



Employee Name/ Print

Field Staff Job Description

Organizational Relationship:

Direct clinical oversight provided by the Clinical Operations Manager.

Scheduling and compliance oversight provided by the Operations Manager.

□ **Registered Professional Nurse**

□ **Licensed Practical Nurse**

Section 6902 of Article 139 of the Education Law distinguishes between the legal definitions of RNs and LPNs as follows:

"The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. A nursing regimen shall be consistent with and shall not vary any existing medical regimen."

"The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations."

Responsibilities:

Competencies and Job Performance Standards

- Function within the scope of the Nurse Practice Act
- Establish a "hands off" communication with client / caregiver, including the opportunity to ask and respond to questions.
- Follow the Plan of Care [485] for each individual client assigned.
- Perform a head-to-toe evaluation each shift.
- Assess the environment of care each shift.
- Obtain vital signs, deliver treatments and administer medications as ordered.
- Perform all tasks essential for the client's health and comfort.
- Support client's therapeutic discipline(s) [PT, OT, ST, Special Ed, Feeding Specialist and other auxiliary support]
- Initiate and/or reinforce client / caregiver teaching requirements.
- Continually evaluate client / caregiver educational needs
- Assure Physician Orders are accurate and complete.
- Maintain the client's E-chart for completeness and accuracy.
- Ensure that client records are kept in a secure and confidential manner consistent with Health Department policies and procedures, and HIPAA standards.
- Educate clients / families on their rights related to privacy of medical information.
- Support Agency Clinical and Administrative Policies & Procedures

Communication and Teamwork Standards

- Communicate with Agency Clinical Department regarding changes in client's condition or Plan of Care in a timely manner.
- Communicate scheduling availability to the Scheduling Department.
- Maintain a good rapport with the client, family and Agency staff.
- Provide orientations to new agency staff as directed by Clinical Department.
- Notify Agency immediately of client / caregiver complaints.
- Notify Agency immediately of any incident/unusual occurrences related to client during shift.
- Report patient infections immediately to the Clinical Department
- Report employee infections immediately to the Scheduling Department
- Notify the Scheduling Department of any deviation(s) to the schedule, and if planned, in advance of the change.
- Submit required documentation to the Agency in a timely manner.

Customer Service Standards

- Conduct oneself professionally at all times.
- Must be able to hear and speak in a manner understood by most people
- Must be able to read English
- Dress in appropriate attire [scrubs preferred]
- Be respectful and courteous at all times.
- Adhere to scheduled assignments.
- Representing Agency in a positive manner to clients / families / staff / public at all times.

Requirements

- Professional Nursing License; maintain licensure requirements.
- Professional Liability Insurance preferred.
- CPR Certification
- Reliable transportation
- Valid Email Address
- Smart Phone
- Computer Skills

Medical Requirements

- PPD w/in last 12 mos. **(If +, need proof of chest x-ray)**
- Initial Physical – Current within 1 year; maintain health requirements yearly
- Immunization Records: Rubella, Measles – Serological Evidence
- Immunization of Influenza and or signed declination.

Employee Name/ Print:

Employment Qualifications:

Education: Possession of licensure from an accredited nursing program to practice as a Registered / Licensed Practical Nurse in the State of New York.

Experience: Preferred one year of nursing experience in a community health, public health, or home care setting.

Physical Demands:

- Sitting. Remaining in a seated position.
- Standing or Walking. Standing is to remain on one's feet in an upright position without moving about. ...
- Alternate Sitting or Standing at Will
- Lifting or carrying.
- Pushing or pulling
- Reaching Overhead
- Reaching At or Below Shoulder Level
- Keyboarding.

[The qualifications listed are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards.

The agency through Interview process, self-disclosure of competency skills, professional references, initial meet and greet with patient and family, on-site orientation will deem employee competent to staff specific case assigned. Additionally, the agency will conduct annual supervision of the performance and effectiveness of all personal]

Environments of Care: Clients' homes, schools and or other settings as directed.

☐ I have read the requirements of this position and understand what is expected of me.

Employee's Signature _____ Date _____



EMPLOYEE HANDBOOK

Revised 2025

J&D Ultracare is proud of the quality nursing care delivered to our clients, by RNs and LPNs who demonstrate clinical expertise and an unparalleled commitment to home care.

Our in-house and field-based staff work tirelessly to ensure positive patient outcomes and satisfaction, while continuously supporting individual professional growth and development opportunities.

J&D Ultracare has achieved recognition as a leader in the pediatric and adult health care community through our connections with various insurers, Medicaid and school districts. We have also earned our reputation as a respected resource, especially for those professionals new to the field of nursing and/or the home care industry.

This Handbook is designed to acquaint you with J&D Ultracare and provide you with information about the Agency and its policies, practices and guidelines that affect your employment. The information contained in this Handbook applies to all employees of J&D Ultracare; adherence to such is a condition of continued employment. You are responsible for reading, understanding, and complying with the provisions of this Handbook.

This Handbook supersedes all previous Employee Handbooks that may have been issued. However, since the needs of the Agency are subject to change, we reserve the right to change, interpret, suspend, cancel or dispute - with or without notice - any part of this Handbook.

We rely upon the accuracy of information provided in your employment application and all data presented throughout the hiring process and employment. Any misrepresentations, falsifications or material omissions of information may result in termination of employment.

This Handbook does not modify the employment relationship this Agency has with each of its staff members. Employment with J&D Ultracare is "at will", and therefore entered in voluntarily. The Agency and its employees may terminate the employment relationship at any time.

Employment Practices

J&D Ultracare is an Equal Opportunity Employer. We recruit and select the most qualified candidates to fill job openings. Consideration and selection are made without regard to an individual's sex, race, religion, color, creed, national origin, citizenship, age, disability, marital status, or any other characteristic protected by federal, state or local law.

In accordance with the U.S. Equal Employment Opportunity Commission [EEOC], J&D Ultracare strictly adheres to this policy in all aspects of employment including hiring, promotion, transfer, termination, recruitment, compensation, training, and general treatment during employment.

In the event there is a lapse in active compliance on the part of an employee, reactivation is required. The reactivation process includes submission of current documentation to establish compliance with NYS DOH and Agency requirements.

Pre-Employment Background Check

J & D Ultracare will conduct pre-employment criminal background checks on all new applicants upon becoming active with the agency and prior to placement on a case, in accordance with all applicable federal and state laws. This applies only to those applicants who will have direct patient contact. Employees will be required to provide written consent authorizing the agency to conduct such checks and all employees will be provided with a copy of the report.

If an inactive employee wishes to become active but has been inactive with the agency for over a period of one year, you will be subject to a criminal background check.

Reasonable Accommodation & Religion

Upon introduction to a potential work assignment, an employee will be given information regarding the job requirements. A staff member has the right to decline any work assignment that may conflict with his/her cultural values or religious beliefs.

The law requires an employer to reasonably accommodate an employee's religious beliefs or practices, unless doing so would cause difficulty or expense for the employer.

Reasonable Accommodation & Disability

The law requires an employer to provide reasonable accommodation to an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense for the employer.

A reasonable accommodation is any change in the workplace or in the way things are usually done, to help a person with a disability apply for a job, perform the duties of a job or enjoy the benefits and privileges of employment.

www.eeoc.gov/laws/practices

Job Descriptions

Upon hire and as appropriate thereafter, each employee shall be presented with his/her respective job description. Employees will be asked to provide written acknowledgment of their receipt of the document and confirmation of his/her understanding of the responsibilities contained within.

The Management Team may conduct periodic reviews of all job descriptions to ensure that they accurately reflect each position's functions, duties, responsibilities, purpose, working conditions, and reporting relationships as well as

the knowledge, skills, and abilities required of current and new employees.

HIPAA Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires that all medical records and other individually identifiable health information used or disclosed by this Agency in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives our patients significant rights to understand and control how their health information is used.

HIPAA provides penalties for covered entities that misuse personal health information. We have prepared this "Summary Notice of HIPAA Privacy Practices" to explain how we are required to maintain the privacy of our patients' health information and how we may use and disclose their health information. A Notice of HIPAA Privacy Practices containing a more complete description of the uses and disclosures of health information is available upon request. We may use and disclose patients' medical records for the purposes of treatment, payment and health care operations.

- ❑ **TREATMENT** means providing, coordinating, or managing health care and related services by one or more health care providers.
- ❑ **PAYMENT** means such activities as obtaining payment or reimbursement for services, billing or collection activities and utilization review.
- ❑ **HEALTH CARE OPERATIONS** include managing Electronic Medical Records to facilitate diagnostic medical consultations with participating physicians, conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Corporate Compliance

This Agency has established compliance standards, policies and procedures that are reasonably capable of reducing the prospect of conflicts of interest and/or unacceptable conduct.

Through its hiring and retention practices, this Agency utilizes internal and external processes and systems reasonably designed to detect misconduct by its employees, including but not limited to verification of identity, verification of professional licensure, disciplinary action thereto and professional references.

Upon hire and annually thereafter, you will be apprised of the appropriate method whereby you may report criminal or inappropriate conduct encountered during your professional assignments.

Standards of Conduct

There are certain Standards of Conduct that we all must observe as good citizens and employees. Through implementation of Agency-wide Standards, employees are encouraged to perform at the peak of their abilities, while observing company culture and adhering to Agency policies, protocols and guidelines.

While it would be impossible to list all examples of misconduct, the following is representative of those that may result in discipline, up to and including termination. This Agency strictly adheres to all guidelines offered by the New York State Office of the Professions. Please refer to the Office of the Professions' Nursing Guide to Practice for further guidance on this topic. **www.op.nysed.gov**

Examples include:

- ❑ Violation of professional standards of patient care
- ❑ Violation of Patients' Rights
- ❑ Falsification of records (including but not limited to time sheets, patient care notes, job applications and professional references)
- ❑ Release and/or use of confidential or proprietary Agency and patient information.
- ❑ Removing records or materials from Agency premises without permission.
- ❑ Poor work performance
- ❑ Poor attendance including excessive tardiness
- ❑ Unauthorized / careless use of destruction/damage to client or Agency property
- ❑ Possession, use, sale or reporting to work under the influence of intoxicants/drugs
- ❑ Insubordination
- ❑ Violation of the solicitation and distribution rules
- ❑ Carrying weapons or other hazardous devices
- ❑ Disorderly conduct, fighting, abusive or threatening language
- ❑ Violation of established smoking regulations
- ❑ Violation of established safety regulations
- ❑ Violation of the Agency's harassment policies
- ❑ Any conduct that is dishonest, unethical or illegal

Please be advised that while the Agency has a defined employee discipline process ranging from verbal consultation to termination, the Agency's Management Team reserves the right to make disciplinary decisions on a case-by-case basis, factoring individual and situational circumstances, severity and frequency of violations into their determination. Clients and their families will be notified of any potential disruptions in their schedules, if appropriate, as a result of disciplinary action taken against you.

Agency Standards of Conduct will be monitored regularly through employee observations, annual supervisory visits and communication with clients and/or their families, peers and employees of community-based care settings.

Any concerns regarding the subjects contained within this policy can be reported anonymously, and without fear of reprisal, to:

**J&D Ultracare's Corporate Compliance Officer @ 845-357-4500,
NYS Office of the Medicaid Inspector General @ 877-873-7283 or
www.omig.ny.gov; or The Joint Commission @ 1-800-994-6610 or
complaint@jcaho.org**

Additionally, this Agency is committed to maintaining a workplace free from all types of harassment, including but not limited to sexual, physical and/or mental abuse or harassment, offensive behavior, an intimidating or hostile environment or discrimination based on religion, age, race, sex, or disability.

This policy applies to all employees, applicants for employment, interns, whether paid or unpaid, contractors and persons conducting business, regardless of immigration status, with J&D Ultracare. For purposes of this section, the term "employees" refers to this collective group.

Workplace harassment is illegal and will not be tolerated. Any employee or individual covered by this policy who engages in harassment or retaliation will be subject to remedial and/or disciplinary action (e.g., counseling, suspension, termination).

All employees are encouraged to report any behaviors that violate this policy, either by filing a complaint internally to J&D Ultracare or externally with a government agency or court under federal, state, or local antidiscrimination laws. J&D Ultracare will provide a complaint form for employees to report harassment and file complaints.

Retaliation Prohibition:

- No person covered by this Policy shall be subject to adverse action because the employee reports an incident of harassment, provides information, or otherwise assists in any investigation of a harassment complaint.
- J&D Ultracare will not tolerate such retaliation against anyone who, in good faith, reports or provides information about suspected harassment.
- Any employee of J&D Ultracare who retaliates against anyone involved in a harassment investigation will be subjected to disciplinary action, up to and including termination.
- Any employee who believes they have been subject to such retaliation should inform a supervisor, manager, or Agency Officers.

All forms of harassment constitute a violation of our policies, are unlawful, and may subject J&D Ultracare to liability for harm to targets of harassment. Harassers may also be individually subject to liability.

Employees of every level who engage in harassment, including managers

and supervisors who engage in harassment or who allow such behavior to continue, will be penalized for such misconduct.

J&D Ultracare will conduct a prompt and thorough investigation that ensures due process for all parties whenever management receives a complaint about harassment, or otherwise knows of possible harassment occurring. J&D Ultracare will keep the investigation confidential to the extent possible. Effective corrective action will be taken whenever harassment is found to have occurred. All employees, including managers and supervisors, are required to cooperate with any internal investigation of harassment.

Managers and supervisors are **required** to report any complaint that they receive, or any harassment that they observe or become aware of, to Agency Vice President or President.

