan will ensure that opportunities to improve patient care and resolve problems that are identified with follow-up action taken as appropriate when thresholds are not met. The PI coordinator will review the plan annually and revise the plan if needed to improve the processes of care, services and operations.

COMPLIANCE PROGRAM & DISCIPLINARY ACTIONS

Policy:
This policy establishes a corporate compliance program, modeled on Federal and State guidelines that promote lawful business practices, to foster adherence to Agency policies and procedures and to comply with regulations. The Agency's Corporate Compliance Program seeks to prevent fraud and abuse, and detect violations of law and agency policies.

The Compliance Program consists of:

1. Written policies and procedures
2. Designation of a Compliance Officer and Compliance Committee
3. Conduct effective training and education
4. Developing open lines of communication between the Compliance Officer and Agency personnel for receiving complaints and protecting callers from retaliation
5. Performance of internal audits to monitor compliance
6. Establishing and publicizing disciplinary guidelines for failing to comply with the Agency policies and procedures and applicable statutes and regulations
7. Prompt response to detected offenses through corrective action

Procedure:
Implementation of Written Policies and Procedures; Conduct Effective Training and Education:
All of Agency's procedures and processes in place in some way or another aim to comply with laws, regulations and standards by providing guidelines to our employees. The Agency places particular emphasis on compliance in the following areas:

- Fraud Policy
- Abuse, Neglect, Exploitation Policy
- Clinical processes
- Orientation and In-service education

Per State regulations (NJAC 45B), the Agency and the Administrator/RN supervisor shall:

- Report any violation of State regulations to the Executive Director of the New Jersey Division of Consumer Affairs.
- Cooperate in providing information to any investigation conducted to determine whether a violation of the regulations or any applicable statute has occurred.
- An agency's failure to comply with these requirements may be deemed good cause within the meaning of NJ Regulations (N.J.S.A. 34:8-53), upon notice to the agency and an opportunity to be heard, for the suspension or revocation of licensure or for such other relief or sanctions as may be authorized by law.

Designation of Compliance Officer/Committee:
Compliance Officer: Brendan Sullivan - President/Owner
Compliance Committee: Brendan Sullivan - President/Owner, Brendan Watson - Vice President/Owner. (Meets annually at governing body meeting)

Compliance Officer duties and responsibilities include:

- Overseeing audits
- Handling inquiries by employees regarding compliance
- Investigating allegations concerning possible unethical business practices and recommending corrective action when necessary

- Preparing an annual report to the governing body/Owner concerning compliance activities and actions undertaken during the preceding year

Developing open lines of communication between the Compliance Officer and Agency personnel for receiving complaints and protecting callers from retaliation: Should personnel wish to communicate complaints anonymously they can do so by mail, fax or by placing a written letter in the company mailbox.

Performance of internal audits to monitor compliance: Internal audits/activities are conducted in clinical and financial areas. Results are summarized quarterly and annually on the Compliance Program Review form. The annual report is reviewed during the Governing Body Annual meeting.

- Clinical
    - Audits of client charts are the Compliance Officer to monitor adherence to policies (10%)
    - Personnel files are audited by Compliance Officer on a quarterly basis to monitor adherence to policies, including background checks (10%)
    - 90% success rate is the acceptable target
- Financial:
    - Billing and payroll procedures: Scheduled services are entered on a weekly basis. Time/activity sheets are received and processed by office staff. After reviewing schedules for errors or misrepresentations with office staff, Administrator will process invoices and payroll.
    - Bank and credit accounts are reconciled on a monthly basis. Any unexplained discrepancies are investigated.
- Annual Meeting of Governing Body: Several policies are reviewed by the governing body on an annual basis and recorded in the Annual Meeting Record. Policies and procedures, as well as Performance Improvement is reviewed.

Establishing and publicizing disciplinary guidelines for failing to comply with the Agency policies and procedures and applicable statutes and regulations:

(Review Disciplinary Actions in Employee Handbook)

Prompt response to detected offenses through corrective action:
In reviewing allegations of potential wrongdoing pertaining to fraud or abuse, the Compliance Officer will investigate the situation. The Compliance Program - Record Of Investigation form is used to document:

- Documentation of the alleged violation
- A description of the investigative process
- Copies of interview notes and key documents
- A log of the witnesses interviewed, and the documents reviewed
- The results of the investigation

INFECTION CONTROL

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Infection Control
Number of Policy & Procedure	Policy #7-01
Effective Date	03/01/2019

POLICY:
Employees will follow infection control guidelines to protect clients and fellow employees from infections and communicable disease.

Standard precautions are to be followed regardless of client diagnosis to avoid transmitting or contracting infectious diseases. The use of appropriate personal protective equipment (PPE) such as gloves, masks, and/or gowns are required to avoid transmission of infections.

PROCEDURE:

Overview: The Agency aims to eliminate or minimize occupational exposure to bloodborne / airborne pathogens:

- Education & Supervision: Provide training and education related to airborne and blood borne pathogens to all staff upon hire and annually thereafter. RN Supervisors will provide ongoing training during supervisory visits and other interactions.
- Staffing - limitations of symptomatic employees
- Direct Care Worker practices:
    - Hand washing procedures
    - Standard precautions & the use of agency provided PPE
- What to do in the event of an exposure incident
- TB Exposure Control Plan
- PIP: The Performance Improvement Program will track and monitor infectious disease events, and inform policy changes as necessary.

Education & Supervision: Staff will be trained in the agency's infection control policy and procedures, including standard precautions and occupational exposure to blood-borne / airborne pathogens, during orientation and annually through inservices and RN oversight.

Staffing - symptomatic employees: Direct care workers are limited in their ability to work when showing symptoms of infectious disease including, but not limited to: productive cough, loss of appetite, fever – recurrent or persistent, chest pain, shortness of breath, tiredness – unexplained, coughing up blood, kidney or bladder infection - recurrent. Job risk classifications include home health aides, registered nurses, case managers and designated personnel involved with in-person client/caregiver interactions.

Direct Care Workers practices include:

- **Hand Washing:** Hands will be washed before and after caring for each client and/or between tasks. Indications for hand washing include:
    - Prior to initial entry into supply bag
    - Before providing direct client care
    - Following each client contact even when gloves are worn
    - After touching bodily excretions on soiled materials
    - Immediately following contact with blood and/or other body fluids

- **Standard Precautions:** All employees who come into contact with blood, body fluids, tissue, solids or any moist body part or substance of any client will use the following specific procedures in compliance with standard precautions and use of PPE:
    - Proper hand washing by health care personnel at the beginning and ending of each visit, and after any procedure considered as occupational risk.

- Apply gloves before contact with any moist body site, fluids or solids, including mucous membranes, e.g., when examining clients with bleeding or open lesions, large abrasions or dermatitis, and when handling items soiled with body fluids or substances.
- Wear gloves for all client care if employee's hands are chapped or if employee has any open skin areas on hands.
- Wear gloves when changing soiled linens.
- Wash hands before and after wearing gloves.
- Change gloves and wash hands between clients.
- Wear an apron or gown and protective eyewear if danger of body fluid splash is present.
- Bag all soiled dressings in plastic and close the bag securely before placing into the client's trash container.
- Any piece of disposable equipment which has been in contact with blood/body fluids or moist body substances must be disposed of in a plastic bag. Place the plastic bag in the client's covered trash receptacle.
- Any surface which has come into contact with blood or other potentially infectious body fluids must be wiped down with a commercially prepared disinfectant solution.
- When a needle-stick or body fluid splash/exposure occurs, wash the area thoroughly and report the incident to the RN Supervisor and complete an Incident Report Form.
- Whenever it is necessary to use equipment on more than one client or for a client over a period of time, e.g., thermometer, blood glucose meter, stethoscopes, blood pressure cuffs, bedpans, urinals, bedside commodes, etc., the equipment should be cleaned and disinfected after use using alcohol, disinfectant wipe, and/or soap and water or per manufacturer's instructions as appropriate.