Conflict Of Interest

- As an employee of J&D Ultracare, you are expected to act in the Agency's best interests and to exercise sound judgment unclouded by personal interests or divided loyalties.
- Both in performing your duties at the Agency and in your outside activities, you should **avoid the appearance as well as the reality of a conflict of interest.**
- A conflict of interest exists if your circumstances would lead a reasonable person to question whether your motivations are aligned with the Agency's best interests.

The Agency shall define potential Conflicts of Interest including but not limited to those that affect, or have the potential to affect:

- Patient and staff safety
- Quality of patient care, treatment and services
- Laws, regulations and standards that govern our work
- The Agency's integrity and sustainability
- The Agency's financial status, business relationships, or reputation.

In matters involving a potential Conflict of Interest, all employees have a professional duty to disclose information regarding why a particular action or nonaction may not be in the best interest of the Agency, its patients or employees.

Should a situation arise that is considered an actual or potential Conflict of Interest, please contact a member of the Agency's Management Team.

Disciplinary Action

Progressive or corrective discipline gives employees the opportunity to improve their performance, attendance or behavior to meet Agency standards.

This Agency's progressive discipline process shall document each warning / counseling provided to an employee for an identified behavior or action.

- ❑ **Verbal Reprimand:** As soon as the Agency has identified a performance deficiency, an Agency representative will contact the employee to discuss the concern and corrective action. A detailed account of the discussion will be written and filed in the individual's employment chart.
- ❑ **Written Warning:** Should the problem persist (or additional concerns emerge), the Agency will again discuss the issue with the employee, followed with written documentation detailing the objectionable behavior, corrective action, Agency expectations, policy and/or protocol, defined timeline and consequences. The document will be signed by both the Agency representative and employee and filed in the individual's employment chart.

Once progressive discipline has been initiated for an employee, continuous monitoring of the employee's performance will occur. Should the employee fail to meet outlined expectations during the defined timeline, a final discussion with the employee will occur during which a thorough accounting of the employee's performance will be presented.

The Agency representative shall clearly explain that the individual's failure to meet Agency standards has resulted in his/her termination.

The Agency's Management Team is responsible for the oversight of the progressive discipline process. The Team is responsible for ensuring that any employee terminated as the result of sub-standard performance was treated fairly and in accordance with Agency policy, job responsibility, review, and evaluation.

Communication, Staffing & Scheduling

The Agency's regular office hours are 8:30am-4pm, Monday through Thursday, and 8:30am – 3pm on Fridays.

The Agency's offices are closed for most accepted holidays (see below) and may close on an ad hoc basis with or without notice. [Severe weather events for example]

Additionally, our On-Call staff provide clinical and scheduling support after hours and on weekends. By dialing **845-357-4500**.

The Agency's On-Call staff is accessible to address **"time of the essence" issues that cannot wait until regular business hours.**

Office Emails and/ or Kantime Communications are only viewed during regular business hours.

We work on our schedules a month ahead of time. Your availability to be scheduled for the upcoming month **must be received by the 5th of the current month**, giving us the opportunity to produce the most complete schedules possible. It is your responsibility to review your monthly schedules as soon as they are received. If you find inaccuracies or need to make changes, you must contact the Staffing Department immediately.

- ❑ Our Scheduling Department will make every effort to meet your preferences. You may however be asked to consider other dates and times if there is an urgent need to find staff for a particular shift or visit.
- ❑ It is NOT permitted for an employee to make any alternate arrangements directly with patients, families, or nurses.
"Self-scheduling is strictly prohibited".
- ❑ The Agency requires at least 24-hour notification of cancellation. We understand that unexpected events or crises may occur preventing you from fulfilling your commitments. Last-minute cancellations are very difficult to fill, and our clients and families are counting on you to honor your schedule.
- ❑ Three successive cancellations for the same illness / injury will require a physician's note providing medical clearance for you to return to work.
- ❑ Excessive cancellations are reviewed by the Management team and will result in employee counseling or disciplinary action.
- ❑ **Mandatory for Opt "IN" for text notifications** to ensure immediate communication from the Agency
- ❑ Communication between you and our scheduler is very important. If there is a change to your contact information, such as cell / home phone numbers, email, or home address, **please notify us immediately**. It is imperative that we always have a valid phone number on file for you.
- ❑ The Agency utilizes mass communications via email, Kantime Office Communication, and Kantime texting.
It is expected that employees will check their Kantime Communications frequently (including when not on a scheduled shift).
- ❑ Shift offers will be sent via office communication and text. Employees are expected to respond.
- ❑ Clock-in and Clock-out times must match the times for which you have been scheduled to work by the Agency. If there is a change in your scheduled time you must notify the Agency.
- ❑ Cell phone use should be limited while on duty and ANY use of cell phones or other technology to take pictures or videos is strictly prohibited.
- ❑ Nurses are **not** permitted to sleep on duty.
- ❑ Nurses will wear comfortable, respectful clothing; uniforms are not required.

- ❑ Employees will provide a picture for identification purposes to Agency HR staff. Picture IDs via EMR profile must be readily available to be presented on shift.
- ❑ Smoking is strictly prohibited in any office or during any patient visit.
- ❑ This Agency and our employees are given the opportunity to participate in the care of our clients at the request of their families. Please keep in mind that we are in each home by invitation and as such you are expected to demonstrate respect and professionalism toward our patients, their families, personal belongings and preferences for care and treatment.
- ❑ Should a patient require transport, his/her caregiver is responsible for making appropriate transportation arrangements.
- ❑ Should a patient require emergency medical attention, Agency employees are required to call 911.
- ❑ Nurses are not permitted to operate a vehicle to transport patients but may accompany a patient in a vehicle (operated by others) at the nurse's discretion.

Holidays

The Agency observes the following 6 holidays for which the office is closed:

| | |
|------------------|------------------|
| New Year's Day | Thanksgiving Day |
| Memorial Day | Christmas Day |
| Independence Day | |
| Labor Day | |

On-call Scheduling and Clinical are available.

Field Staff who work the above holidays will be paid at 1½ times their corresponding case rates.

Payroll Protocols

J & D Ultracare's work week begins Sunday at 12:00am and ends the following Saturday at 11:59pm. There is a Chromebook in each patient's home for EMR documentation in our Kantime system (Electronic Medical Records).

- ❑ Field Staff are required to Clock-in and Clock-out of all shifts using either the Agency-issued device in the home OR their personal cell phone.
- ❑ Field Staff are required to Clock-in and Clock-out in order to be paid for hours worked.
- ❑ Field Staff are required to submit Nurses Notes/Documentation using the agency-issued Chromebook or their personal device. If documentation is incomplete and does not match clock times, a delay in payroll may occur.

All properly completed paperwork will be processed for payroll. All employees will be required to participate in Direct Deposit. Paychecks will be deposited

into the account provided on Fridays at 12:00am (Thursday night). (Bank holidays may affect regularly scheduled deposits). Shortened work weeks or systems issues beyond our control may cause us to alter this timetable. Paper Pay Stubs will be mailed out every Friday.

Notice of Pay

In accordance with Section 195.1 of the New York State Labor Law, the Agency is required to provide all employees with a written notification of pay. You will receive one at the time of hire, and if there are any decreases in case pay rates. Any increases will be reflected in your pay stub.

Employee Benefits

J&D Ultracare offers all eligible employees the opportunity to enroll in our medical, dental, and supplemental benefit[s] plans. Length of employment and minimum weekly work hours may apply for each benefit. If you choose not to enroll when you first become eligible, you may enroll during our annual open enrollment period. Please contact our Human Resources Coordinator with questions.

401K

You may elect to enroll in our 401K plan after completing one year of employment with the Agency. You must have worked a minimum of 1000 hours during that year in order to be eligible.

Requesting Time Off

J&D Ultracare is committed to providing our patients with the greatest levels of staffing available. Therefore, requests for days off must be coordinated with the Staffing Department.

We require that you provide **advance, written notification** of your request[s] thus allowing sufficient time to accommodate your request and ensure appropriate levels of staffing in your absence. Written notification may be faxed or emailed to the Staffing Department.

NYS Paid Sick Leave

Effective 01.01.2021 all Agency Field Staff are entitled to accrue and use a maximum of 56 hours of paid sick time within a calendar year. Sick time accrues at the rate of 1 hour earned for every 30 hours worked. The calendar year is the 12-month period from January 1st to December 31st.

An employee may request to use this benefit when informing the office stating an inability to perform a scheduled shift / work assignment due to personal illness or that of an immediate family member according to the permitted uses described below. Family members are defined as child, spouse, domestic partner, parent, sibling, grandchild, grandparent, as well as the child or parent of a spouse or domestic partner.

Unused accrued sick time will carry over to the following calendar year, however an employee may not utilize more than 56 hours in a calendar year even if the total accrued exceeds this limit. Unused sick time is not eligible to be paid out at any time during or upon separation from employment.

Permitted Sick Leave is used for a mental or physical illness, injury, or health condition, regardless of whether it has been diagnosed or requires medical care at the time of the request for leave; or for the diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or need for medical diagnosis or preventive care.

Safe Leave is also a permitted use of this time for an absence from work when the employee or employee's family member has been the victim of domestic violence as defined by the State Human Rights Law, and as it relates to a family offense, sexual offense, stalking, or human trafficking. Please see the Fact Sheet link below for a complete list of applicable situations.

https://www.ny.gov/sites/ny.gov/files/atoms/files/PSL_FactSheet_General.pdf

For more information on the program in general, please visit the NYS Dept. of Labor website which may be accessed with the following links.

<https://www.ny.gov/programs/new-york-paid-sick-leave>

References

All requests for employment verification must contain the employee's signature authorizing the release of information. J&D Ultracare only provides dates of employment and positions.

Complaints

J&D Ultracare makes every effort to ensure that all employees are provided with adequate means to present their complaints, free from interference, coercion, discrimination, or reprisal. All ethical concerns and/or complaints shall be treated with confidentiality as appropriate.

The following provides an overview of our procedure. If you have questions or need to file a complaint, please contact J&D Ultracare directly at 845.357.4500.

- ❑ Each reported concern shall be treated with consideration, respect and full recognition of the individual's dignity and individuality.
- ❑ Employees have the right to express themselves without interference, coercion, discrimination, or reprisal.
- ❑ Reports of any type may be lodged with any Manager or Officer of the Agency.

- ❑ Responses to an ethical concern or complaint shall be rendered within 15 days of receipt by the Agency.
- ❑ This Agency will examine all reported ethical concerns and complaints. Receipt, investigation, and resolution of any concern, including an appeal of such, will be documented appropriately.

Should you have concerns regarding patient care and safety that have not been satisfactorily resolved through the Agency you may contact:

**NYS Department of Health Home Care and Hospice Complaints
Hotline @ 1-800-628-5972; 10am - 4pm on all State business days.**

- OR -

**The Joint Commission's Office of Quality Monitoring @ 1-800-994-6610
or complaint@jcaho.org.**



PERSONNEL SAFETY TIPS

Safety in the Community:

It is very important to this Agency that our staff remains safe at all times. Should you perceive a situation to be unsafe, **first** take appropriate steps to ensure your safety and then **immediately** call the Agency.

The following guidelines have been established to assist you in maintaining your safety:

- Wear your name badge at all times.
- Carry a charged cell phone at all times.
- Call patients' homes in advance to alert them to your estimated time of arrival.
- Know your route. If you get lost, look for a safe place to stop and ask / call for additional directions.
- If needed, ask the patient / caregiver for further directions to the home.
- Request that pets are properly secured before your arrival. If pets are known to be menacing, back away. Never extend your hand out to the pet; never run from animals. Walk slowly around animals so that you do not frighten them.
- Do not carry a purse. Lock your purse in the trunk of your car or hide it from visibility in your car.
- Have your nursing bag/equipment ready before exiting from the vehicle. Keep one arm free.
- Keep your vehicle in good working order and ensure it has sufficient gas.
- In the winter, store a blanket in your vehicle; in the summer, a thermos of cool water.
- Keep a snack in the glove compartment.
- If you have car trouble, turn on the emergency flashers, call for assistance and wait for the police.
- Keep your car locked when parked or driving. Keep windows closed.
- Cross to the other side of the street when passing a group of strangers [if you are uncomfortable].
- Carry car keys in your hand. The pointed ends of the keys between your fingers may make an effective weapon.
- Park in full view of the patient's residence. Avoid parking in alleys or deserted side streets.
- Walk directly to the patient's residence in a professional and business-like manner.
- Use common walkways in buildings. Avoid isolated stairwells.
- Always knock on the door before entering a patient's home.
- Notify the Agency **immediately** if you encounter any incident that may jeopardize your personal safety.
- Seek medical attention as needed.
- If you feel that you are in imminent danger, **dial 911**.
- In the event of a robbery, never resist theft of the nursing bag.
- If patient's relatives or neighbors become a safety problem, notify the Agency immediately of the hazard.

Sexual Harassment Policy:

Upon Hire and annually Employee's will complete Mandatory Sexual Harassment Training

Sexual Harassment toward or by any Agency employee will not be tolerated. This Agency has a zero tolerance for Sexual Harassment. Any employee who feels that he/she has been sexually harassed should report this immediately to their Manager/Supervisor. An investigation of the allegation will ensue.

Violence in the Workplace:

1. No Weapons Policy:

- Agency personnel are strictly prohibited from carrying a weapon of any kind to a patient's home or to the Agency's office, regardless of whether you are licensed to carry said weapon.
- If a weapon / gun is present in the patient's home, request that the weapon be moved to a locked location during the visit / shift.
- If the weapon / gun poses a threat to you, the patient or caregiver, and the person will not remove the weapon, discontinue the visit / shift. Inform the person of your reason for leaving.
- After leaving, call the Agency immediately.
- If the person, patient or caregiver is willing to move the weapon / gun to a safe location, you must establish a verbal or written agreement that he/she will continue to store the gun elsewhere during your shifts / visits. Contact the Agency immediately regarding this agreement.