What to do in the event of an exposure incident:

If BHC receives a referral of a patient with infectious disease:

- RN will document on Client Assessment and Plan of Care
- Caregivers will be instructed in hand washing, standard precautions and PPE (provided by BHC)
- RN will mark the client as 'infectious disease' in Hometrak with a pop-up box
- Staffing personnel will be aware of the presence of infectious disease, and will work with RN to staff accordingly & instruct caregiver on procedures - hand washing, standard precautions and PPE

If there is an exposure event, post-admission:

- In the event the employee is exposed to a blood-borne pathogen or body fluid he/she will wash/flush the exposed area as soon as possible with testing as required.
- If necessary, the employees will be sent to a healthcare professional for their safety, as well as that of the clients. All medical records relevant to the appropriate treatment of the employee, including vaccination status, will be considered confidential.
- The RN Supervisor will be notified as soon as possible.
- The RN Supervisor will ensure that proper reporting and follow up is performed.
    - An Incident Report will be filled out by the RN Supervisor, and copied into a documented event in Hometrak as soon as possible.
    - Positive test results for infections resulting from the event, will be reported by the RN Supervisor to the HR Manager.
    - HR Manager will record the event on the OSHA 301 form and submit to the administrator, who will enter on the OSHA 300 form
- The local health department will be notified of any exposure as applicable.
- Communicable diseases will be reported according to state guidelines to state health departments. This list can be obtained from the state's Department of Health website. https://www.nj.gov/health/cd/

TB Exposure Control Plan:

1. *Annual TB Risk Assessment:* The annual risk assessment is used to determine the need, type, and frequency of screening/testing for direct care personnel. The agency's risk level is based on
    a. Community risk: determined by local/state Department of Health
    b. Agency staff/population:
        i. **Low Risk:** Person to person transmission of TB has not been detected, and fewer than six (6) TB clients have been treated per year.
        ii. **Intermediate Risk:** Person to person transmission of TB has not been detected and six (6) or more TB *clients* are treated per year.
        iii. **High Risk:** Areas or occupational groups in which the PPD test conversion rate is significantly greater than for areas or groups where exposure to TB is unlikely.

2. *Testing:* Agency Provide a system for early identification and surveillance of individuals with active tuberculosis or those who are at high risk for active TB:
    a. Upon hire personnel provide evidence of a baseline TB skin or blood test.
    b. If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by BHC
    c. Prior to patient contact, an individual TB Questionnaire is completed
    d. When direct care worker has test results and clears the TB Screening Questionnaire, they are cleared to work
    e. Chest X-rays are no longer required (as of June 2020)

3. *Ongoing Testing:* After baseline testing, all direct care staff will receive an annual TB screen based on the Agency's TB Risk Level.
    a. **If the prevalence rate is classified as low risk**: additional annual TB screening of individuals is not necessary unless an exposure to TB has occurred.
    b. **If the prevalence rate is classified as medium risk**: all direct care staff will complete a TB symptom screen.
    c. **If the prevalence rate is classified as potential ongoing transmission (High Risk**): testing for infection will be performed every 8–10 weeks until lapses in infection control have been corrected, and no additional evidence of ongoing transmission is apparent. The classification of potential ongoing transmission will be used as a temporary classification only. After a determination that ongoing transmission has ceased, the prevalence rate will be reclassified as medium risk. Maintaining the classification of medium risk for at least 1 year is recommended.

PIP:
The Performance Improvement Program will be utilized to identify trends and make changes as necessary. When applicable, the PI team will develop strategies to prevent or control infections. Potential corrective actions may include employee or client re-education,
revised or improved processes, or education regarding specific infections or communicable diseases.

Authored by: Brendan Watson
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OSHA Requirements & Safety Education

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Work related injury & illnesses (OSHA)
Number of Policy & Procedure	Policy #7-07
Effective Date	03/01/2019

POLICY: Incidents involving Agency personnel are reported to Boardwalk Homecare and investigated.

PROCEDURE: Incidents to be reported include but are not limited to:

- Personnel injury or endangerment
- Motor vehicle accidents when conducting agency business
- Environmental safety hazards
- Equipment safety hazards, malfunctions or failures
- Unusual Occurrences

Incidents involving personnel should be reported immediately to office or after-hours personnel. Work related injuries or illnesses should be directed to HR Manager.

Incidents involving injury are to be documented on an OSHA 301 form and submitted to the Administrator. Work related injuries and illnesses are recorded on the OSHA 300 log form.

HR is to contact workers comp insurance agent for guidance in processing any medical assistance required and insurance claims.

Incidents not resulting in work related illness or injury are to be documented on the Incident Report form.

Agency educates personnel on the Incident Reporting Process.

Incident Reports are investigated as required and are included the Performance Improvement Program.

SAFETY EDUCATION

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Safety Education - Personnel
Number of Policy & Procedure	Policy #7-02
Effective Date	03/01/2019

POLICY:
All new employees will receive safety training as part of their orientation, as well as ongoing training annually.

Safety training activities include, but are not limited to:

- Body mechanics
- Workplace fire safety management and evacuation plan
- Workplace or office security
- Common environmental hazards (icy parking areas and walkways, blocked exits, cluttered stairways)
- Office equipment safety
- Personal safety techniques including in-home safety

PROCEDURE:
Annual fire drills will be completed by all locations to ensure that staff has knowledge of what to do in the case of a real fire.

In the event of an emergency, all employees will move to the nearest safe exit. A common meeting place (across the street from the main entrance) is identified for employees to gather for a head count to ensure that all staff have safely evacuated from the building.

Data such as employee knowledge of where fire extinguishers are located, the fire department phone number, and/or the time it took for the staff to exit and assemble at the common meeting point will be collected and assessed.

Employees will be educated regarding portable fire extinguisher use and the hazards involved with firefighting.

Any room that has more than one doorway will be marked by readily visible exit signs located above the door that leads to an outside access.

The exits and the path of egress exits shall be maintained so that they are unobstructed and accessible at all times.

Incident Reporting

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Incident Reporting
Number of Policy & Procedure	Policy #6-02
Effective Date	03/01/2019

POLICY:
All adverse events, incidents, accidents, injuries, variances, or unusual occurrences involving staff and or clients will be reported immediately to the Administrator, RN Supervisor or designee.

Monitoring of incident reports will serve as a tool to identify areas for improvement and will be part of the PI process.

An Incident Report Form will be completed to document any unusual, harmful, or potentially harmful occurrences involving clients, visitors or property as soon as possible but at least within 24 hours of the incident.

An OSHA Form 301 will be completed to document any work-related injuries or illnesses involving employees as soon as possible but at least within 24 hours of the incident.

If after hours, an on-call member of the office staff will be notified of the incident immediately.

An Adverse Event is defined as an unusual circumstance that may result or did result in personal injury of an employee, client or visitor from care or service being provided by the organization. Adverse Events to be reported include but are not limited to:

- Unexpected death, including suicide of client
- Any act of violence
- A serious injury
- Psychological injury
- Significant adverse drug reaction
- Adverse client care outcomes
- Medication and treatment errors, complications, or reactions, if applicable
- Personnel injury or endangerment
- Client/family injury (witnessed and unwitnessed) including slips, trips and falls
- Motor vehicle accidents when conducting agency business
- Environmental safety hazards, malfunctions or failures, including equipment
- Unusual occurrences
- Damage to patient or organization property
- Needle stick injury
- Animal bite
- Fall
- Other occupational injury

PROCEDURE:
The Administrator, RN Supervisor or designee will be notified immediately regarding any incident that involves injury or potential injury, any incident that may involve a revision to the plan of care, and any incident that involves hospitalization of the client.

The Incident Report Form will be used to report any patient or property incident including any occupational exposure to blood or airborne pathogens. The Administrator, RN Supervisor or designee is also required to document all adverse events & incidents within the home care software platform, copying the Incident Report form to the appropriate documented event.

The Administrator, RN Supervisor or designee will immediately investigate the incident and will take corrective measures if indicated. All follow-up actions will be documented on the Incident Report form including notifying the family, hospice, physician, etc.

The Administrator, RN Supervisor or designee will be notified immediately regarding any work-related injury or illness involving an employee. The HR Manager is required to document all employee injuries and illnesses using OSHA 301 form which are to be saved in the employee's folder on the Google Drive, and notify the Administrator. The HR Manager is also required to document all employee injuries and illnesses within the home care software platform. Lastly, the Agency is

required to notify OSHA when an employee is killed on the job or suffers a work-related in-patient hospitalization, amputation, or loss of an eye.

- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.
- Report a Fatality or Severe Injury to OSHA https://www.osha.gov/report.html

A summary of adverse events will be reported to the PI Coordinator quarterly.

All employees will be educated on when and how to complete an Incident Report and the reporting process during orientation.

CLIENT COMPLAINTS/GRIEVANCES

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Client Grievances/Complaints
Number of Policy & Procedure	Policy #2-05
Effective Date	03/01/2019

POLICY:
It is the policy of Boardwalk Homecare to provide a formal process for clients and employees to follow in reporting a grievance/complaint and an established method of processing the grievance/complaint.

All customer grievances/complaints are:
- documented
- investigated
- brought to the best possible resolution for the patient or referral by responding to the complaint in a timely fashion.

Definition: A complaint is a grievance/complaint regarding poor service or lack of respect of property by anyone who is furnishing care/service on behalf of the company. A complaint may involve a violation of Clients Rights or a notification of dissatisfaction, after initial notification is not resolved. It is the follow-up to the unresolved initial complaint, that initiates the Grievance/Complaint process.

The client will not be subjected to discrimination or reprisal for reporting a complaint.

PROCEDURE:
Upon admission all clients will receive, client receives the Client Grievance/Complaint Instructions form, which explains the organization's process for receiving, investigating and resolving complaints about services. This will include state regulatory hot-line numbers and ACHC's telephone number. (Complaint Policy and Procedures form)

Any employee receiving a grievance/complaint will complete an Incident Report form and save as a Documented Event in Hometrak, and notify the Administrator/designee. If a complaint is received after business hours the complaint will be submitted on the next business day (or sooner as needed).

The Grievance/Complaint documented events in Hometrak serve as the complaint log.

A Grievance/Complaint Documented Event is created in Hometrak, which serves as the complaint log, and is examined in the PIP. The president or vice president will investigate the grievance and take actions to resolve the issue.

The Administrator/PI Officer/designee shall implement discipline and/or corrective action (if warranted) .

A summary of complaints/grievances will be reported to the governing body quarterly and included in the annual PI Report.

Employees receive instruction on the complaint/grievance policy at orientation.

All complaints will be retained for a period of seven (7) years. The monitoring of complaints shall be incorporated into the Performance Improvement Program (PIP).

ABUSE, NEGLECT & EXPLOITATION

Organization Name	Boardwalk Homecare
Title of Policy & Procedure	Abuse, Neglect, Exploitation
Number of Policy & Procedure	Policy #2-04
Effective Date	03/01/2019

POLICY:
Boardwalk Homecare's policy is that all Agency employees who are aware of any abuse, neglect or exploitation (including injuries of unknown source and misappropriation of client property) of any Agency client, are mandated to report such immediately to their supervisor and to designated state authority.

Agency will document the incident on the Adverse Event/Incident Report Form and thoroughly investigate any alleged violations. Appropriate corrective actions are taken.

NJ Adult Protective Services: 800-792-8820
NJ Child Abuse Hotline: 877-652-2873
State Office - NJ Department of Human Services Phone: 609-588-6501 or 800-792-8820
After Hours: 911 or local police

Mandatory Reporting Elder or Child Abuse, Neglect or Exploitation and Domestic Violence
On January 17, 2010 the State of New Jersey enacted P.L. 2009, c.276 amending laws that govern the reporting of abuse, neglect and exploitation of "vulnerable adults." Of particular significance is the expansion of N.J.S.A. 52:27D-409 that requires that a "healthcare professional" ("[a]ny caretaker, social worker, physician, registered or licensed practical nurse or other professional) who has reasonable cause to believe that a "vulnerable adult" is the subject of abuse, neglect or exploitation report the information to the county adult protective services. N.J.S.A. 52:27D-407. The law defines the phrase "vulnerable adult" as a person eighteen (18) years of age or older who resides in a community setting (a private residence or any non-institutional setting in which a person may reside alone or with others) and who, because of physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his or her well-being and is the subject of abuse, neglect or exploitation. Please note that the onus is on the individual staff member(s) to report abuse and exploitation, and they may be fined up to $5000.00 if they do not do so. In the statute,
Abuse is defined as 1) intentionally inflicting "physical pain, injury or mental anguish" to the resident; 2) intentionally withholding services necessary to ensure the resident's mental and physical health; or 3) unreasonably confining the resident. For the first two categories above, the actions must be intentional, not accidental.
Neglect is defined as not receiving services from his/her caretaker.
Exploitation is defined as "the act or process of improperly using a person or his resources for another person's profit or advantage without legal entitlement to do so…."

PROCEDURE:
In the event of *alleged* abuse/neglect/exploitation:

- Employees are advised that alleged cases of elder abuse, neglect, fraud and exploitation must be reported to the supervisor/ Administrator or Director of Nursing (DON) and NJ Adult Protective Services immediately.
- The supervisor or designee shall
    - ensure the report is called into NJ Adult Protective Services
    - Report the allegation of suspected abuse, neglect, fraud or exploitation to the office Agency Administrator/Owner within 48 hours, if not in that role.

In the event of *verified* abuse/neglect/exploitation:

- Agency will contact local law enforcement agencies in the event of sexual or other physical abuse inflicted by an employee
- The Agency ensures that verified violations are reported to Accrediting organization (ACHC) as well as state, and local bodies having jurisdiction within five working days of becoming aware of the verified violation, unless state regulations are more stringent

RIGHTS: Upon admission, all client/family members will be made aware that all clients have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property - via the Bill of Rights & Responsibilities

Clients are provided with the Reporting Abuse, Neglect & Exploitation form, which includes information on reporting events.

EDUCATION: Agency will provide Abuse training upon orientation and annually to Agency employees. Some of the topics that will be addressed are:

Reasons for abuse or neglect
Potential victims; most likely candidates
Identification of potential abuse/neglect
On-site investigating
State laws regarding abuse or neglect
Documentation of suspected abuse or neglect
Proper officials to report suspected abuse or neglect

INCIDENT REPORT: When employees report suspected cases of abuse, neglect, fraud or exploitation, office staff will notify the client's case manager who will complete an Adverse Event/Incident Report Form.

INVESTIGATION: An internal investigation shall ensue within 5 days of receipt of the complaint and result in a written report. If the investigation validates the claim, the employee will be terminated.

CORRECTIVE ACTIONS:

- Agency supervisor will immediately remove from client contact any Agency employee suspected of abuse, neglect, or exploitation
- Agency will take appropriate corrective action in accordance with state law if the alleged violation is verified

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ALZHEIMER'S DISEASE

Understanding Alzheimer's Disease

Alzheimer's disease (AD) is the most common form of dementia. Approximately 5.4 million Americans have AD. Alzheimer is the sixth-leading cause of death in the United States. The disease is characterized by memory loss, language deterioration, poor judgment, and an indifferent attitude.

Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities. It involves the parts of the brain that control thought, memory, and language. Healthy brain tissue dies or deteriorates, causing a steady decline in memory and mental abilities.

AD is not the only form of dementia. Doctors diagnose AD by doing tests to eliminate all the other possible reasons for the person's symptoms. If no other cause is found, usually a diagnosis of AD is given.

AD causes progressive degeneration of the brain. It may start with slight memory loss and confusion but eventually leads to severe, irreversible mental impairment that destroys a person's ability to remember, reason, learn, and imagine. Usually, family members notice gradual—not sudden—changes in a person with AD.

As AD progresses, symptoms become serious and family members usually seek medical help. Progression from simple forgetfulness to severe dementia might take five to 10 years or longer.

People with mild AD may live alone and function fairly well. People with moderate AD may need some type of assistance. People with advanced AD generally require total care.

Causes

Think of the way electricity travels along wires from a power source to the point of use. Messages travel through the brain in a similar way, but they are carried by chemicals instead of wires. Information travels through the nerve cells in the brain so we can remember, communicate, think, and perform activities.

Researchers have found that people with AD have lower levels of the chemicals that carry these important messages from one brain cell to another. In addition, people with AD have many damaged or dead nerve cells in areas of the brain that are vital to memory and other mental abilities. Although the person's mind still contains memories and knowledge, it may be impossible to find and use the information in the brain because of AD.

Abnormal structures called plaques and tangles are another characteristic of AD:

- **Plaques.** It is believed that plaque deposits form between brain cells early in the disease process.
- **Tangles.** This refers to the way that brain cells become twisted, causing damage and nerve cell death.

These structures block the movement of messages through the brain, causing memory loss, confusion, and personality changes.

Complications

According to the Alzheimer Association, Alzheimer's is the sixth-leading cause of death in America with one in three seniors dying with Alzheimer's or other forms of dementia. In advanced AD, people lose the ability to do normal activities and care for their own needs. They may have difficulty eating, going to the bathroom, or taking care of their personal hygiene. They may wander away, get lost, or become injured. They may develop complicating health problems such as pneumonia, infections, falls, and fractures. They may experience lack of appetite resulting in weight loss.

Treatment

There is no cure for AD. Medications are available that may slow the progress of the disease, lessening its symptoms, but they are unable to stop or reverse it. These include tacrine (Cognex), donepezil (Aricept), rivastigamine (Exelon), and galantamine (Reminyl).

Medicines are sometimes ordered to help with symptoms such as sleeplessness, wandering, anxiety, agitation, and depression.

Prevention and research

There is no known way to prevent AD. Researchers continue to look for ways to reduce the risk of this disease.

The person with AD has no control over these symptoms and cannot be held responsible for behavior problems.

It is believed that lifelong mental exercise and learning may create more connections between nerve cells and delay the onset of dementia. People should be encouraged to learn new things and stay mentally active as long as possible.

All persons with AD need unconditional love and constant reassurance, no matter what stage of the disease they are in.

Caring for the AD Patient

AD progresses at a different rate with each person. It is important to focus on things that the person with AD can still do and enjoy.

You will recognize the following signs in many patients with AD:

- Increasing and persistent forgetfulness.
- Difficulty finding the right word.
- Loss of judgment.
- Difficulty performing familiar activities such as brushing teeth or bathing.
- Personality changes such as irritability, anxiety, pacing, and restlessness.
- Depression. Depression may show itself in some of the following ways:
  - Wandering
  - Anxiety—this can be caused by noise, feeling rushed, and large groups
  - Weight loss
  - Sleep disturbance
- Pacing and agitation. Agitation often is a symptom of underlying illness or pain. Medication can also cause agitation, as can changes in the environment.
- Cursing or threatening language.
- Disorientation, delusions, or hallucinations. A person with hallucinations sees, hears, or feels things that are not there. A person with delusions believes strongly in something that is not true, such as believing that he has been captured by enemies.
- Difficulties with abstract thinking or complex tasks. Balancing a checkbook, recognizing and understanding numbers, or reading may be impossible.