2. Domestic Violence:

All employees providing home care should be aware of the potential for domestic violence.

If domestic violence is observed:

- Remove yourself and the patient to a safe room.
- Call 911 for assistance if necessary.
- Notify the Agency and the patient's physician of the situation.
- If an Order of Protection is in place, notify the Agency. If that person comes to the patient's home, you are not permitted to allow him / her to enter. Request that s/he leaves. If s/he refuses, call 911 for assistance and notify the patient's emergency contact person of the situation.
- If an employee of the Agency has an Order of Protection against someone, s/he must notify the Human Resources Manager of the Agency. If that person arrives at the Agency, s/he will be asked to leave. If that person refuses, the Agency has the right to seek assistance.
- The Agency will not provide any employee's or patient's telephone number or home address to anyone not authorized to receive such information.

An Unusual Occurrence Report must be completed for any weapons / domestic violence incidences.

Office Safety:

J&D Ultracare will maintain a safe office environment. The front and back entrances of the office building will be locked at all times, and only authorized personnel will have access to the lock combinations. These combinations will be changed after termination of any office employee.

All Agency personnel will make safety a priority in their daily responsibilities. Any unsafe situations must be reported to a manager immediately. If the manager cannot resolve the issue, s/he shall convene a meeting of the Safety Committee to discuss and resolve the safety issue. If the Safety Committee cannot resolve the safety issue, the PAC members [or any appropriate outside entity] may be called to intervene or resolve the issue.

The following safety precautions will be taken in J&D Ultracare's office environment:

- Floors will be maintained to assure good footing; non-slip surfaces will be provided.
- Aisles and exits will be free of debris to provide easy movement and exit from facility.
- Handrails will be provided on all steps.
- Stairwells will be well lit.
- Heavy machines will be properly installed and maintained.
- Electrical equipment will be grounded properly.
- Electrical cords, plugs and switches will be in good working order.
- Desk and file drawers will operate easily. Drawers will be kept closed when not in use.
- Scissors, knives, push pins, razor blades and other sharp objects will be stored safely.
- Smoke alarms will be maintained. Battery operated smoke alarms will have their batteries changed as appropriate.
- Fire extinguishers will be checked as required by manufacturer.
- Employees will be trained in the use of fire extinguishers.
- Fire drills will be conducted at least annually.
- Flammable materials / products will be stored per manufacturers' recommendations.
- Evacuation / floor plan of the Agency will be posted for easy viewing by all employees and/or visitors.
- Heating elements, coffee makers, electric heaters will be used properly and maintained in good working order.
- Hazardous materials will be properly disposed of.
- All employees will be oriented to the OSHA Ergonomics regulations upon hire and annually thereafter.
- Employees will be instructed in proper lifting and handling techniques.
- Office employees will be issued proper chairs and workstations.



POLICY AND PROCEDURE

CORPORATE COMPLIANCE: P7A

EFFECTIVE: 01 / 1999; REVISION 02/2024

REQUIREMENT

This Agency has implemented a Corporate Compliance Program to provide guidelines for ensuring that we maintain responsible corporate citizenship at all times.

Primarily, our Corporate Compliance Program serves to ensure that all employees:

- Act in accordance with the laws, regulations and standards that govern our work.
- Help detect and deter conflicts of interest and/or compliance violations [by Agency employees or other agents] that could potentially:
 - affect the provision of care, treatment, and services.
 - expose the Agency to civil or criminal liability.
 - damage its financial status, business relationships, or reputation.
- Promptly report any situation or activity that may violate the law to an immediate supervisor or the Agency's Compliance Officer.

Further, all employees are expected to adhere to the Agency's requirement that any and all knowledge or information obtained in the course of employment is to be utilized solely in the pursuit of Agency business and for no other purpose, **and will be forever held inviolate and be concealed from any competitor and all other persons**, including but not limited to:

The Personal Health Information (PHI) of Agency clients and; the conduct and details of the Agency, it's personnel & agents and; the secret processes, formulas, intellectual property, client / employee information and lists used by the employer in its course of business and; any knowledge regarding Agency personnel professional and/or personal information;

Secondarily, this Program is maintained to ensure this Agency exercises due diligence in seeking to prevent and detect criminal and/or inappropriate conduct by its employees and other agents for which it is responsible or encounters in our course of business.

IMPLEMENTATION

This Agency has established compliance standards, policies and procedures that are reasonably capable of reducing the prospect of conflicts of interest and/or unacceptable conduct, and outline methods for resolving such issues including but not limited to modes of discipline for individuals responsible for an offense. Such standards, policies and procedures are explained to Agency employees at the time of hire and are reviewed by all employees annually thereafter as mandated by this Agency. This Agency's Governing Body shall assume oversight responsibility for compliance with such standards and procedures.

Through its hiring and retention practices, this Agency consistently utilizes internal and external processes and systems reasonably designed to detect misconduct by its employees and other agents, including but not limited to verification of identity, verification of professional licensure and any disciplinary action thereto, verification of professional references, OMIG and OIG exclusion checks, and criminal background checks.

Should this Agency detect an offense, the organization shall make all reasonable efforts to respond appropriately to the offense and to prevent further similar offenses. These efforts shall include any necessary modifications to the Corporate Compliance Program in order to prevent and detect future violations of all applicable laws, regulations, etc.

Upon hire and during mandatory review of information annually, employees are apprised of the appropriate method whereby criminal or inappropriate conduct by all those encountered during the performance of your professional assignments may be reported.

The Agency has established billing practices that are in keeping with current acceptable standards of accounting and has implemented various protocols for purposes of patient financial information verification and auditing. [See policy S17A Billing For Services]

AGENCY STANDARDS OF CONDUCT

There are certain Standards of Conduct that we all must observe as good citizens and employees. Through implementation of Agency-wide Standards, employees are encouraged to perform at the peak of their abilities, while observing company culture and adhering to Agency policies, protocols and guidelines.

While it would be impossible to list all examples of misconduct, the following list is representative of those that may result in discipline, up to and including termination. In addition to any and all guidelines contained herein, this Agency strictly adheres to all guidelines offered by the New York State Office of the Professions. Attached please find pages 66 and 67 of the Office of the Professions' Nursing Guide to Practice for your review and reference.

Examples include:

- Violation of professional standards of patient care
- Violation of Patients' Rights
- Falsification of records (including but not limited to time sheets, patient care notes, job applications and professional references)
- Release and/or use of confidential or proprietary Agency and patient information.
- Removing records or materials from Agency premises without permission.
- Poor work performance
- Poor attendance including excessive tardiness
- Unauthorized and/or careless use of, destruction or damage to client or Agency property
- Possession, use, sale or reporting to work under the influence of intoxicants or drugs
- Insubordination
- Violation of the solicitation and distribution rules
- Carrying weapons or other hazardous devices
- Disorderly conduct, fighting, abusive or threatening language
- Violation of established smoking regulations
- Violation of established safety regulations
- Violation of the Agency's harassment policies
- Any conduct that is dishonest, unethical or illegal

Please be advised that while the Agency has a defined employee discipline process ranging from verbal consultation to termination, the Agency's Management Team reserves the right to make disciplinary decisions on a case-by-case basis, factoring individual and situational circumstances into their determination.

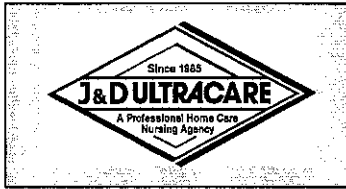
Agency Standards of Conduct will be monitored regularly through employee observations, supervisory visits and communication with clients / families, peers and employees of community-based care settings.

Any concerns regarding the subjects contained within this policy can be reported anonymously, and without fear of reprisal, to:

J&D Ultracare's Corporate Compliance Officer @ 845-357-4500;

NYS Office of the Medicaid Inspector General @ 877-873-7283 or www.omig.ny.gov; or

The Joint Commission @ 1-800-994-6610 or complaint@jcaho.org



POLICY AND PROCEDURE

CONFLICT OF INTEREST: P1A

EFFECTIVE: 11 / 1994; REVISION: 03/2020
Reviewed 2/2024

REQUIREMENT

The Agency shall define potential Conflicts of Interest including but not limited to those that affect, or have the potential to affect:

- Patient and staff safety;
- Quality of patient care, treatment and services;
- Laws, regulations and standards that govern our work;
- The Agency's integrity and sustainability; and/or
- The Agency's financial status, business relationships, or reputation.

The Agency shall uphold its procedure[s] for identifying and resolving conflicts as they arise.

The Agency's Governing Body shall use ethical principles to guide patient, employee, and business-related decisions.

IMPLEMENTATION

Any situation that may present a Conflict of Interest, whether or not directly related to patient care, shall be discussed with Agency Management, Governing Body, Professional Advisory Committee members and/or Ownership as deemed appropriate.

In matters involving a potential Conflict of Interest, all employees have a professional duty to disclose information regarding why a particular action or inaction, may not be in the best interest of the Agency, its patients or employees.

Agency employees are prohibited from engaging in any activities or practices that may be considered a Conflict of Interest.

The following list represents examples of situations that may be viewed by the Agency as potential Conflicts of Interest:

- Acceptance and/or discharge of a patient to / from Agency service for reasons that may be detrimental to the patient, Agency or both.
[See policies N1A Patient Admission/Retention/Transfer and Discharge].
- An employee's failure to disclose knowledge of or participation in any activity that may pose a conflict to the business of the Agency.
- Governing Body's unauthorized decision to engage in a business relationship that poses a Conflict of Interest to the business of the Agency.
- An employee's acceptance of assignment to an Agency client either independently or through a competitor, without prior authorization from the Agency.
- Acceptance of money or expensive gifts given or received in connection to an individual's Agency employment.

Should a situation arise that is considered to be an actual or potential Conflict of Interest, the Agency shall implement protocols outlined in policies **G1A Employee Grievances**, **D3A Patient Grievances** and **P7A Corporate Compliance** in an effort to examine and resolve all concerns brought to the Agency.



CLINICAL POLICY AND PROCEDURE

C 31 Safe Patient Lifting, Transfer and Repositioning

REQUIREMENT

The Agency will take appropriate steps to manage safety risks and address safety concerns as necessary. To ensure maximum safety, comfort and quality of care within a safe lifting, transfer and repositioning environment.

POLICY:

1. All direct care staff are required to review this policy document describing safe lifting practices and associated guidelines. Demonstrated competencies are required to indicate the caregiver's/nurse acceptance of responsibility to adhere to safe lifting practices at all times.
2. The Agency will adopt a "Zero Lift" policy. However, when there is no mechanical lift equipment or clinical circumstances prevail, safe lifting technique may be utilized. Manual lifting of patients is discouraged in all but exceptional medical emergencies or life threatening situations. Caregivers/nurses will assume first responsibility for using mechanical lifts or repositioning aids during all high risk tasks except when absolutely necessary (medical emergency or life threatening situation).
3. All patients will be evaluated during the initial assessment visit for lifting and/or transfer needs. Patients, caregivers and Agency staff will be informed of our policies regarding safe lifting and potential use of mechanical lifts and transfer aids.
4. Lifting and/or transfer needs of the patient will be documented on the "Home Health Certification and Plan of Care, (485).
5. The patient, caregiver and Agency staff will be instructed on proper safe lifting and transfer techniques.
6. The Field Nursing Supervisor will reassess the patient's safe lifting and/or transfer requirements at the time of each reassessment visit. Changes will be added to the Plan of Care. The patient, caregiver and nurses on the case will be educated on any changes and/or new equipment.
7. Nursing staff will receive instructions on proper Safe Lifting and transfer techniques on orientation. These instructions/protocols will be reviewed at time of each reassessment visit or more frequently if necessary.
8. Caregiver, patient, and Agency staff will follow manufacturer's instructions as it pertains to specific lifting device.
9. Any injury resulting from patient lifting or repositioning, including sprains, strains, or any other musculoskeletal injuries, must be reported to the Agency within 24 hours.

IMPLEMENTATION

Upon admission to this Agency and during each reassessment, a basic safety assessment is performed to identify and address potential safety hazards during patient lifting, transfers and repositioning.

Provide education to patient / caregiver and staff in proper safe lifting and transfer techniques to meet the patient's assessed needs.

Patients / caregivers are informed that they should report any patient care-related safety concerns to the Agency. They are also informed that they may report their concerns to the New York State Department of Health and/or The Joint Commission.

If safety concerns cannot be satisfactorily resolved with the patient, caregiver, family or Agency staff, the issue will be presented to the Agency's Safety Committee for review. The Safety Committee will be comprised of the Governing Body and other appropriate staff as determined by the President.

FIRST find out the person's strengths and weaknesses. Often one side of the body is stronger. The stronger side should be transferred first. When lifting, transferring, or carrying a physically restricted person, observe the following principles of body mechanics. Practicing them will help prevent possible strain or injury to your lower back, and will insure a safe lift for the person you are lifting.

I. LIFTING:

- A. First, plan the job.
- B. Make sure ample room is available for good footing, and the path is cleared for the carry.
- C. Stand so you will not have to twist as you lift.
- D. If the weight of the person is more than one-fourth of your body weight, you should get someone to help you. Also, get assistance if lifting the person is awkward.
- E. Your back should be kept as straight as possible.
- F. Lift by straightening your legs in a steady upward thrust and, at the same time, move your back to a vertical position.
- G. The weight of the person should be kept close to your body and over your feet.

II. CARRYING:

- A. Carry the person as close to you as possible.
- B. Keep your back straight, not arched.
- C. Do not twist. Change direction by taking small steps and turning the whole body at once.

III. LOWERING:

- A. Spread your legs to hip width, and lower the person between your feet.
- B. Hold your back straight and steady, even when you lean forward.