The following suggestions will help you care for a patient with AD:

Structure. Serenity and stability reduce behavior problems. When a person with AD becomes upset, the ability to think clearly declines even more. Follow a regular daily routine. Plan the schedule to match the person's normal, preferred routine and find the best time of day to do things, when the person is most capable. Be sure to keep familiar objects and pictures around.

Bathing. Some people with AD won't mind bathing. For others it is a confusing, frightening experience. Plan the bath close to the same time every day. Be patient and calm. Allow the patient to do as much of the bath as possible. Never leave the patient alone in the bath or shower. A shower or bath may not be necessary every day—try a sponge or partial bath some days.

Dressing. Allow extra time so the patient won't feel rushed. Encourage the patient to do as much of the dressing as possible.

Eating. Some patients will need encouragement to eat, while others will eat all the time. A quiet, calm atmosphere may help the patient focus on the meal. Finger foods will help those who struggle with utensils.

Incontinence. Set a routine for taking the patient to the bathroom, such as every three hours during the day. Don't wait for the patient to ask. Many people with AD experience incontinence as the disease progresses. Be understanding when accidents happen.

Communication. When talking, stand where the patient can see you. Use simple sentences and speak slowly. Focus attention with gentle touching if permitted.

Environment. Make the environment familiar and safe. Set the water heater no higher than 120°. Keep medicines and any potentially dangerous items out of reach.

Exercise. This helps patients improve their motor skills, functional abilities, energy, circulation, stamina, mood, sleep, and elimination. Avoid pushing the patient to exercise, but provide encouragement. Give simple instructions. Mild stretching exercises are good. Demonstrate how to tense and release muscle groups in sequence, keeping the order the same each time. Exercise or walk at the same time each day. A daily walk may reduce wandering.

Night ritual. Behavior is often worse at night. Create a ritual that is calming. Soothing music is helpful for some. Leave a night light on to reduce confusion and restlessness.

Ideas for dealing with difficult behaviors

Sundown syndrome. Many patients with AD are more agitated, confused, or restless in the late afternoon or early evening. Research shows the following things help:

- Leave lights on and shut out the darkness by closing blinds and shades.
- Provide more activity earlier in the day. This will use up energy, reducing stress.
- Schedule essential activities and appointments early in the day.
- Encourage an afternoon nap every day. This reduces fatigue and agitation.
- Play classical music on a portable radio or music player through headphones or earpieces. This shuts out disturbing noises and soothes the patient.
- Warm, relaxing baths, foot soaks, or massages may help.
- Reduce activity and distractions toward the end of the day.
- Discourage evening visits and outings.
- Avoid overstimulation. Turn off the television or radio before speaking to a patient.
- Keep the patient well hydrated by offering plenty of water throughout the day.

Hiding, hoarding, and rummaging. These common problems can be disturbing to caregivers and to others the AD patient lives with. Try the following strategies:

- Lock doors and closets.
- Put a sign that says "No" on places you want to keep the person out of, such as certain rooms, closets, or drawers.
- Watch for patterns. If a patient keeps taking the same thing, give him one of his own.
- Don't leave things lying around in the open; put things away neatly.
- Make duplicates of important items like keys and eyeglasses.
- Keep the person's closet open so she can see her things in plain view. When the patient can see at all times that she still has her everyday items, she may not feel the need to go looking for them.
- Designate an easily reached drawer as a rummage drawer. Fill it with interesting, harmless items like old keys on chains, trinkets, or plastic kitchen implements. Allow the patient to rummage freely in this drawer.
- Look through waste cans when something is lost and before emptying them.
- Patients with AD tend to have favorite hiding places for things. Look for patterns.

Most behaviors have a reason. Look for the reason for the behavior before responding.

Repetition. A person with AD can become fixated on a task and repeat it over and over without stopping. Pacing, turning lights on and off, or washing hands repeatedly are examples of this. As long as the activity isn't dangerous, there is nothing wrong with letting the person continue doing it. When the time comes that the patient must be asked to stop, try these tips:

- Say "stop," firmly but quietly.
- Touch the person gently.
- Lead the person by the arm away from the activity.
- Point out something distracting.
- Say, "Thank you for folding all those towels. Now let's go to dinner."

Confusion. Don't try to enter the person's world by pretending to see or hear the things he seems to see or hear. Help the person stay grounded in reality by patiently using some of the following techniques:

- Ask questions with yes/no answers.
- Make positive statements that let the person know what you want. For example, say "stand still" instead of "don't move."
- Give the person a limited number of choices.
- Lay out clothes in advance. Keep the wardrobe simple, and try the following things:
  - Avoid buttons and zippers if possible
  - Use Velcro fastenings and elastic waistbands
  - Limit the number of colors in the wardrobe
  - Eliminate accessories
- Use memory aids, such as posting a list of the daily routine or putting up a large calendar and clock. Other aids include:
  - Put name tags on important objects.
  - Use pictures to communicate if the person doesn't understand words.
  - Make memory books with pictures of important people and places.
  - Post reminders about chores or safety measures.
  - Put a sign that says "No" on things the person shouldn't touch.
  - Paint the bathroom door a bright color, and put a brightly colored seat cover on the toilet. These will remind the person where to go.
- Give simple, precise instructions. Reduce distractions during a task. Give only as much guidance as necessary.

- Say the person's name and make eye contact to get his attention before touching him.
- Reassure the person if needed, but don't needlessly distract a patient who is doing a task.
- Each step of a process should be handled as a separate task. Instead of saying, "It's time for your bath," say, "Take off your shoes. That's good. Now take off your socks."
- Allow plenty of time for every task.
- If the person can't complete a task, praise her for what she has accomplished and thank her for helping you.

Wandering. First, find out if the patient needs something. Look for patterns in the wandering and possible reasons, such as time of day, hunger, thirst, boredom, restlessness, need to go to the bathroom, medication side effect, overstimulation, or looking for a lost item. Perhaps the patient is lost or has forgotten how to get somewhere. Help meet the patient's need and keep him safe by trying the following things:

- Remind the patient to use the bathroom every two hours.
- Have healthy snacks and a pitcher of water readily available.
- Provide a quiet environment away from noise, distraction, and glaring light.
- Provide a purposeful activity such as folding clothes or dusting.
- Provide an outlet such as a walk, a social activity, a memory book, or classical music played through headphones.
- Give the patient a stuffed animal to cuddle.
- Keep lights on at night.
- Try using different shoes on the person. Some people wander when they are wearing shoes but not when they are wearing slippers.
- Use alarms, bells, or motion sensors. Bed alarms are flat strips laid under the sheets that sound when the person gets up. Outside doors should have bells or alarms that sound when opened. Motion sensors can be used in hallways.
- If the patient is in a home or agency with stairs, porches, or decks, child safety gates should be used to block these. Two gates can be used for height.
- Use child-resistant locks on doors and windows.
- Put a black mat on the ground in front of outside doors, or paint the porch black. Patients with AD often will not step into or over a black area.
- If possible, the person should carry or wear some form of identification, such as an ID bracelet that looks like jewelry but is engraved with the person's name, address, and phone number.

- Educate neighbors on what to do if they find a wandering patient.
- Call the police if an AD patient wanders away.

Aggression and agitation. First be sure that the person is not ill or in physical pain, such as from an infection or injury. Then try the following suggestions:

- Maintain a calm environment.
- Reduce triggers such as noise, glare, television, or too many tasks.
- Check for hunger, thirst, or a full bladder.
- Make calm, positive, reassuring statements. Use soothing words.
- Change the subject or redirect the person's attention.
- Give the person a choice between two options.
- Don't argue, raise your voice, restrain, criticize, demand, or make sudden movements.
- Don't take it personally if the person accuses or insults you.
- Say, "I'm sorry you are upset; I will stay until you feel better." Don't say, "I'm not trying to hurt you."
- Encourage calming activities that have a purpose. Sorting and folding laundry, dusting, polishing, vacuuming, watering plants, and other quiet, repetitive tasks can be soothing.

HAND HYGIENE

Overview

As an HHA, you care for people in ways they need care—bathing, grooming, feeding, and attending to all sorts of needs. This care involves close contact and touching, often with individuals who are ill, who have weak immune systems, or who simply cannot afford to get sick.

You must recognize that you are a common factor between all your patients; this means that you can carry germs from one patient to another, even if you do not feel ill. Many illnesses such as the flu can be transmitted before symptoms develop. This means you must be on guard and use methods to prevent the spread of infection at all times. Once someone is sick, it's too late.

You don't have to use a hazmat suit all day long, but you should take simple yet effective measures every day. This in-service gives general and practical advice for stopping the spread of infection and explains effective measures to take and why they are so important.

Facts

Many people have weakened immune systems for a lot of different reasons, including cancer, HIV, and receiving organ transplants. People who have undergone an operation have a higher chance of developing an infection. People with diabetes have a difficult time healing from skin infections and often suffer from unusually high blood sugar during illness. Older adults often cannot recover quickly from illness. Older people who come down with the flu or a chest infection might have a harder time staying hydrated and breathing. People who are susceptible to the flu can die from it. These are just a few examples of why it's critical to protect your patient population and yourself from getting ill.

Keeping a distance from those who are sick is a good prevention method but one that is difficult for healthcare workers to implement. Some illnesses, such as the flu, are spread through droplets in the air. Other illnesses are contracted only through bodily fluids. Many are spread by hands. Knowing and diligently applying the principles of hand hygiene and standard precautions is the best way of protecting your patients and yourself.

Hand Hygiene

Hand hygiene is the most effective way of preventing the spread of infection. Germs can stay on your hands and be transferred. Think of all the things and people you touch in a day. You use the bathroom, are in pub-

lic spaces, handle money, care for patients, touch your face, touch doorknobs and food—the list is endless. Practicing good hand hygiene helps protect your patients, yourself, your family, and others. You might think you don't always have time to clean your hands, but in all the things you're rushing around to do—caring for your patient—you might be causing more harm than good if you don't take a moment for hand hygiene.

KEY TERMS TO AID YOUR UNDERSTANDING

Hand hygiene: A general term referring to any action of hand cleansing.
Immune system: A system of biological structures and processes within the body that protects against disease. A weakened immune system leaves the body susceptible to disease.
Contagious: Able to be passed from one person or animal to another by touching.

You should wash your hands:

- Before and after caring for a patient
- After caring for personal needs, such as using the toilet, blowing your nose, covering a sneeze, combing hair, etc.
- Before consuming, handling, or serving food or drink
- Upon return from public places
- Before and after each shift or upon leaving one home and entering another
- After any contamination or after handling waste materials, secretions, drainage, or blood
- After handling soiled items, including linens, clothing, bedpans, urinals, or garbage
- Before and after wearing gloves
- Before and after touching wounds

The CDC has guidelines for hand hygiene. They include:

- Wet hands with warm water.
- Apply soap.
- Rub your hands palm to palm.
- Put one hand over the other, both palms facing down. Interlock your fingers and rub.
- Put your hands palm to palm, interlace your fingers, and rub.
- With fingers together, grab one set of fingers with the other, palms facing each other.
- Grab your thumb with your other hand and twist; repeat with the opposite hand.

- With closed fingers, cup your hand and rub the tips of those fingers into the palm of your other hand. Do this to the opposite hand.
- Rinse hands.
- Dry hands thoroughly.
- Use a towel to turn off the faucet.

Always wash your hands when they are visibly soiled. Hand washing should take 15 to 20 seconds.

Alcohol hand rub products are more effective than hand washing with soap unless the:

- Hands are visibly soiled
- Person has a condition that is known or potentially spread by spores, such as norovirus or Clostridium difficile diarrhea

Please note that the effectiveness applies only to alcohol-based products. Avoid sanitizers in which the active ingredient is triclosan or others that do not contain 60%–95% alcohol. Higher concentrations are less potent because they contain less water than lower concentrations. The reduction in water causes some of the original germ-killing properties to be lost or diminished.

The following are hand rub guidelines:

- Apply the rub to your palm.
- Rub hands together, palm to palm.
- Put one hand over the other, both palms facing down. Interlock your fingers and rub.
- Put your hands palm to palm, interlace your fingers, and rub.
- With fingers together, grab one set of fingers with the other, palms facing each other.
- With closed fingers, cup your hand and rub it into the palm of your other hand. Do this to the opposite hand.
- Continue to rub for length of time recommended by manufacturer, until hands are dry, or for at least 20 seconds. Hands must be dry for the sanitizer to be effective.

Clean personal equipment such as a stethoscope or bandage scissors with alcohol after use. Clean nonwashable items with disinfectant wipes.

Standard Precautions

Be familiar with the principles of standard precautions and select the correct personal protective equipment (PPE) for the task.

Guidelines for standard precautions

Routinely cleanse hands.

Wear gloves for any contact with blood, body fluids, secretions, excretions (except sweat), mucous membranes, or nonintact skin. Also:

- Anytime your hands are cut, scratched, chapped, or have a rash
- When cleaning up blood or body fluid spills
- When cleaning potentially contaminated equipment

Make sure your gloves are intact and fit properly. Gloves that are torn or too large or small will not protect you.

Change gloves:

- After caring for each patient
- Before touching noncontaminated articles or environmental surfaces
- Between tasks with the same patient if there is contact with infectious materials
- When caring for multiple wounds on the same patient
- Any time your gloves become soiled for any reason

Dispose of gloves properly, according to agency policy.

Wear a waterproof apron or gown for procedures that are likely to produce splashes of blood or other body fluids:

- Remove a soiled apron or gown as soon as possible and dispose of it properly
- Wash your hands

Wear a mask and protective eyewear or a face shield for procedures that are likely to produce splashes of blood or other moist body fluids. The surgical mask covers both the nose and the mouth. The mask is used once and discarded. If it becomes damp during use, change it. Masks lose their effectiveness when moist.

Goggles or a face shield help protect the mucous membranes of the eyes from splashes or sprays of blood and other body fluids. Wear a surgical mask with goggles or a face shield to protect the nose and mouth. Your eyeglasses, if you wear them, will not protect you.

A good rule to follow is that a surgical mask may be worn without protective eyewear, but protective eyewear is never worn without a surgical mask. Apply the mask first, followed by the protective eyewear. Some one-piece, disposable masks have a protective eye shield attached to them.

You should:

- Know where to obtain PPE.
- Correctly apply the PPE.
- Be familiar with the principles of standard precautions and select the correct PPE for the task.

Do not contaminate environmental surfaces with used PPE. Correctly remove and discard the PPE before leaving the work area. Place used PPE in the proper container for laundering, decontamination, or disposal. A plastic bag is usually the best option.

Remember that humans need to be touched. It is not necessary to wear gloves 100% of the time unless needed to apply the principles of standard precautions.

Ebola Raises PPE Removal Questions

In 2014, an epidemic of the deadly Ebola virus in Liberia resulted in the evacuation of patients to other countries. At the time of this writing, this includes patients in Spain (two), Germany (two), France (one), the UK (one), Norway (one), and the United States (four).

A visitor from Liberia became the first person in the United States to be diagnosed with the disease. After his death, two nurses who cared for him were diagnosed with Ebola, though luckily both survived. CDC dignitaries were quick to note that a breach in protocol must have been responsible for transmission of the virus in both instances. "It's important to wear it, but it's important also that when you take it off, you take it off properly," CDC insists. "It is conceivable that you could be protected while you're doing everything you need to do with the patient, and then as you remove the protective material that could be a point of vulnerability." Since the technique used for removal of PPE was implicated by the CDC in the contamination, a federal inquiry is underway in the United States.

Wear Gloves

Gloves are an important part of patient care. They are worn to avoid:

- Picking up a pathogen from a patient
- Giving a patient a pathogen that is on your hands
- Picking up a pathogen and contaminating environmental surfaces and personal property on the hands
- Passing a pathogen to a coworker, visitor, family member (or other person) from your hands

Clean exam gloves are generally used in the home. Most of the gloves used today are made of nitrile, vinyl, and other synthetic products. Inform your employer if you are allergic to latex. They will provide another type of glove. Disposable gloves are to be used only once and may not be washed for reuse. Even if he or she is properly gloved, an HHA who has broken skin should be sure to inform the care team members. Gloves do not take the place of proper hand hygiene. You must clean your hands before and after touching a patient, even if you wear gloves.

Gloves will become contaminated while providing care to a patient, so it's important to remove gloves immediately after providing that care. Gloves must be changed if they become damaged or soiled in any way. It's easy to contaminate the patient's room with gloved hands, so HHAs must remove gloves, wash hands, and replace gloves in the presence of open sores and cuts, before touching bodily fluids, and before and after:

- Assisting with or performing mouth care
- Assisting with or performing perineal care
- Performing any other personal care
- Shaving a patient
- Disposing of soiled linens, dressings, or pads

Putting on gloves:

- Wash hands
- Place glove on one hand
- With your gloved hand, put the other glove on
- Look for tears and holes and immediately replace gloves that are damaged

Taking off gloves:

- Touching the outside of one glove with the gloved fingers of the other hand, pull the glove down from the wrist.

- As the glove comes off, roll it inside out.
- Hold the removed glove in your opposite gloved hand.
- With bare fingers, grasp the inside of your glove and roll it down from the wrist, turning it inside out. You will now have one glove in your hand, clean side out, with the other glove inside it.
- Dispose of used gloves properly.
- Wash hands again.