C. Lower in a slow and even manner while bending your legs.

D. Do not twist your body. To turn, move your feet.

IV. TRANSFERRING:

❖ ***Although some individuals who use a wheelchair have sufficient arm strength and coordination to transfer into and out of their chair by themselves, many will need assistance.*** Various types of transferring techniques can be used to move someone from one place to another when carrying is not necessary. The individual's weight and physical ability to help, as well as your own strength, are important factors in deciding which technique will be most appropriate.

V. WHEELCHAIRS:

A. Make sure the chair is locked when removing or seating the person.

B. Pull the wheelchair backwards up steps or curbs.

C. Adjust the height of the foot pedals so the person is sitting at a 90-degree angle at the hip and knee.

D. When removing or seating the person, the following procedure is suggested as easy for you and most comfortable for the person:

❖ ***Before you begin, make sure you have put up the foot pedals or swung them out of the way.*** Place your arm around the person under his or her arm at the armpit. Place your other arm under the person's knees. Or face the person in the chair. Secure a hold under each arm, and lift the person out of the chair.

VI. LIFTING AND MOVING (from bed to wheelchair):

A. Always begin the lifting procedure by moving the person to the edge of the bed. First, move the upper trunk, then the legs one at a time. Repeat this until the person is near the edge of the bed. Repeated movement of the trunk and legs is easier than lifting the person as a whole all at once.

B. Remember, bend from your knees, not from your waist. If you must bend from the waist, tighten your stomach muscles while bending and lifting. This reduces pull on the back muscles. Keep your back straight at all times. The following are step-by-step procedures, which will make lifting and transferring safer and easier.

VII. THE ONE-PATIENT TRANSFER:

A. Prepare for the lift.

1. Place a belt around the person's waist.
2. Place wheelchair at a slight angle to the side of the person's bed.
3. Lock both brakes on the wheelchair.
4. Remove the armrest of the wheelchair on the side next to bed, if possible. This helps prevent bumping the person's hips or buttocks and allows for lifting without lifting too high.
5. Swing away the leg rests of the chair. If leg rests will not swing away, lift the pedals to avoid interference during the transfer.
6. If the person is connector to any equipment, feeding tubes, ventilator, infusion pumps etc. secure all lines allowing for enough slack for safe transfer
7. Stabilize the bed, so it will not move.

B. Steps in the one-person transfer.

1. Place the person's legs over the side of the bed with the knees near the bed's edge.
2. Place the person's hands in his or her lap.
3. Place your arms under the person's armpits and around the back.
4. Raise the person to a sitting position on the side of the bed. Do not let go unless the person can sit alone without support.
5. Gradually slide the person forward until the person's feet are flat on the floor. Place your feet in a "v" on both sides of the person's feet for support. Have your feet far enough apart to give you a good base of support. Your knees should be on each side of the person's knees.
6. Have the person lean forward. If possible, place the person's arms around your shoulders. Allow the person to reach with an outside arm for the far wheelchair arm.
7. Bend your hips and knees while keeping your back straight. Place your arms around the person's waist. Grip the person's belt

on both sides toward the back with your hands. (If the person is not wearing a belt, a safety belt may be put on during the preparation stage.)

8. Keep the person's knees stabilized. Count 1-2-3, and then pull forward on the belt to lift the person.

9. When the person is high enough to clear the armrest or chair surface, turn by taking small steps. Be sure to keep the person's knees blocked with your own knees.

10. When turned, bend your hips to squat and lower the person to the chair's seat.

11. Replace the footrests, then the armrest.

12. Remove the belt, if necessary.

13. Fasten the seat belt on the chair.

14. Repeat the procedure from steps 5 to 11 when transferring from a chair to the bed or other areas. Remember if the person is connector to any equipment, feeding tubes, ventilator, infusion pumps etc. secure all lines allowing for enough slack for safe transfer

C. Alternate lifts: use only to lift a very small person.

1. Prepare for the lift by following the same procedure as outlined in steps 1-6 in the one-person transfer. 2. If the individual is totally incapable of assisting you and you are alone without another's assistance, follow the procedure listed below. (If the person is more than one-fourth of your body weight, try not to lift the person by yourself.)

a. Move the person to the side of the bed in a lying position.

b. Fold the person's arms across his or her chest.

c. Place your feet far enough apart to give you a good base of support.

d. Bend your knees slightly.

e. Place one of your arms under the person's neck.

- f. Place the other arm under the person's knees.
- g. Using the strength in your legs, draw the person close to your body and lift up while keeping your back straight.
- h. Take small steps to the wheelchair. Remember to keep your knees bent. Carefully place the person in the seat of the chair.
- i. Check on the person's sitting position and adjust the wheelchair seat belt.
- j. Fasten the seat belt.
- k. Repeat the procedure to lift an individual from a wheelchair to another area (e.g., to a bed or couch).

VIII. THE TWO-PERSON TRANSFER:

A. Prepare for the transfer.

- 1. Know where you are going to move the person.
- 2. Prepare the wheelchair, tub, or bed prior to starting to lift the person.
- 3. Be sure the wheelchair brakes are locked.
- 4. Remove the wheelchair's armrest, which is closest to the destination point.
- 5. Swing away or remove the leg rests or lift pedals, if possible.
- 6. If the person is connector to any equipment, feeding tubes, ventilator, infusion pumps etc. secure all lines allowing for enough slack for safe transfer
- 7. Stabilize the surface from which you are lifting the person.

B. Steps in a two-person transfer.

- 1. The taller lifter should stand at the back of the person.
- 2. The shorter person should stand on one side of the person.

3. The lifter at the back should put his or her arms under the person's shoulders and around the person's chest with arms folded across the person's chest.
4. The taller lifter at the back should then widen the base of support by spreading feet apart and bending slightly at the hips and knees. (Remember to not bend the back, but to use the strength in the hips and knees.)
5. The shorter lifter at the side places both arms under the person's thighs in order to support the buttocks and lower legs. Clasp one hand to wrist for firm grip.
6. The shorter lifter should also widen the base of support by spreading feet apart.
7. Bend knees and hips slightly before lifting.
8. Be sure the person being lifted keeps elbows next to the body or place arms and elbows in that position, if necessary.
9. The taller lifter counts to three after which both lifters should straighten their hips and knees to lift the person in unison. Both lifters step to the transfer surface and place the person there. If the individual is being put in bed, repositioning for comfort may be necessary.

IX. ACTIVE TRANSFERS:

❶ **Individuals who need little or no assistance perform the following transfers.** This type of transfer is known as an "active" transfer. The three commonly used active transfers for the aged and handicapped are the side, the walker, and the cane transfers. Procedures for these transfers are as follows:

A. The side transfer: used by a person who is weak in the lower extremities. (This technique is described for a person moving from a wheelchair to the toilet, but may be used for bed to chair, chair to bed, or chair to tub seat.)

❷ **The person:**

1. Approaches the toilet at a 90-degree angle, or so the wheelchair makes an "I" with the toilet.
2. Locks the brakes on the chair.

3. Raises the pedals of the chair.

4. Places both feet flat on the floor about 12" apart.

5. Places both hands on the armrests of the chair and leans slightly forward over the knees.

6. Assumes a partially standing position by pushing with both hands.

7. Grasps the left grab bar with the left hand, or the right grab bar with the right hand, depending upon the angle of approach. (A grab bar should be available either on the toilet seat or on the wall beside the toilet.)

8. Takes small steps and turns slowly until standing with back to the front of the toilet.

9. Stabilizes before leaning forward and lowering to the toilet seat.

• ***Transfers should be made toward the strongest side or to the side without an encumbrance, such as a cast.*** Improper transferring to the wrong side could cause falling and injury.

• ***An elevated toilet seat can help a person who has difficulty in transferring from a toilet to a wheelchair.***

• ***In a bathroom with limited space, the person may be required to have the wheelchair facing the toilet.*** The person must, therefore, turn halfway around before sitting down.

B. The Walker Transfer:

• ***Many aged persons need the aid of a walker for stability.***

• ***To rise, the person:***

1. Secures the wheelchair by backing it against a wall, if possible, and locking the brakes.

2. Raises or swings the footrests out of the way.

3. Places the walker in front of, and as close as possible to, the wheelchair.

4. Moves forward to the front half of the wheelchair seat.

5. Places both hands on the armrests of the chair. (Under no circumstances should the person take hold of the handles of the walker until fully upright. The walker will tip backwards easily.)
6. Places feet flat on the floor and spreads them apart about 12" for a good base of support.
7. Leans forward with shoulders directly above knees.
8. Pushes with arms and legs to a standing position.
9. Takes hold of the walker using one hand at a time. (Only after standing should the person reach to take hold of the walker.)
10. Stabilizes prior to walking.

• ***To sit, the person:***

1. Approaches the chair from the side. (If using a wheelchair, the brakes need to be locked.)
2. Turns until his or her back is facing the chair. (Only a quarter turn is required for the person to have his or her back to the chair. The person's strong side should be closest to the chair.)
3. Backs up until the backs of the knees come in contact with the front of the seat.
4. Reaches back with one hand at a time to grasp the wheelchair's armrests.
5. Leans forward, bending the hips and knees to lower self into the chair.

C. The Cane Transfer:

• ***Many aged persons use a cane for increased stability.***

① ***To rise with a cane, the person:***

1. Stabilizes the chair (especially a wheelchair) against a wall and locks brakes.
2. Raises footrests or swings them out of the way.
3. Places the cane in the hand of the strongest side.

4. Holds the cane in the hand while grasping the armrest by the same hand. (If the hand opposite the cane is usable, the person grasps the armrest with it, also. When someone does not have the use of the arm opposite the cane, the person should lean forward over the knee on the side of the cane.)

5. Moves forward in the chair to the front half of the seat.

6. Spreads feet about 12 inches apart.

7. Leans forward to shift weight.

8. Pushes with arms and legs to stand.

9. Brings cane up from the armrest.

10. Stabilizes with the cane before proceeding to walk.

• ***To sit with a cane, the person:***

1. Approaches the chair with the cane, placing the cane in front of the chair. This places the strongest side toward the chair.

2. Turns until the back is fully to the chair.

3. Backs up until the backs of the knees touch the front of the seat.

4. Reaches back with both hands, if possible, and grasps the armrests.

5. Holds cane with the armrest.

6. Leans forward over both knees, provided both arms could be used. The person should lean over the knee on the cane side if only that arm is usable.

7. Bends hips and knees to sit down.

• ***Please remember that each individual situation is unique when applying these basic steps in transferring.***



POLICY AND PROCEDURE

EMERGENCY PREPAREDNESS PLAN - C1A

EFFECTIVE: 08/08/94
Revised 01.2020

REQUIREMENT

This Agency shall maintain a written emergency plan including procedures to be followed to assure health care needs of patients continue to be met in emergencies that interfere with delivery of services, and orientation to all employees to their responsibilities in carrying out this plan.

Annually, a Hazard Vulnerability Analysis shall be completed to evaluate the Agency's level of risk and preparedness for a variety of hazardous events. This assessment will serve as the foundation for emergency planning for this Agency.

This Plan is intended to address emergencies as identified by the Agency's Hazard Vulnerability Analysis.

IMPLEMENTATION

During the initial orientation of new staff and annually thereafter, all employees shall be oriented to the Agency's Emergency Preparedness Plan and their individual responsibilities in carrying out the Plan.

The Plan shall be reviewed at least annually by the Agency's Management Team and approved by the Governing Body. All Agency staff shall be notified when there are changes to the Plan.

If the Plan has not been activated in the previous 12 months, it shall be activated as a planned exercise.

The Agency will maintain a current Health Provider Network [HPN] account with the New York State Department of Health, which has been established as a mechanism to accurately disseminate information regarding public health concerns, disasters and/or emergencies.

The Agency's designated HPN Coordinator will maintain the HPN account and notify staff of any applicable occurrences.

The Agency shall maintain an electronic roster of office staff, active field staff and active patients (which includes TALS designation and identification of patients dependent on use of electricity for healthcare needs and/or ventilator dependence). These rosters reflect system changes and remain in real time and may be printed for reference at any time. The Agency's Call Down list will be maintained for internal office staff and updated as necessary to reflect changes. On-Call Staff and Clinical Care Coordinators shall ensure their secure access to these lists at all times.

The Agency will participate in community-wide disaster drills and exercises as required, including but not limited to, collaboration with the designated Regional Resource Center at Westchester Medical Center. The Agency will strictly adhere to guidelines set forth by the Regional Resource Center as they pertain to the Agency's role in a community-wide emergency management plan.

The Agency shall collaborate with county health departments, state and local emergency management agencies, and other health care delivery systems, as necessary and appropriate.

As a contingency for admission to this Agency, each client will be assessed to ensure that s/he meets the NYSDOH definition of a **Level 3 Low Priority** client. [Policy N1A Admission and Retention]

The following definitions are in accordance with NYSDOH regulation:

Level 1 – High Priority. Patients in this priority level need uninterrupted services. The patient must have home care. In case of an emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patients requiring life sustaining equipment or medication; those needing highly skilled wound care; and unstable patients with no caregiver or informal support to provide care.

Level 2 – Moderate Priority. Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.

Level 3 – Low Priority. The patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally.

- Upon admission to this Agency, potential emergency / risk factors will be identified for each client and appropriate emergency plans will be discussed with the client and his/her responsible caregiver. An Emergency Resource List including the name and telephone number of at least one emergency contact will be obtained.

Surge Plan

In the event of a community-wide disaster, this Agency will collaborate with inpatient facilities within its service area to determine the Agency's ability to assist with patient care, should emergency plans include the need for increased home care services.

This Agency has limited resources to support an influx of new patients during an emergency. However, should this Agency be called upon to support a surge in home care referrals, the Governing Body will evaluate the Agency's ability to safely increase admission capacity, facilitate rapid transfers and/or discharges, and/or identify appropriate nursing staff.