Sick Days

If you feel sick, you might think that your patients still need you and the gallant thing to do is to work anyway. However, you should assess how sick you are and take the necessary precautions. Discuss with your supervisor whether you should work at all that day.

Vaccination

Healthcare workers should be vaccinated against many diseases, including the flu. Because you provide care in close quarters with many patients, your having the flu creates a danger to a wider net of people who are more vulnerable to illness. Every healthcare worker who doesn't come down with the flu could stop countless others from catching it.

Sanitation

Always wipe down and clean high-traffic areas or hazardous areas, such as surfaces in bathrooms and kitchens. Wipe items that are used for meals or snacks, such as tray tables or trays attached to wheelchairs, with soap and water after each use. Keep kitchen eating and food preparation surfaces clean. Wiping down doorknobs, cabinet knobs, counters, remote controls, phone receivers, cell phones, toilet flush handles, faucets, keyboard, mouse, light switches, and handles to appliances such as the microwave, oven, or toaster often is always a good idea. Linens, eating utensils, and dishes belonging to those who are sick should not be shared without washing thoroughly first.

Sneezing and Coughing

Never sneeze or cough into your hands. If you do accidentally, be sure to immediately sanitize or wash them. Using a tissue is best, but if you can't use a tissue, use the crook of your arm. This is an area unlikely to touch others and it provides a better shield to prevent contact with others. Either way, clean the hands or elbow with alcohol. Discard tissue correctly. Try to cough and sneeze away from others. Even if the cause is allergies, you can still transmit microbes you might be carrying.

General Infection Control Practices

To limit the spread of infection, follow your agency infection control procedures. Some tips to remember include:

- Basic hand washing: Wash your hands before and after patient care. Use an alcohol-based hand sanitizer if your hands are not visibly dirty.
- Use warm water and soap when washing hands. Hot water from the tap is not hot enough to kill germs and can cause skin problems.
- Cough or sneeze into a tissue and then discard the tissue. Clean your hands with alcohol. If you do not have a tissue, cough into your elbow or upper sleeve.
- Wash your hands with soap and water after coming in contact with any body fluids from your patient or yourself. This includes an unprotected sneeze or cough.
- Wear gloves for patient care that may include body fluids.
- Wear a surgical mask for care of patients with flu.
- Try not to touch your face. Germs from your hands can enter the mouth, nose, or eyes through contact.
- Do not share drinks or food.
- Use gloves when emptying wastebaskets at the patient's home to avoid contamination by used tissues and other items carrying germs.
- Use gloves when cleaning the patient's home to avoid contact with germs on the surface of chairs, tables, toilets, wheelchairs, and other items. Remember that germs can travel many feet from a sneeze.

Patient Education

Stopping the spread of illness is everyone's job. Teach your patient to use alcohol hand cleaner or wash hands often and to keep a clean home. Make sure the patients tell you when they're not feeling well. Teach them this content. Be sure they keep surfaces clean and keep liquid soap in the bathroom.

Outcomes and the HHA

Infection control prevents harm to the patient and others. The last thing a patient needs is to develop an infection. Viruses like the flu can make recuperation difficult and take longer. A recently discharged patient may have to return to the hospital. Old, young, chronically ill, and healthy persons die of the flu each year. Your role in preventing these outcomes is critical. As a constant observer, you can also alert the healthcare team if a patient has signs of infection so treatment can begin as soon as possible.

CMS' Expectations

As a result of the Outcome and Assessment Information Set, the Centers for Medicare & Medicaid Services (CMS) reviews the quality outcomes and processes regarding the care a homecare agency provides. It also reviews potentially avoidable events. It expects that agencies use the information available for their quality improvement programs. CMS expects an agency's quality improvement efforts to take a multidisciplinary approach in meeting and improving the care needs of its patients.

Case Study

Molly is an 80-year-old married female, being cared for at home after hospitalization for pneumonia. She lives with her husband, Donald, in their lovely waterfront home. While in the hospital, she was given intravenous fluids and antibiotics. She was discharged to home after just 3 days, although very weak and still with a slightly productive cough. She was able to eat small meals. Home health was called in to follow up with Molly at home.

The RN admitted her to home health care and has arranged for the HHA, Madeline, to provide assistance with personal care and activities of daily living (ADL). She left a care plan for Madeline in the home as well as talking with her in the office about Molly's needs.

Madeline called ahead and arranged to come to the home at 11 a.m., the next day. Upon arrival, Madeline was greeted at the door by Donald, who escorted her to Molly's bedside. She found Molly a bit groggy when speaking to her. Madeline asked where she could put her bag and proceeded to access her alcohol-based hand sanitizer and cleaned her hands, which took about 20 seconds. When fully dry, she took Molly's vital signs and had a conversation with her.

Molly revealed that since coming home, she had developed some abdominal pain and unrelenting diarrhea. Molly reported feeling weaker since returning home, but the cough she had experienced was less and her breathing had improved. She complained of thirst.

Madeline asked to use the house phone to report the changes to her supervisor. After using the phone, she wiped it down with an antiseptic towel.

Madeline then went on to assist Molly with her bath, oral hygiene, and toileting. Prior to doing so, she put on nonsterile gloves. After the care was provided, Madeline removed her gloves with the dirty side inside and again cleansed her hands with the hand sanitizer. She then went on to the kitchen and prepared a half sandwich and cup of soup for Molly and served her, pausing to straighten Molly's clothing and shift her sheets a bit.

Molly was assured that the RN on the case would be in contact with her physician about the diarrhea and weakness.

Madeline once again used the hand sanitizer before leaving the home.

THINK ABOUT IT

1. Should Madeline ever during this visit have used the water and soap method of washing her hands instead of the sanitizer? Why or why not?
2. Since Madeline did not know the cause of Molly's diarrhea, should she assume it could be from the Clostridium difficile bacteria until proven otherwise?
3. Identify three times during the visit when Madeline made the right decision to cleanse her hands.
4. Were there any other times a hand cleansing would have been appropriate?
5. How should Madeline make the decision whether to use sanitizer versus soap and water? (Consider the possible diagnosis.)

INFECTION CONTROL: GUIDELINES FOR STANDARD AND ADDITIONAL PRECAUTIONS

Disease Transmission

There are four ways diseases are passed around.

A—Airborne transmission

Airborne germs can travel long distances through the air and are breathed in by people.

Examples of diseases caused by airborne germs are tuberculosis, chickenpox, influenza, and certain types of pneumonia.

B—Bloodborne transmission

The blood of an infected person comes in contact with the bloodstream of another person, allowing germs from the infected person into the other person's bloodstream. Blood and bloodborne germs are sometimes present in other body fluids, such as urine, feces, saliva, and vomit. Examples of diseases caused by bloodborne germs are HIV/AIDS and viral hepatitis.

C—Contact transmission

Touching certain germs can cause the spread of disease. Sometimes you touch an infected person, having direct contact with the germ. Sometimes you touch an object that has been handled by an infected person, having indirect contact with the infection. Examples of diseases caused by contact germs are pink eye, scabies, wound infections, and methicillin-resistant Staphylococcus aureus (MRSA).

D—Droplet transmission

Some germs can travel only short distances through the air, usually not more than three feet. Sneezing, coughing, and talking can spread these germs. Examples of diseases caused by droplet germs are flu and pneumonia.

Standard Precautions

You should wash your hands with soap and warm water, especially if visibly soiled, or with alcohol-based hand rub if not visibly soiled.

Guidelines on hand washing:

- Wash your hands upon entering the home and/or prior to reaching into your nursing bag.
- Wash your hands after touching blood, body fluids, or objects contaminated by blood or body fluids. Do this even if you were wearing gloves.
- Wash your hands after removing gloves.
- Wash your hands between each patient's care.

Guidelines on wearing gloves:

- Wear gloves whenever you touch or potentially could come in contact with blood, body fluids, or contaminated objects.
- Wear gloves before touching a patient's broken skin or mucous membranes (mouth, nose). Put on clean gloves if you already have a pair on.
- Change gloves between tasks. Dirty gloves spread germs, just like dirty hands!
- Remove gloves immediately after use and discard before touching noncontaminated items or other surfaces.
- Always wash hands after removing gloves.

Guidelines on wearing personal protective equipment:

- Wear a gown, mask, and goggles If there is a potential for you to get splashed with blood or body fluids.
- Use a waterproof gown if you might get heavily splashed.
- Personal eyeglasses and contact lenses are not considered adequate eye protection.
- Remove protective clothing as soon as you can and wash your hands afterward.
- Dispose of protective equipment per agency policy. Gowns should not be worn for more than one patient.

As a last precaution, keep everything clean and clean up spills as soon as possible.

Use standard precautions for all patient care. This is a basic infection control measure that reduces the risk of transmission of microorganisms from identified and nonidentified sources of infection.

Standard precautions protect both you and your patients.