Emergency Response Procedure:

- When an emergency occurs, the President or his/her designee shall initiate the Call Down List to ensure proper notification to office staff, active field staff and patients / caregivers.
To the greatest extent possible, office and field staff are expected to report to work unless otherwise directed by the Agency. If appropriate, office staff will be directed to report to an alternative location. If field staff are unable to report to their scheduled assignments, patients and caregivers will be notified of cancellations, and the Agency will make diligent efforts to fill the open shifts. Caregivers will be instructed to arrange for alternate care.
- The President and/or Incident Commander shall direct receipt and dissemination of all information regarding, and during an emergency. All efforts will be made to maintain patient confidentiality, so long as such efforts do not interfere with or prohibit the Agency's emergency response procedure.
- The President and/or Incident Commander shall direct the activities / responsibilities of all Agency employees and take appropriate action to ensure the Agency's ability to continue operating while maintaining the integrity of pertinent client and financial data during an emergency.
- To the extent possible, effective communication with patients, field staff and primary / alternate caregivers will be maintained. In the event of a medical emergency or should the patient's home become unsafe for delivery of care, 911 shall be accessed.

Emergency Evacuation Protocols

COMMUNITY EVACUATIONS

Mandatory Evacuation Orders

Upon admission to service with this Agency and no less often than annually thereafter:

- All patients will be assessed to determine their Transportation Assistance Level [TAL]; and
- All patients, caregivers and Agency staff will be educated regarding potential mandatory evacuations and this Agency's protocol[s] for adherence to such, including the potential risks associated with sheltering in place.
- Patients, their caregivers and Agency field staff will be advised of the Agency's requirements for field staff during a mandatory evacuation order and ongoing communication throughout the duration of the emergency.

Should a patient's home be subject to a mandatory evacuation order:

Patient / Caregiver is evacuating: Agency field staff should assist caregiver[s] with preparing for evacuation, call 911 if warranted and notify the Agency of the patient's plan. Agency field staff are required to adhere to the order and leave the premises. In order to assure patient safety, a trained caregiver must be present prior to staff departure.

Patient / Caregiver is refusing to evacuate: In the event that an ordered evacuation is refused by the patient / caregiver, Agency field staff will hand-off care to a trained caregiver and leave the premises, or in the absence of a trained caregiver, Agency field staff will evacuate with the patient via 911 assistance. Agency field staff are required to adhere to the evacuation order and leave the premises once care is assumed by a trained caregiver. Staff must notify the Agency of the patient's location / plan.

To the extent possible, documentation during an emergency shall be thorough and complete. Activities will be documented as an Unusual Occurrence and included in the QI reports for that quarter.

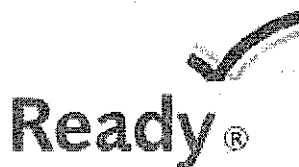
OFFICE EVACUATION

To ensure the safety of all office staff and visitors, the Agency's Incident Commander or his/her designee shall organize and direct all staff activities including evacuation as appropriate during an emergency.

Employees and visitors will be alerted to the need for evacuation either by internal smoke or carbon monoxide detector alarms or by a loud-speaker announcement.

REASONS TO EVACUATE

- Visible fire, smoke or carbon monoxide alarm
- Weather related emergencies- hurricane, flooding, tornado, winter storms
- Indian Point Emergency
- Local Town / State or Agency Declared Emergencies
- Prolonged computer, internet and/or phone outages



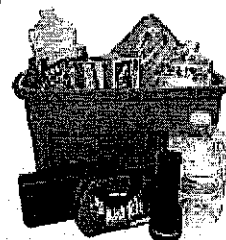
Preparing Makes Sense for People with Disabilities and Others with Access and Functional Needs. Get Ready Now.

1. Get a Kit of emergency supplies.

Be prepared to improvise and use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about fresh water, food and clean air.

Recommended Supplies to Include in a Basic Kit:

- ✓ **Water:** one gallon per person per day, for drinking and sanitation
- ✓ **Non-perishable food:** at least a three-day supply
- ✓ Battery-powered or hand crank **radio** and a NOAA Weather Radio with tone alert and extra batteries for both
- ✓ **Flashlight** and **extra batteries**
- ✓ **First aid kit**
- ✓ **Whistle** to signal for help
- ✓ **Filter mask** or cotton t-shirt, to help filter the air
- ✓ **Moist towelettes, garbage bags** and **plastic ties** for personal sanitation
- ✓ **Wrench** or **pliers** to turn off utilities
- ✓ **Manual can opener** if kit contains canned food
- ✓ **Plastic Sheeting** and **duct tape** to shelter-in-place
- ✓ **Important family documents**
- ✓ **Items for unique family needs**, such as daily prescription medications, infant formula, diapers or pet food



Include Medications and Medical Supplies: If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week and keep a copy of your prescriptions as well as dosage or treatment information. If it is not possible to have a week-long supply of medicines and supplies, keep as much as possible on hand and talk to your pharmacist or doctor about what else you should do to prepare. If you undergo routine treatments administered by a clinic or hospital, or if you receive regular services such as home health care, treatment or transportation, talk to your service provider about their emergency plans. Work with them to identify back-up service providers within your area and other areas you might evacuate to.

Include Emergency Documents: Include copies of important documents in your emergency supply kits such as family records, medical records, wills, deeds, social security number, charge and bank accounts information, and tax records. It is best to keep these documents in a waterproof container. If there is any information related to operating equipment or life-saving devices that you rely on, include those in your emergency kit as well. If you have a communication disability, make sure your emergency information list notes the best way to communicate with you. Also be sure you have cash or travelers checks in your kits in case you need to purchase supplies.

Additional Items: If you use eyeglass, hearing aids and hearing aid batteries, wheelchair batteries or oxygen, be sure you always have extras in your kit. Also have copies of your medical insurance, Medicare and Medicaid cards readily available. If you have a service animal, be sure to include food, water, collar with ID tag, medical records and other emergency pet supplies.

Consider two kits. In one, put everything you will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

2. Make a Plan for what you will do in an emergency.

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life.

Develop a Family Emergency Plan. Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. **Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency.** It may be easier to make a long-distance phone call than to call across town, so an **out-of-town contact** may be in a better position to communicate among separated family members. Depending on your circumstances and the nature of the attack, the first important decision is whether you stay put or get away. You should understand and plan for both possibilities. **Watch television and listen to the radio for official instructions as they become available.**



Preparing Makes Sense for People with Disabilities and Others with Access and Functional Needs. Get Ready Now.

Create a Personal Support Network: If you anticipate needing assistance during a disaster, **ask family, friends and others to be part of your plan.** Share each aspect of your emergency plan with everyone in your group, including a friend or relative in another area who would not be impacted by the same emergency who can help if necessary. Include the names and numbers of everyone in your personal support network, as well as your medical providers in your emergency supply kit. Make sure that someone in your personal support network has an extra key to your home and knows where you keep your emergency supplies. If you use a wheelchair or other medical equipment, show friends how to use these devices so they can move you if necessary and teach them how to use any lifesaving equipment or administer medicine in case of an emergency. Practice your plan with those who have agreed to be part of your personal support network.

Inform your employer and co-workers about your disability and let them know specifically what assistance you will need in an emergency. Talk about communication difficulties, physical limitations, equipment instructions and medication procedures. Always participate in trainings and emergency drills offered by your employer.

Create a Plan to Shelter-in-Place: There are circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room can be a matter of survival. **If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to shelter-in-place and seal the room. Consider precutting plastic sheeting to seal windows, doors and air vents.** Each piece should be several inches larger than the space you want to cover so that you can duct tape it flat against the wall. Label each piece with the location of where it fits. Immediately turn off air conditioning, forced air heating systems, exhaust fans and clothes dryers. Take your emergency supplies and go into the room you have designated. Seal all windows, doors and vents. Understand that sealing the room is a temporary measure to create a barrier between you and contaminated air. **Listen to the radio** for instructions from local emergency management officials.

Create a Plan to Get Away: Plan in advance how you will assemble your family and anticipate where you will go. **Choose several destinations in different directions** so you have options in an emergency. **Become familiar with alternate routes as well as other means of transportation** out of your area. If you do not have a car, plan how you will leave if you have to. If you typically rely on elevators, have a back-up plan in case they are not working. **Talk to your neighbors about how you can work together.**

Consider Your Service Animal or Pets: Whether you decide to stay put or evacuate, you will need to make plans in advance for your service animal and pets. Keep in mind that what's best for you is typically what's best for your animals. If you must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, make sure that they allow pets. Some only allow service animals.

Fire Safety: Plan two ways out of every room in case of fire. Check for items such as bookcases, hanging pictures or overhead lights that could fall and block an escape path.

Contact Your Local Emergency Information Management Office: Some local emergency management offices maintain registers of people with disabilities and other special needs so you can be located and assisted quickly in a disaster. Contact your local emergency management agency to see if these services exist where you live. In addition, wearing medical alert tags or bracelets that identify your special needs can be a crucial aid in an emergency situation.

3. Be Informed about what might happen.

Some of the things you can do to prepare for the unexpected, such as assembling an emergency supply kit and making an emergency plan are the same regardless of the type of emergency. However, it's important to stay informed about what might happen and know what types of emergencies are likely to affect your region. Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. Above all, stay calm, be patient and think before you act.



Homeland
Security



citizen★corps



EMERGENCY PREPARATION CHECKLIST

MAKE SURE:

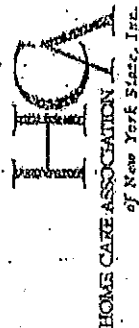
- ✓ You have an emergency plan in place for all your family for different times of day, including pets;
- ✓ You and your family understand basic emergency response terms such as "shelter-in-place" and evacuation, and you have enough emergency food and supplies on hand for three days;
- ✓ You keep personal protective equipment with you at all times;
- ✓ You know your employer's emergency plans and contacts;
- ✓ Your patients have adequate supplies, including medications, for three days, and you know their emergency plans and contacts;
- ✓ You've planned with babysitters and loved ones to meet family responsibilities if someone needs to work, or can't get home from work;
- ✓ You keep a list of emergency contact numbers, radio stations, and other important names, places, and numbers with you at all times;
- ✓ You keep up to date on daily news;
- ✓ You and your patients have "Go" bags in case you need to evacuate;
- ✓ You know where nearby shelters are located, and have a map available.

**TALK TO YOUR SUPERVISOR
AHEAD OF TIME SO YOU
ARE AS READY AS POSSIBLE FOR
AN EMERGENCY SITUATION.**

HOME CAREGIVER GUIDE TO

Nuclear Biological & Chemical Emergencies

This brochure is intended to help you, the caregiver, understand and prepare for emergencies that might endanger you, your patients, and your community. Be sure to write important phone numbers on the end leaf of this flyer, tear it off and keep it with you.



HOME CARE ASSOCIATION
of New York State, Inc.

194 Washington Avenue, Suite 400, Albany, New York 12210
518.426.8764 FAX 518.426.8788 www.hcany.org

This brochure was created by the Home Care Association of New York State, Inc., with funding from the New York State Department of Health.

Home Care Association of New York State, Inc. HOME CARE AWARE POCKET GUIDE

RECOGNIZING BIOTERRORISM RELATED ILLNESS

Signs that might indicate an act of bioterrorism, or intentional use of disease to cause harm to humans or animals, are:

- Unusual numbers of sick or dying people and/or animals;
- Sudden illness in previously healthy people;
- Outbreaks of diseases such as cold or flu "out-of-season";
- Outbreak of a rare disease such as smallpox or plague;
- Unusual spraying activities.

Key agents: anthrax, smallpox and plague. Any illnesses have flu-like symptoms, and not be noticed at first.

RECOGNIZING CHEMICAL TERRORISM RELATED ILLNESS

Most chemical agents work very fast. For a chemical weapon to cause harm, it must come in contact with the skin or mucous membranes, be inhaled, or swallowed. Signs that might indicate a chemical attack are:

- Mass casualties, or many illnesses within a small area OR in groups of people;
- Many people choking, with skin blisters, rashes, nausea, disorientation or convulsions;
- Many dead insects, animals, birds, fish or unusual dead trees and plants at the same time;
- Unusual liquid droplets or wet areas; unexplained odors; low lying cloud or fog.

RECOGNIZING RADIATION RELATED ILLNESS

Effects of exposure to radiation can take days or weeks to be noticed. Most immediate injuries will be from the explosion itself. Some symptoms might be similar to those for chemical exposure. Specific symptoms of radiation poisoning or sickness, which may take up to 2-3 weeks to be noticed, are:

- Unexplained burns or skin lesions;
- A tendency to bleed and/or hair loss;
- Symptom clusters such as:
 - Headache, fatigue, weakness
 - Skin damage, and ulceration
 - Nausea, vomiting, diarrhea
 - Bleeding, infections

WHAT IS BIOTERRORISM?

Biological terrorism is the intentional use of disease to attack humans, plants, or animals. An important thing to know about biological terrorism is that it can create symptoms that are similar to naturally occurring illnesses such as flu, colds or chickenpox. Examples of how biological terrorism has been used to make people sick are:

- In Colonial Days British soldiers gave Native Americans blankets infected with smallpox. Entire tribes died as a result.
- Following 9/11, anthrax was sent through the mail, causing five deaths and widespread terror.

Sometimes, even experts have a difficult time telling what might be biological terrorism, and what might be the result of nature. In 1993, the water in Milwaukee, Wisconsin was contaminated, making hundreds of thousands of people sick, and causing many deaths. It was not terrorism, but a naturally occurring waterborne disease called cryptosporidium, which is resistant to chlorine.