Standard Precautions for Handling Objects

- Clean any equipment that has been used by one patient before giving it to another patient. You should wear gloves when cleaning contaminated equipment. Follow your agency's cleaning procedures.
- Use disposable equipment only once.
- Dirty linens should be rolled, not shaken, and should be held away from your body. Linens soiled with body fluids can be washed with other laundry, using your agency's procedures.
- No special precautions are needed for dishes or silverware. Normal dish soap and hot water (water temperature must be hot enough to meet state requirements) will kill germs.
- Change cleaning rags and sponges frequently.
- Stethoscopes, blood pressure cuffs, and thermometers should be cleaned between each use, using your agency's procedures.
- Dispose of dangerous waste, such as needles, very carefully. Needles and other sharp devices should go into clearly marked puncture-proof containers, not the regular trash container! Do not recap used needles—put them in the puncture-proof container without the cap on.
- Trash that is contaminated with germs, such as wound dressings, should be disposed of according to your agency's procedures.
- Any container marked "biohazard" is only for discarding contaminated waste; don't remove anything from it! If you must handle anything in the container, always use gloves. Don't put your hand in anything that contains needles or other sharp objects.
- Check your gloves and other protective clothing frequently. If you see tears or holes, remove the gloves, wash your hands, and apply clean gloves.

Don't touch your face (nose, mouth, eyes) when giving patient care, unless you remove your gloves and wash your hands first. Protect yourself from infection.

Additional Precautions

Use additional precautions in addition to standard precautions when a patient has an illness requiring extra infection control measures. If you know that a patient has a disease that is spread in one of the following ways, use these extra precautions:

Airborne:

- The patient should have a private room, possibly one with a special air filter.
- Keep the patient's room door closed.

- Wear a mask. If the patient has or might have TB, wear a special respiratory mask (ask your supervisor). A regular mask will not protect you.
- Remind the patient to cover nose and mouth with a tissue when coughing or sneezing.
- Dispose of the tissue in nearest waste receptacle and wash your hands immediately. Ask the patient to wear a mask if he or she wants or needs to be around others.

Contact:

- If the patient is cognitively impaired, is unable to follow standard precautions, or has open draining wounds, then the patient should be encouraged to stay in one room (the door may stay open). Encourage at least daily cleaning of the patient's room and disinfect frequently touched surfaces and equipment.
- Gloves should be worn prior to entering the room.
- Change gloves after touching a contaminated object (bed linens, clothes, wound dressings).
- Remove gloves right before leaving the room. Don't touch anything else until you wash your hands. Wash your hands ASAP!
- Wear a gown in the room if the patient has drainage, has diarrhea, or is incontinent. Remove the gown right before leaving the room.
- Limit the amount of nondisposable equipment bought into the home.
- Utilize disposable equipment or patient-dedicated equipment if at all possible.
- If equipment cannot remain in the home, then clean and disinfect items per agency policy.

Droplet:

- Patients that are cognitively impaired or noncompliant with covering their mouth when sneezing or coughing should be maintained in one room, but the door may stay open.
- Wear a mask when working close to the patient (within three feet) and follow standard precautions.
- Instruct the patient on using a tissue when coughing and disposing of it in a waste receptacle immediately.
- Ask the patient to wear a mask if he or she wants or needs to be around others.

Hand washing rule: Rub hands together with soap and running water for at least 20 seconds. Dry hands using disposable paper towels or air dry. Always wash hands when visibly soiled.

If soap and water are not available, then an alcohol-based hand sanitizer that contains 60% alcohol should be used. Apply gel to palm of hand and rub hands together and over all surfaces of hands and fingers until your hands are dry.

LIFTING AND TRANSFERRING PATIENTS

Caring for people who are not very mobile tends to involve a great deal of lifting. You may need to assist them from the bed to the chair or the wheelchair and back to bed, and at times, you may need to help a person who has fallen onto the floor.

Improper lifting could injure your back and jeopardize your future ability to work. Do you know correct techniques for lifting and transferring that might keep you from injuring yourself or the person you are assisting?

Practice preventive care, which includes:

- Good posture
- Stretching and exercise
- Lifting and transferring skills
- Proper lifting devices
- Teamwork

Ergonomics

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of workers. It is the science of fitting the job to the worker.

When the physical requirements of the job and the physical capacity of the worker do not match, then work-related injuries can result. Stress on the musculoskeletal system causes the majority of job injuries. Some of these muscular injuries have been linked to work habits that result in temporary or permanent disability.

Using ergonomic methods can mean:

- Using equipment that will take the strain out of lifting and transferring
- Organizing work in new ways, such as storing items that are used daily on easy-to-reach shelves rather than near the floor or above the shoulders
- Changing how tasks are done

Ergonomics can prevent injuries by helping us understand which tasks and body movements can hurt us and by finding new ways to do these tasks.

Keeping your back strong, stretched, and healthy is good. Good posture and mobility, proper lifting skills, and exercises are very important, but they are not enough to prevent injuries. Too much lifting and lifting in awkward ways can lead to injuries. Teamwork is important so you do not lift and transfer by yourself and do not get in awkward positions to do your tasks. Proper lifting devices help prevent injuries.

Posture and Work-Related Injuries

Good posture means more than just sitting up straight, particularly when speaking of protecting workers from work-related musculoskeletal disorders. How does good posture affect the musculoskeletal system? Good posture ensures that muscles will receive a good blood supply, thereby allowing the muscles to eliminate waste, receive nourishment, and repair damage caused by stress. Good posture helps the body work more effectively and efficiently.

Since the body is designed to be in motion, standing or sitting in the same position for an extended period puts strain on the musculoskeletal system as tendons are pulled and joints are compressed. This leads to a reduction of the blood supply to these areas, causing inflammation and pain.

Bad postures increase the risk of injury, so do not:

- Slouch
- Push the head forward beyond the plane of the shoulders
- Stand in an awkward position that unevenly distributes your weight
- Hold the head in an awkward or twisted position

Good postures decrease the risk of injury, so:

- Sit or stand tall
- Keep the ears over the shoulders
- Keep the shoulders over the hips
- Hold the head straight, not tilted
- Position the head over the neck
- Keep your abdomen and buttocks tucked in

The proper way to sit includes the following:

- Always sit all the way back on a chair.
- Your lower back can be supported with a pillow.

- Try to keep your knees at the same height as your hips. If necessary, elevate your knees by putting your feet on the rungs of a chair or stool, or support your feet on a phone book.
- You may need to raise the height of the seat in order to keep your knees at the same height as your hips. If possible, adjust the height of the chair, or sit on a phone book if necessary.

The proper way to stand includes the following:

- Spread your feet at shoulder width and put equal weight on each foot.
- Put one foot up on something stable, such as the rung of a chair or stool.

The proper way to sleep includes the following:

- Never sleep on your stomach
- Sleep on your side with the knees slightly bent and one pillow between the knees
- When sleeping on your side, pull your pillow down toward the shoulder to support the neck
- When sleeping on your back, place two pillows under the knees to reduce stress to the middle and lower back and the neck
- When on your back, support the neck with a pillow under the back of the head and neck

Poor posture can create problems by destroying the balance of the spine's natural curves. Strain on muscles adds stress to the spine that may harm the discs. Poor body mechanics upset the balance of the natural curves of the spine. Good body mechanics keep your spine balanced during movement.

Why Exercise?

Exercise relieves stress through activity. Stretching and strengthening exercises combine to balance the strength and tone of the muscles and ligaments. The muscles and ligaments are the supporting structure of the spine, so fitness benefits spinal health.

Lifting and Transferring Techniques

Serious back, shoulder, and neck injuries occur as a result of poor lifting and transferring habits. The following are some tips to reduce the strain on your back and the possibility of injuries. Protecting your back is working smarter, not harder.

General tips for lifting and transferring include the following:

- When lifting and transferring, the most important consideration is safety for yourself and the patient.
- Ask for help and use teamwork. Talk to your helpers about what you plan to do, and talk to each other about what you are doing as you do it.
- When needed, use the right equipment.
- Plan the job. Move anything that is in the path.
- Maintain the correct posture: Keep your back straight and knees bent. If you must bend from the waist, tighten your stomach muscles while bending and lifting. Bending your knees slightly will put the stress on your legs, not your back.
- Never twist when lifting, transferring, or reaching. Pick up your feet and pivot your whole body in the direction of the move. Move your torso as one unit. Twisting is one of the leading causes of injuries.
- Maintain a wide base of support. Keep your feet at least shoulder width apart or wider when lifting or moving.
- Hold the person or object close to you, not at arm's length. Holding things close to your body can minimize the effects of the weight.
- Pushing is easier than pulling, because your own weight adds to the force.
- Use repeated small movements of large objects or people. For example, move a person in sections, by moving the upper trunk first and then the legs. Repeated small movements are easier than lifting things or people as a whole all at once.
- Always face the patient or object you are lifting or moving.
- Always tell a patient what you are planning to do, and find out how he or she prefers to be moved.

Take the following steps when transferring from the bed to a wheelchair or bedside chair:

- Plan the job and prepare to lift.
- Place the chair at a slight angle to the side of the bed.
- If using a wheelchair, lock both brakes. Fold up the foot pedals and remove the footrests.
- Stabilize the bed so it will not move.
- Put footwear on the patient.
- Lower the bed so the patient's feet will reach the floor.
- Move the person to the edge of the bed. First move the upper trunk and then the legs one at a time.
- Place the person's legs over the side of the bed.

- Place your arms around the person, circling the back in a sort of hug.
- Raise the person to a sitting position on the side of the bed.
- Place a gait belt around the patient's waist if you so desire (recommended).
- Gradually slide or "walk" the person's buttocks forward until his or her feet are flat on the floor. "Walk" the buttocks by grasping both legs together under the knees and swinging them gently back and forth as the buttocks move forward.
- Place your feet on both sides of the person's feet for support. Your feet should be far enough apart to give you a good base of support.
- Have the person lean forward and if possible place his or her arms around your shoulders. Do not allow the person's arms to encircle your neck, as this can injure your neck.
- Allow the person to reach for the far wheelchair arm.
- Bend your hips and knees while keeping your back straight.
- Place your arms around the person's waist. If using a gait belt, grasp the belt at the sides of the back with both hands. Do not hold the person under the arms—this can cause injury to the patient.
- Keep the person's knees stabilized by holding your knees against the person's.
- Pull up to lift the patient, straightening your knees and hips as you both stand.
- Keep the patient close to your body. Keep your knees and hips slightly bent.
- When the person is high enough to clear the armrest or chair surface, turn by taking small steps. Keep the person's knees blocked with your own knees.
- When turned, bend your hips and knees to squat, lowering the patient to the seat.
- Replace the footrests. Adjust the height of the foot pedals so the person will be sitting with a 90-degree angle at the hips and knees.
- When transporting a person in a wheelchair, pull it backward up steps or curbs.
- Follow the same principles to return the person to bed.

If a patient begins to fall, keep the following in mind:

- Once a patient has started to fall, it is almost impossible to stop the fall
- Instead of trying to stop the fall, try to guide the patient to the floor
- Once the patient is on the floor, get help to lift him or her

Take the following steps when lifting from the floor:

- You might find that someone has slipped to the floor but is not seriously injured. He or she may be able to assist you in getting up.
- Always get a coworker to help you get a patient up if the patient cannot assist you. Assistance of four to six people may be required. When appropriate, use a mechanical lift or hoist to raise a patient.
- Roll the patient onto a blanket or lift sheet.
- Have two or more people stand on each side. Each person should kneel on one knee and get a secure hold on the blanket. On the count of three, everyone should lift the patient and stand up, moving the patient onto a bed or stretcher.

Take the following steps when transferring in and out of a car:

- Put the front seat of the car as far back as possible.
- Position the wheelchair at a 90-degree angle to the car seat.
- Bend your knees and hips in a squat.
- Place your arms underneath the person's armpits and around the upper part of his or her back. The person may place his or her arms around your shoulders but not your neck. Grasp the person's upper back and do not pull under the person's arms. Hold him or her close to you.
- Straighten your legs and hips slightly as you smoothly lift the person's torso into the car, placing his or her buttocks on the seat. Move your feet to turn; do not twist.
- Be sure the person's buttocks are as far back toward the driver's side as possible before lifting his or her legs into the car. When lifting his legs, keep your back straight.

Take the following steps when pulling a patient up in bed:

- Always get help when pulling a patient up.
- Place a draw or lift sheet under the patient.
- Remove the patient's pillow from under his or her head and place it against the head of the bed to provide a cushion between the patient's head and the headboard.
- Place the bed at a comfortable height for you and your coworker.
- Both you and the coworker should bend your knees and push with your feet.
- Grasp the draw or lift sheet firmly, holding the sheet close to the patient's body.
- Lean in the direction you want to move the patient.
- Instruct the patient to lower the chin to the chest if possible. If the patient cannot hold his or her head up, be sure the lift sheet is supporting the person's neck and head.

- Ask the patient to bend his or her knees to assist by pushing backward.
- On the count of three, lift the draw sheet and pull the patient up.

Take the following steps when pulling a patient up in a chair:

- Have the patient fold his or her arms across his chest. Lock the wheelchair brakes.
- Stand behind the patient, bend your knees, and wrap your arms around him or her, hugging the person's torso securely by folding your arms just under the person's in front.
- Straighten your legs, lifting the patient's torso up and back in the chair.

Take the following steps when turning a patient from side to side:

- Stand at one side of the bed, with the bed raised to waist height.
- Place your arms under the patient's shoulders and hips, or grasp the lift sheet.
- Pull the patient to the edge of the bed, trunk first and then legs.
- Cross the patient's leg closest to you over the other leg.
- Place your hands on the patient's shoulder and hip closest to you.
- Lean in toward the patient and push the patient's torso away from you.
- Place the top leg in front of the bottom leg.
- Support the patient's shoulders, back, and hips with pillows. Place a pillow between the patient's legs to support the top leg. Adjust for comfort.

Devices that can help you work smarter, not harder, include the following:

- **Draw sheets** make it easier to pull people up in bed or move them to the side. To place a draw sheet under a patient, turn the patient on his or her side and lay the draw sheet on the bed. Roll half of the draw sheet up against the patient. Turn the patient to his or her other side, rolling him or her over the rolled-up draw sheet, and pull the rolled draw sheet out and straighten it on the bed. The lift sheet should extend from above the shoulders to below the hips and should support the neck and head if the patient cannot do so.
- **Bed controls** raise or lower the bed to a comfortable and safe position for you, your coworker, and the patient.
- **Slide boards** help to reduce friction so the patient can slide from the bed to another surface.
- A **trapeze** over the bed can allow patients to help you move them. They can grasp the trapeze, pull themselves up, and assist as you move them.

- **A gait belt** is made from heavy canvas with a sturdy buckle. Place the belt around the patient's waist and use it to assist you in moving him or her.
- **Mechanical lifters/hoists** can lift a patient who is heavy or one who has fallen. Ask your supervisor for instructions before using these devices.

Conclusion

Protect yourself:

- Work in teams
- Call for support to prevent unsafe transfers
- Use lifting equipment
- Exercise to maintain a strong, healthy back
- Use proper posture and body mechanics

Most companies have an ergonomic plan to prevent back sprain and strain injuries from happening. These plans should include:

- Regular inspections to discover hazards that might lead to strain and sprain injuries
- Training for everyone on how to prevent injuries
- Safe staffing levels so workers don't get hurt lifting heavy patients alone
- Useful and safe lifting devices

Your body has natural limits. Some tasks can lead to injuries when you go beyond these limits. Jobs should be designed to fit the worker. This is ergonomics. This is working smarter, not harder.

FIGURE 26.1 | WHAT IS WRONG WITH THESE STORIES?

1. Sharon is helping Mr. Smith move from a chair into bed. She positions the chair close to the bed at a slight angle. She locks the brakes on both the bed and the wheelchair. She places her feet widely apart but does not block Mr. Smith's knees. She bends over, puts her hands under Mr. Smith's arms and instructs him to place his arms around her neck. She pulls Mr. Smith to a standing position, twists her body to pivot him so his back is to the bed and then sits him down on the bed. The bed's position is at the lowest level. Sharon lays Mr. Smith back on the bed and then bends over and lifts his legs onto the bed. As she straightens up, she feels a sharp pain in her back.

   Identify at least five things Sharon did that may have contributed to her injury, and at least two things she did that could have harmed the client. What techniques did she do right? What steps did she incorrectly perform?

2. Mike sees that Mrs. Jones has slipped down in her chair. He leans over her from the back, grasps her under the arms and pulls her up. He keeps his feet close together and stands so the wheelchair will push against his legs as it rolls backward.

   What process did Mike do wrong? What process did he do right?

3. Patty is walking with Mr. Smith when he begins to fall. She tries to stop the fall, but instead he pulls her to the floor with him.

   What should Patty have done differently?

Answers to stories:

1. Sharon should have bent at the knees instead of the waist; she should not have let Mr. Smith put his arms around her neck; she should not have twisted her body; she should have raised the bed to the right height; and she should not have bent over to lift his legs. If she had raised the bed to waist height after sitting him on the bed, she could have moved his legs without bending. She could have injured the client by pulling him under his arms and by not blocking his knees. She correctly locked the brakes on the bed and wheelchair, kept her feet widely spaced, and placed the chair close to the bed.

2. Mike should not have kept his feet close together, he should not have put his hands under Mrs. Jones' arms to pull her up, and he should have locked the wheelchair's brakes. He correctly approached the client from behind the chair, but he should have bent with his knees instead of bending at the waist.

3. Patty should have tried to guide Mr. Smith to the floor instead of trying to stop his fall.