WHAT IS CHEMICAL TERRORISM?

Chemical terrorism is the use of a chemical to harm or kill people. Most chemicals work very fast, often within seconds. Some chemicals have colors and odors, but others are completely undetectable. For a chemical to cause harm, it must come in contact with the skin or mucous membranes, be inhaled, or swallowed.

Many hazardous chemicals are used in industry. Others are found in nature (for example, poisonous plants). Some can be made from everyday items such as household cleaners. Sometimes hazardous chemicals are accidentally released in an industrial or even a traffic accident. Recent examples of how chemical poisons have been used intentionally to make people sick are:

- In 2003 the coffee at a church social in Maine was poisoned with arsenic, and
- A supermarket employee in Michigan poisoned 200 pounds of ground beef with insecticide.

Chemical spills can be devastating too. In 1984 the accidental release of poisonous gas at a pesticide factory in India resulted in the deaths of 28,000 people.



WHAT I LEARN OF RADIOLOGICAL TERRORISM?

Nuclear or radiological terrorism is an intentional act by terrorists using an explosive device (such as a nuclear warhead, suitcase bomb or dirty bomb) that releases radiation. A radiological emergency could also be an accident caused by a leak at a nuclear power plant.

In most cases, there will be no immediate symptoms of radiation exposure or contamination outside the immediate blast area. Most injuries will be from the explosion itself. Signs of radiation "sickness" may take weeks to appear.

If there is a nuclear or chemical release incident, you may be told to "shelter-in-place," which means making wherever you are as safe as possible until it is safe to go outside.

Ask your supervisor what you should know about decontamination.



QUESTIONS TO ASK IF YOU SUSPECT SOMETHING IS WRONG

- Are others ill? What's on the news?
- Have there been any unusual events or accidents?
- Has the patient been traveling or had guests from overseas?
- Is it a possible food-related illness?
- Does the patient have pets that roam outside? Are the pets sick?
- Are there a lot of mosquitoes or rodents in the house or yard?
- Has anyone else noticed anything?
- What does my supervisor think?

Any of the signs listed on the other side of this flyer might indicate an attack by terrorists, or they might be the result of an accidental chemical spill, radiation leak, food poisoning, or naturally occurring infectious disease outbreak. All might be dangerous!

REPORT ANYTHING UNUSUAL TO YOUR SUPERVISOR!

IMPORTANT NUMBERS

Supervisor:
(pager)

Agency:

Emergency Contact
Number:

Back Up Number:

Emergency Broadcast Radio or TV
Station:

Local Emergency Office:

IMPORTANT NUMBERS

Poison Control: 1-800-222-1222

Terrorism Tip Line
Upscale: 1-866-SAFE-NYS
NYC: 1-888-NYC-SAFE

Local Red Cross:

Fire Department:

Police Department:



IMPORTANT PEOPLE & PLACES

Shelter:
Directions to Shelter:

Baby Sitter:

School:

Place to meet:

Out of State Contact:

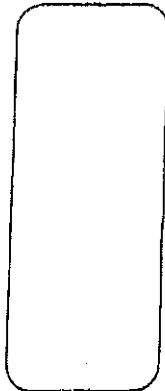
Family numbers:

TEAR THIS OFF AND KEEP WITH YOU FOR HANDY REFERENCE

ever... what they think are the
symptoms of flu: headaches, fatigue,
nausea, and dizziness. These are
actually symptoms of CO poisoning
as well.

Some recover... some die

Why?



Smell anything?
CO is odorless.

What is carbon monoxide (CO)?

Carbon monoxide is a poisonous gas that can kill you if inhaled. You can not see it, smell it, or taste it. It is sometimes called the "silent killer" because it can take your life without warning. Most people that die in home fires die at night, while they are asleep. They don't wake up because the CO puts them into a deeper sleep. They are unable to respond and escape.

Why is it deadly?

When air containing CO is inhaled, it displaces oxygen in the bloodstream. It reduces the blood's ability to carry oxygen to vital organs such as the heart and brain. In addition to flu-like symptoms, it can cause vomiting, loss of consciousness, brain damage and/or death. Unborn babies, infants, senior citizens, and people with heart and breathing problems are at an especially high risk.

ALWAYS REMEMBER YOUR COMPREHENSIVE HOME FIRE SAFETY PROGRAM:

Have working smoke detectors.

Have and practice a home escape plan.

Get out! Stay out!

David A. Patterson
Governor
State of New York

Lorraine Cortés-Vázquez
Secretary of State
Department of State

Floyd A. Madison
State Fire Administrator
Office of Fire Prevention and Control



carbon monoxide is a stealthy killer

NY State Department of State

OFFICE OF FIRE PREVENTION & CONTROL

One Commerce Plaza
99 Washington Avenue, Suite 500
Albany, NY 12251-0001

Phone: 518-474-6746

Fax: 518-474-3240

E-mail: fire@dos.state.ny.us

Website: www.dos.state.ny.us/fire

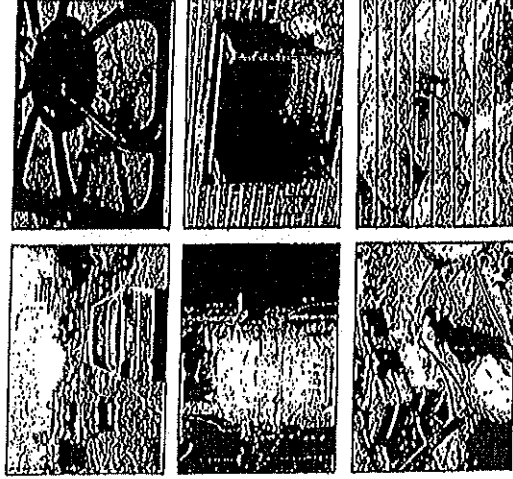
The symptoms of CO poisoning are flu-like, including headache, fatigue, nausea, dizziness, and confusion. Prolonged exposure can result in vomiting, blackouts, and, eventually, brain damage and death. The amount of CO inhaled and how long you are exposed to it determines the effect.

What can be done to prevent CO poisoning?

- Make sure appliances are installed according to the manufacturer's instructions and by professionals.
- Have heating systems inspected and serviced at least once a year.
- Make sure chimneys and vents are checked for blockages, corrosion, and loose connections.
- Open flues completely when fireplaces are in use.
- Use proper fuel in space heaters.
- Never burn charcoal or a barbecue grill inside a home or enclosed space.
- Never use portable fuel-burning camping equipment inside a home, garage, vehicle, or tent.
- Never leave a car, mower, or other such item running in an attached garage, even with the garage door open.
- Never operate inverted fuel-burning appliances in any room where people are sleeping.
- Never use the kitchen range for heating a house.
- Never run a gas powered generator in a garage, basement, or near any overhanging on the home. Keep it at a distance.

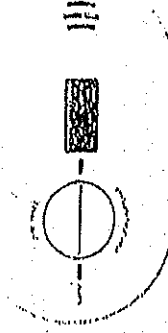
CO is a product of incomplete combustion. Any fuel-burning device has the potential to produce dangerous levels of CO gas. Examples of common devices that may emit CO include:

- Fuel-fired furnaces (not electric)
- Gas water heaters
- Fireplaces and wood stoves
- Gas stoves
- Non-electric space heaters
- Gas dryers
- Charcoal grills
- Lawnmowers, snowblowers, etc.
- Automobiles
- Gas powered generators



How can I tell if CO is present in my home?

Since carbon monoxide is colorless, odorless, and tasteless, the best way to alert your family is to install a carbon monoxide detector/alarm to warn of the gas's build-up.



A Common Home CO Detector

CO is almost identical in weight to air and thus mixes freely in it. For this reason, alarms may be installed at any level in a room.

If the detector is being mounted on a ceiling, it should be installed away from existing smoke alarms in order to be able to distinguish between the CO and smoke alarms in an emergency.

Every home should be equipped with at least one CO alarm near the sleeping area. For maximum protection, additional alarms should be located on each level of your home.

What should I do if the CO alarm sounds?

Stay calm. Most situations resulting in activation of a CO detector are not life threatening and do not require calling the fire department. To determine if emergency services should be called, ask everyone in the house:

"Do you feel ill? Do you have flu-like symptoms of headache, nausea, or dizziness?"

If the answer to these questions by anyone in the house is "yes," evacuate the house and have someone call the fire department. Fail to get out immediately may result in prolonged exposure, worsening effects from the CO. The best initial treatment for CO exposure is fresh air.

If the answer to the questions, by everyone, is "no," the likelihood of a serious exposure is much less and you may not need to call the fire department. Instead, turn off all fuel-burning devices, ventilate the area, and attempt resetting the alarm. If the alarm will not reset or resounds, call a qualified technician to inspect, service, and/or repair your fuel-burning device. If at any time during this process someone begins to feel ill with the symptoms described above, evacuate everyone from the building to a safe location and call the fire department.



Infection Control Plan

This Agency's Infection Control Plan is an organization-wide integrated process designed to minimize the risk of development of health care-associated infections [HAIs]. The Plan includes strategies for the identification, prevention and control of infections among patients, caregivers and employees in all programs, services and settings. Additionally, this Plan shall facilitate performance improvement activities as they relate to patient and employee safety, environmental safety and equipment management.

Based upon the geographic location and community environment[s] of our patients, the services provided, the characteristics inherent in our population, and the results of the analysis of our infection prevention and control data, this Agency evaluates and reassesses risks for the acquisition and transmission of infectious agents on an ongoing basis.

The current prioritized risks for our organization include the following:

Community: Due to the fact that many of our patients attend school, or have school-age siblings residing with them, this Agency's priority risks include all *upper respiratory infections, such as Pneumonia and RSV, MRSA and Conjunctivitis*. Therefore, specific surveillance activities include monitoring patient exposure and taking appropriate, proactive action in order to minimize or mitigate the risk of infection transmission.

Analysis of Results of Previous Infection Control Data: Based upon analysis of historical data, this Agency has included the following infections in its priority risks: *Tracheitis, Stoma Infections, Urinary Tract, and Otitis Media*. These infections are common among our current patient population and therefore require continual monitoring and intervention.

This organization's Performance Improvement program provides a planned systemic, organization-wide approach to evaluating and where necessary, improving the appropriateness of its systems and the quality of patient care.

Geography / Environment: Given the geographical location of the Agency, its service area and population, our patients, their families and Agency staff are susceptible to measles and seasonal infections such as *Influenza*.

STATEMENT OF GOALS and OBJECTIVES:

Our organization's Infection Control goals for this year are:

- **To limit unprotected exposure to pathogens. Assure referrals from discharge planners or primary physicians address the presence of communicable diseases. Notification to staff going into the home if precautions beyond standard precautions are indicated.**
- **To improve hand hygiene. Increasing compliance assuring hand hygiene materials are accessible. Gloves, Alcohol-based rubs, soap, and paper towels should be easy access for the healthcare worker at point of care.**
- **Goal Set for 2025 95% compliance rate.**
- **To minimize the risk of transmitting infections associated with the use of medical equipment, appropriate storage, cleaning and disinfecting as per manufacturer guidelines.**
- **To improve response [to infection control strategies] through education and training for all patients, caregivers, staff, and the community as appropriate. Educational Flyers attached: Clean Hands Count/ Cough Etiquette and What you need to know about Tuberculosis.**
- **To improve in employee health-related issues; screening, handling of infections exposures and influenza vaccination program.**
- **To identify potential infectious situations quickly and take appropriate action. Notification to physician for treatment plan, notification to other family members and staff to take appropriate precautions.**

STRATEGIES FOR IMPLEMENTATION:

In accordance with New York State Department of Health and Joint Commission guidelines, and all other applicable laws and regulations, this Agency shall implement, at a minimum, the following strategies for prevention and control:

- **Upon hire and at least annually thereafter, orientation for all staff shall include proper infection control guidelines by reviewing the Infection Control Plan.**
- **Hand Hygiene Precautions and guidelines for the appropriate storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment, and the reuse of equipment designated by the manufacturer as disposable.**

- **Agency shall perform unannounced supervisory visits of field staff in order to monitor compliance with Infection Control protocols and provide opportunities for positive reinforcement, education on the spot and tracking of missed opportunities for compliance.**
- **Agency shall provide additional education opportunities for field staff as deemed necessary.**
- **In accordance with NYS DOH regulations, the Agency shall require all employees to provide proof of a Health Assessment (signed by healthcare practitioner) and Immunizations [upon hire].**
- **Upon hire all employees should have a baseline TB risk assessment and symptom evaluation, along with a TB test, before starting.**
Annual TB risk assessment /Self Evaluation Health Assessment is conducted annually to identify potential new risks of infection or symptoms of TB
- **Agency shall encourage all field staff to receive flu vaccines, as appropriate, and shall provide such documentation. Refer to Influenza Policy.**
- **Agency shall offer if requested and will be referred to their personal physician for administration at the cost of the agency for the Hepatitis B vaccine.**
- **Agency shall prohibit any nurse with a health condition that may interfere with the safe provision of direct patient care, including but not limited to communicable infections, conjunctivitis, open wounds, exudative lesions or weeping dermatitis, from administering patient care and from handling patient care equipment until s/he receives physician clearance to resume patient care.**
- **Should this Agency identify staff as potentially having an infectious disease or risk of infectious disease – regardless of how the exposure occurred - the Agency shall direct said staff to his/her physician for appropriate assessment, testing, treatment, as indicated and any further follow up deemed necessary by the physician.**
- **Agency will provide patients, caregivers and staff with non-sterile latex free gloves. Additionally, alcohol-based waterless hand cleanser will be provided for all families and field staff.**
- **Agency shall provide field staff with appropriate personal protective equipment. The employee shall use protective equipment when she/he is at risk of exposure to blood and/or bodily fluids. Follow Universal Precautions at all times. (attached)**

Employee Safety and Health Guidelines

- **Patient / caregiver education regarding infection control methods will be assessed and reinforced continuously, with additional instruction provided as needed.**
- **Pertinent infection prevention and control information shall be accessed regularly via Joint Commission, Department of Health, Health Commerce System, and CDC websites. Additionally, related healthcare information is received via trade publications, newsletters, newspapers and TV stations. As appropriate, information shall be considered for inclusion in the Agency's Infection Control Plan and shall be communicated to patients, caregivers and field staff.**
- **All patient and staff infections are documented and tracked by the Clinical Department for purposes of identifying trends and patterns and determining the need for process changes and/or reprioritization [if required] based upon new findings.**
- **In accordance with applicable laws, regulations, local public health authorities and accrediting bodies, this Agency shall adhere to systems for reporting infection surveillance, prevention and control information.**
- **Should this Agency become aware of a patient's active infection following the referral or transfer of said patient, this Agency shall communicate the omission to the referring and/or receiving organization.**
- **Surveillance activities including data collection and analysis are used to identify infection prevention and control of risks pertaining to patients and staff.**
- **At least four times annually and whenever risks significantly change, leadership shall evaluate the organization's Infection Control Plan in order to measure its performance, strategy effectiveness and outcomes. This evaluative process shall address changes in the results of the Infection Control Program, and shall facilitate redesign, restructure and / or re-prioritization of risks and goals for the organization's Infection Control.**
- **Should this Agency encounter an influx of infections to our current patient population, the following actions would be taken:**
 - **Temporary halting of all services in order to prevent the spread of infection to Agency field staff.**
 - **Prohibited contact between exposed staff and all other patients and/or staff.**

- **Recommendations to exposed patients, caregivers and staff to strictly limit visitors and community outings.**
- **Through association with various local departments of health and other health facilities, should this Agency be asked to accept new, infected patients for service, the Agency would decline doing so, and no new patients would be accepted.**
- **Throughout such an "infection" crisis, the Agency shall maintain current information regarding the status of the particular infectious outbreak via communication with the Department of Health, CDC, Joint Commission, Health Commerce System and any other available, reliable news source. Upon receipt of new information, the Agency shall communicate this information to patients, caregivers and field staff via telephone, email, fax or any other efficient means of relaying information.**
- **The designated individual[s] responsible for managing the Infection Control Program shall coordinate all infection prevention and control activities within the organization and facilitate ongoing monitoring of the effectiveness of all activities and interventions.**
- **The designated individual[s] and organization leadership shall collaboratively participate in the development of strategies for the Infection Control Program, assessment of the adequacy of resources allocated to support infection prevention and control activities, assessment of the overall success or failure of key processes for preventing and controlling infection, and the review and revision of the IC Program as warranted to improve outcomes.**

HOW TO ENGAGE YOUR PATIENTS:

Make hand hygiene a topic of conversation with your patients.

ADDRESS HAND HYGIENE BEFORE YOU BEGIN CARE

Explain how and why you clean your hands before, after, and sometimes during patient care.

DISCUSS AND ACT

Let your patients know it's OK to ask you about hand hygiene. They might request that you clean your hands. Put them at ease and clean your hands for them!

Discuss how and why patients should also clean their hands.

THANK THEM FOR BEING ENGAGED IN THEIR CARE

Hand hygiene works better when patients and healthcare providers work together.



Contact CDC:

www.cdc.gov/info
800-CDC-INFO
(800-232-4636)
TTY 888-232-6348

CLEAN HANDS COUNT

FOR HEALTHCARE PROVIDERS



Learn more at:

www.cdc.gov/HandHygiene

This material was developed by CDC. The Clean Hands Count Campaign is made possible by a partnership between the CDC Foundation and GOJO.



Protect yourself and your patients from potentially deadly germs.

CLEAN HANDS COUNT

No matter where you treat patients, clean hands count.

Your hand hygiene affects patients wherever they go...

DIALYSIS CENTER

NURSING HOME

HOSPITAL

LONG-TERM ACUTE CARE HOSPITAL

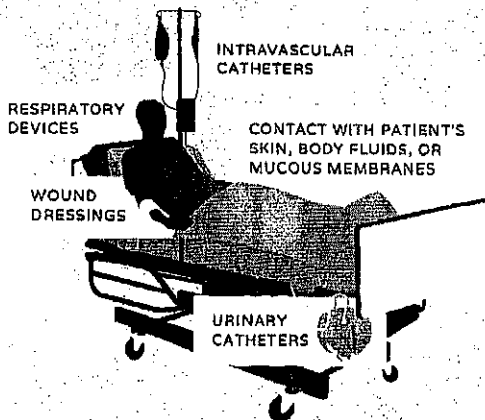
OUTPATIENT CLINIC

Did you know...?

- Studies show that some healthcare providers practice hand hygiene **less than half of the times** they should.
- Healthcare providers might need to clean their hands as many as **100 times per 12-hour shift**, depending on the number of patients and intensity of care. Know what it could take to keep your patients safe.

Practice hand hygiene before and after every patient contact.

Clean hands count in the **Patient Zone**:



When using alcohol-based hand sanitizer:



Did you know...?

- Always use gloves when caring for patients with **C. difficile**. In addition, when there is an outbreak of **C. difficile** in your facility, wash your hands with soap and water after removing your gloves.
- For alcohol-based hand sanitizer, your hands should stay wet for around 20 seconds if you used the right amount.
- When washing your hands with **soap and water**, avoid hot water, to prevent drying of skin, and use disposable towels to dry.

Wearing gloves is not a substitute for hand hygiene.

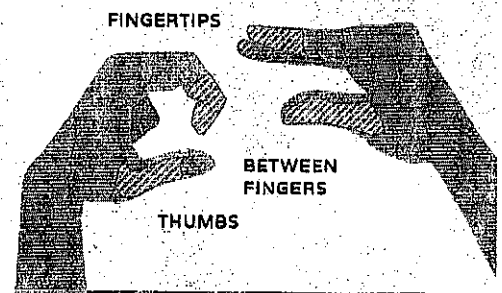
Dirty gloves can soil your hands. **Always clean your hands** after removing gloves.

It's also important to **remove or change your gloves if**:

- Gloves are damaged.
- Moving from a contaminated body site to a clean body site.
- Gloves look dirty, or have blood or bodily fluids on them after completing a task.

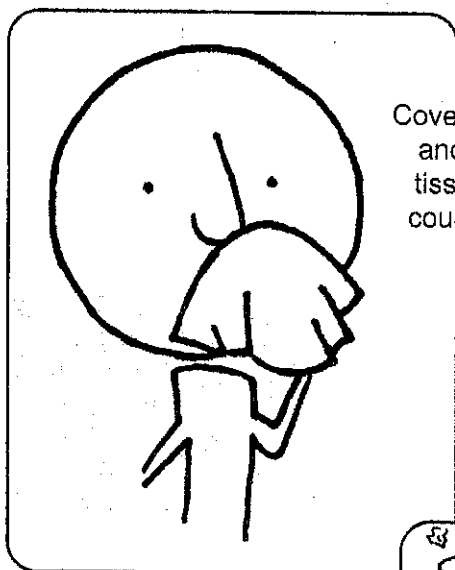
Areas you might miss:

These areas are most often missed by healthcare providers when using alcohol-based hand sanitizer.



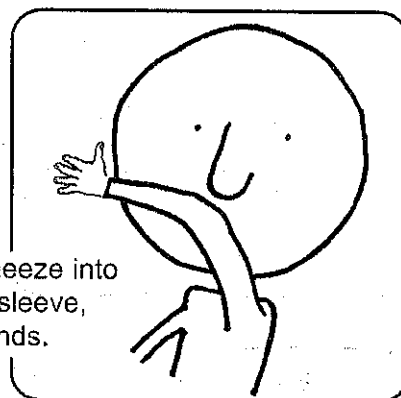
Stop the spread of germs that make you and others sick!

Cover your Cough

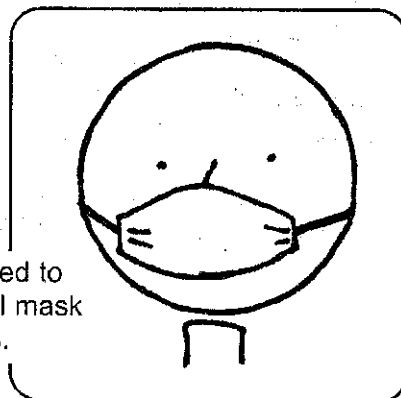
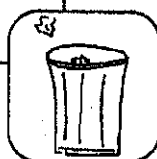


Cover your mouth
and nose with a
tissue when you
cough or sneeze

or
cough or sneeze into
your upper sleeve,
not your hands.



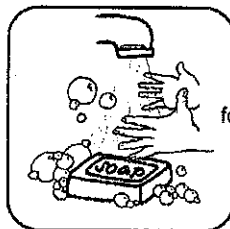
Put your used tissue in
the waste basket.



You may be asked to
put on a surgical mask
to protect others.

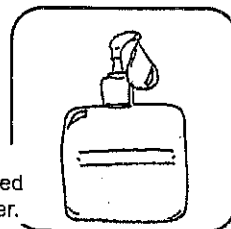
Clean your Hands

after coughing or sneezing.



Wash hands
with soap and
warm water
for 20 seconds or

clean with
alcohol-based
hand cleaner.



Minnesota Department of Health
717 SE Oakview Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



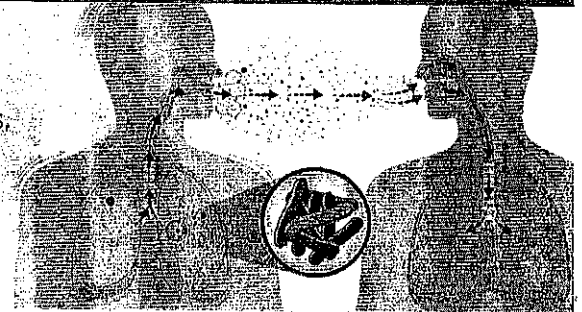
Minnesota
Antibiotic
Resistance
Collaborative

APIC
ASSOCIATION FOR PROFESSIONALS IN
INFECTION CONTROL AND EPIDEMIOLOGY, INC.

What You Need to Know About Tuberculosis

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine.

Not everyone infected with TB germs becomes sick. As a result, two TB-related conditions exist: latent TB infection (or inactive TB) and TB disease. If not treated properly, TB disease can be fatal.



The Difference Between Inactive TB and Active TB Disease

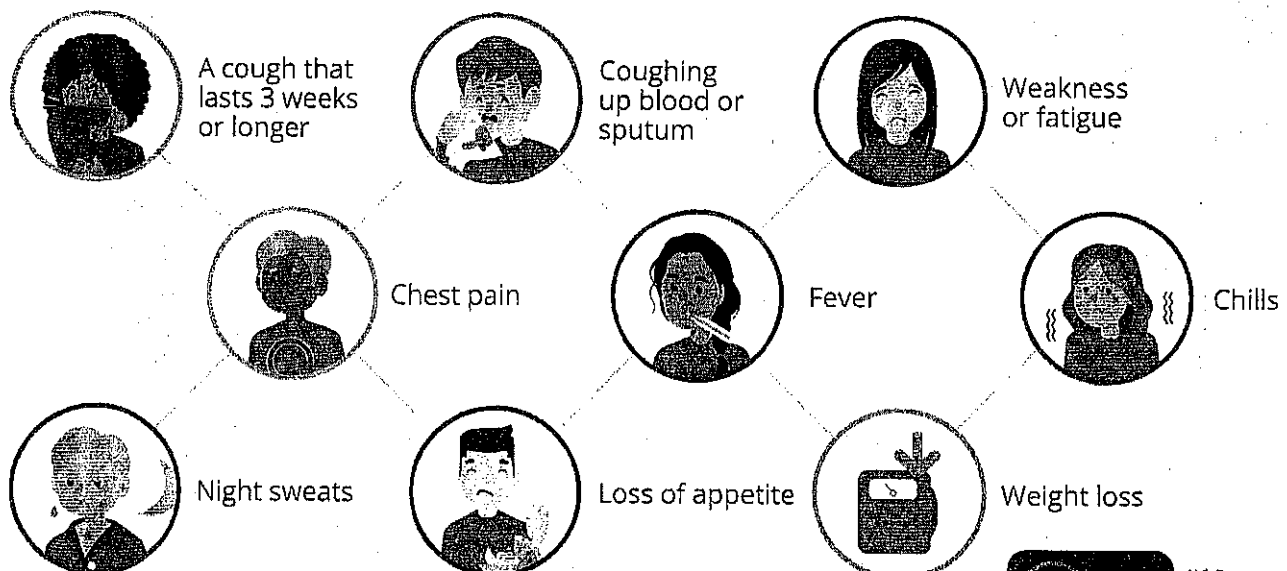
A Person With Inactive TB

- Has a small amount of TB germs in their body that are alive but inactive.
- Has no symptoms and does not feel sick.
- Cannot spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- Has a normal chest x-ray and a negative sputum smear.
- Needs treatment for inactive TB to prevent active TB disease.

A Person With Active TB Disease

- Has a large amount of active TB germs in their body.
- Has symptoms and feels sick.
- May spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- May have an abnormal chest x-ray, or positive sputum smear or culture.
- Needs treatment for active TB disease.

If your body cannot stop TB germs from growing, you develop active TB disease. Symptoms of active TB disease include:



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Testing for TB

Getting tested and treated for TB can protect yourself, your family and friends, and your community. There are two types of tests for TB infection: the **TB blood test** and the **TB skin test**.



A Positive Test For TB Infection

You have TB germs in your body. Your doctor will do other tests to determine if you have inactive TB or active TB disease. These tests may include a chest x-ray, and a test of the sputum you cough up.



A Negative Test For TB Infection

A negative test means you likely do not have inactive TB or active TB disease.

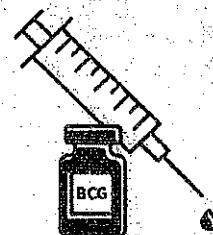
Your doctor may do more tests if:

- You have symptoms of active TB disease, like coughing, chest pain, fever, weight loss, or tiredness.
- You have HIV infection.
- Your exposure to TB germs was recent.

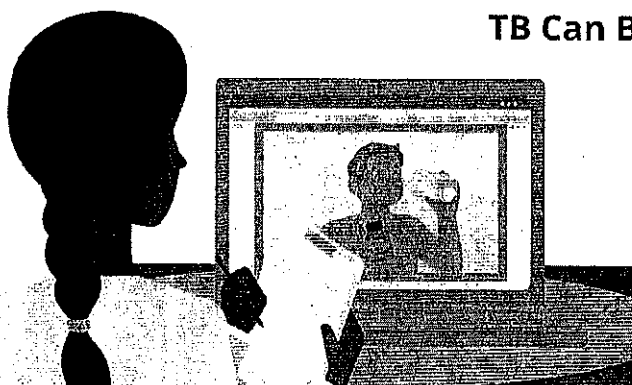
Tell Your Doctor if You Received a TB Vaccine

TB blood tests are the preferred test for people who have received the bacille Calmette-Guérin (BCG) TB vaccine. Unlike the TB skin test, TB blood tests are not affected by BCG vaccination.

Many people born outside of the United States have received the BCG TB vaccine. BCG vaccination does not completely prevent people from getting TB. A positive reaction to a TB skin test may be due to the BCG vaccine itself or due to infection with TB germs.



TB Can Be Treated



TB germs can live in your body for years without causing symptoms. If you have inactive TB, treating it is the best way to protect you from getting sick with active TB disease.

If you have been diagnosed with active TB disease, you can be treated with medicine. You will need to take and finish all of your TB medicine as directed by your doctor or nurse. This is to help you feel better and prevent other people from getting sick.

The best way to remember to take your medicines for active TB disease is by receiving directly observed therapy (DOT). Through DOT, you will meet with a health care worker every day or several times a week either in-person or virtually. The health care worker will make sure that the TB medicines are working as they should.

PREVENTION AND MANAGEMENT OF TUBERCULOSIS TRANSMISSION

PURPOSE

To prevent health care worker/patient exposure to TB, and to provide a procedure for managing exposures.

POLICY:

Agency utilizes the OSHA standards and CDC guidelines for prevention and management of Tuberculosis transmission.

PROCEDURE:

A. Patient Care: Identifying and managing patients with tuberculosis:

1. Pulmonary TB disease should be suspected in persons who have fever, chills, night sweats, fatigue, loss of appetite, weight loss, a productive, prolonged cough or hemoptysis.
2. Patients suspected of having TB shall be evaluated with a physical examination, a Mantoux tuberculin test, chest radiograph if the Mantoux test is positive or allergy suspected, and a sputum smear and culture.
3. A positive smear for acid-fast bacilli raises the level of suspicion that TB disease is present, but does not confirm the diagnosis.
4. A positive culture for *Mycobacterium tuberculosis* confirms the diagnosis of TB.
5. In addition to the confirmation of the presence of *M. tuberculosis*, the initial specimen should be tested for drug susceptibility. Drug susceptibility testing should be repeated if the culture results are still positive following three (3) months of therapy or if the patient does not respond to therapy. In such cases, multi-drug resistant TB may be suspected.
6. If patient is known or suspected to have TB, use appropriate personal protective equipment (e.g., gloves and gown, as appropriate) in all the following circumstances:
 - If you are near any patient who has a cough
 - If you are going to suction the patient
 - If you are performing mouth care
7. Agency will supply respiratory protective devices (HEPA respirators) which meet OSHA standards, at no cost to the employee. Due to the very infrequent need for respiratory protection, the agency will arrange for individual training and fit testing at the time the protection is needed, to ensure that both training and fit are current.
8. Other procedures to minimize exposure are:
 - Instructing patients to cover mouths and noses with a tissue when coughing or sneezing;
 - Maintain good ventilation in areas where care is provided;
 - Cough inducing procedures will not be carried out in the home. Such procedures must be done in AFB rooms with negative pressure.



POLICY AND PROCEDURE

Hand Hygiene – IC-15

EFFECTIVE DATE: 03/15/07

REQUIREMENT

To reduce the risk of health care-associated infections this agency will comply with the CDC guidelines hand hygiene guidelines. Health care-associated infections (HAIs) are a patient safety issue affecting all types of health care organizations. To ensure compliance with the CDC guidelines and the National Patient Safety Goals (The Joint Commission) this agency will establish a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, and monitors compliance and provides feedback.

IMPLEMENTATION

Upon hire and/or acceptance to this Agency for service, employees, patients and their caregivers will be informed of the importance of strict adherence to proper hand hygiene and will be informed of the appropriate guidelines. Improved compliance with hand hygiene guidelines based on annual goals set for this agency.

See Attached CDC Hand Hygiene Fact Sheet.



Healthcare Providers

Protect yourself and your patients from potentially deadly germs by cleaning your hands. Be sure you clean your hands the right way at the right times.

What is Hand Hygiene?

Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.

Why Practice Hand Hygiene?

Cleaning your hands reduces:

- The spread of potentially deadly germs to patients
- The risk of healthcare provider colonization or infection caused by germs acquired from the patient

Two Methods for Hand Hygiene: Alcohol-Based Hand Sanitizer vs. Washing with Soap and Water

- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers.
- Alcohol-based hand sanitizers are the preferred method for cleaning your hands in most clinical situations.
- Wash your hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.

During Routine Patient Care:

Use an Alcohol-Based Hand Sanitizer

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids or contaminated surfaces
- Immediately after glove removal

Wash with Soap and Water

- When hands are visibly soiled
- After caring for a person with known or suspected infectious diarrhea
- After known or suspected exposure to spores (e.g. *B. anthracis*, *C. difficile* outbreaks)



Healthcare Providers

When to Perform Hand Hygiene?

Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene:

Use an Alcohol-Based Hand Sanitizer

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids or contaminated surfaces
- Immediately after glove removal

Wash with Soap and Water

- When hands are visibly soiled
- After caring for a person with known or suspected infectious diarrhea
- After known or suspected exposure to spores (e.g. *B. anthracis*, *C. difficile* outbreaks)

Techniques for Using Alcohol-Based Hand Sanitizer

When using alcohol-based hand sanitizer:

- Put product on hands and rub hands together
- Cover all surfaces until hands feel dry
- This should take around 20 seconds

Techniques for Washing Hands with Soap and Water

- The CDC [Guideline for Hand Hygiene in Healthcare Settings pdf icon](#)[PDF – 1.3 MB] recommends:
 - When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
 - Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.
 - Avoid using hot water, to prevent drying of skin.
- Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. (Either time is acceptable. The focus should be on cleaning your hands at the right times)



Healthcare Providers

When and How to Wear Gloves

- Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.
- Gloves are not a substitute for hand hygiene.
 - If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment.
 - Perform hand hygiene immediately after removing gloves.
- Change gloves and perform hand hygiene during patient care, if
 - gloves become damaged,
 - gloves become visibly soiled with blood or body fluids following a task,
 - moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.
- Never wear the same pair of gloves in the care of more than one patient.
- Carefully remove gloves to prevent hand contamination.

Skin and Nail Care

Methods to Maintain Hand Skin Health

- Lotions and creams can prevent and decrease skin dryness that happens from cleaning your hands
- Use only hand lotions approved by your healthcare facility because they won't interfere with hand sanitizing products

Fingernail Care and Jewelry

- Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing
- It is recommended that healthcare providers do not wear artificial fingernails or extensions when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms)
- Keep natural nail tips less than ¼ inch long
- Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings
- Further studies are needed to determine if wearing rings results in an increased spread of potentially deadly germs



POLICY AND PROCEDURE

HIV Confidentiality - Related Information – D2A

REQUIREMENT

In accordance with New York State Department of Health and The Joint Commission guidelines, this Agency will adhere to all requirements for ensuring patient privacy and confidentiality.

Implementation:

During the initial orientation of new staff and annually thereafter, all employees shall be oriented to the Agency's HIV Confidentiality Policy and their individual responsibilities in carrying out the Plan. The Policy shall be reviewed at least annually by the Agency's Management Team and Staff. All Agency staff shall be notified when there are changes to the Plan.

Confidentiality and disclosure:

No person who obtains confidential HIV-related information in the course of providing any health service or pursuant to a release of confidential HIV-related information may disclose or be compelled to disclose such information.

This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient for further disclosure.

Generally, HIV-related information may only be disclosed if the person signs an approved HIV release form. The Department of Health form, HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV Related Information (DOH 2557), is used for this purpose. This form allows the release of both non-HIV- and HIV-related information.

Confidential HIV-related information shall be recorded in the medical record such that it is readily accessible to provide proper care and treatment.

Under certain circumstances HIV-related information may be disclosed without an approved HIV release form:

For medical treatment:

- Medical professionals working on the treatment team with the person's existing provider may discuss a patient's HIV-related information with each other or with their supervisors, but only to give necessary care. The general release is needed to disclose medical information to a provider who is not affiliated with the person's current medical provider.

- With a general consent, a hospital or health care provider may share HIV-related information with a patient's insurance company if the information is needed to pay for medical care;
- Disclosure may occur without consent in certain cases of on-the-job exposure to HIV when all criteria for exposure have been met;
- Parents or guardians of a minor or individuals who are legally authorized to provide consent can be given HIV-related information about a person if it is necessary to provide timely care, unless it would not be in the person's best interest to disclose the information;
- Additionally, health care facility staff and committees, oversight review organizations, or government agencies that are authorized to have access to medical records may be given HIV-related information when it is needed to supervise, monitor, or administer health services.

Prevention Strategies

To prevent transmission of HIV to health care workers in the workplace, health care workers must assume that blood and other body fluids from all patients are potentially infectious. They should therefore follow these infection control precautions at all times:

- Routinely use barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids.
- Immediately wash hands and other skin surfaces after contact with blood or body fluids.
- Carefully handle and dispose of sharp instruments during and after use.

Safety devices have been developed to help prevent needle stick injuries. If used properly, these types of devices may reduce the risk of exposure to HIV. Many percutaneous injuries, such as needle sticks and cuts, are related to the disposal of sharp-ended medical devices. All used syringes or other sharp instruments should be routinely placed in "sharps" containers for proper disposal to prevent accidental injuries and risk of HIV transmission.

Although the most important strategy for reducing the risk of occupational HIV transmission is to prevent occupational exposures, plans for post exposure management of health care personnel are in place.

This agency follows CDC protocol for the management of health care worker exposures to HIV and recommendations for post exposure prophylaxis (PEP)

Occupational exposure is considered an urgent medical concern and should be managed immediately after possible exposure - the sooner the better; every hour counts. The CDC guidelines outline considerations in determining whether health care workers should receive PEP (antiretroviral medication taken after possible exposure to reduce the chance of infection with HIV) and in choosing the type of PEP regimen. For most HIV exposures that warrant PEP, a basic 4-week, two-drug regimen is recommended, starting as soon as possible after exposure (within 72 hours). For HIV exposures that pose an increased risk of transmission (based on the infection status of the source and the type of exposure), a three-drug regimen may be recommended. Special circumstances, such as a delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiretroviral agents, and toxicity of PEP regimens, are also discussed in the guidelines.

Revised 12/2015

Admin P & P's

UNIVERSAL PRECAUTIONS

Universal Precautions for all Health Care Workers include the following:

- Assume that all blood / body fluids, with or without visible blood, are potentially infectious.
- Hands must be washed before and after patient contact. Should any other body surface become contaminated with blood / body fluids, body surface[s] should be washed immediately with soap and water.
- Non-sterile latex-free gloves must be worn when providing direct patient care, handling items soiled with blood / body fluids, and when handling equipment contaminated with blood / body fluids. Gloves should be changed after each patient contact. When gloves are removed, thorough hand washing is required. Gloves **do not** replace the need for hand washing.
- Goggles or protective glasses should be worn when there is a potential for a splash with blood / body fluids.
- Gowns or aprons should be worn when there is a potential for blood / body fluid splatters or sprays.
- Masks should be worn if there is potential for splash or splatters, or when the patient is on respiratory precautions.
- Although saliva has not been implicated in HIV transmission, a one-way airway mouthpiece, resuscitation bag or other ventilation device should be in the home for use during resuscitation, when resuscitation is predictable.
- To prevent needle stick injuries, needles should never be recapped, bent, broken or manipulated by hand. All sharps should be considered potentially infectious and handled with extraordinary care. Used, intact needles should be placed in puncture resistant containers. Full containers should be disposed properly per community requirements for biohazardous waste. If an infusion company has provided the sharps container, the company is responsible for its disposal.
- All laboratory specimens should be treated as if contaminated. All specimens should be clearly marked as such and transported in a well-constructed container with a secure lid.
- Double bagging technique should be used for the disposal of all contaminated supplies other than needles.
- Areas and equipment contaminated with blood / body fluids should be cleaned as soon as possible with 1:10 bleach solution. Equipment can also be cleaned thoroughly and soaked in 70% isopropyl alcohol for ten minutes to inactivate HIV. A fresh solution must be used daily.
- Soiled linens should be handled as little as possible, with minimum agitation to prevent gross microbial contamination of the air and persons handling the linen. Linens soiled with blood / body fluids should be placed in leak-proof bags until they can be properly washed. Such linens should be washed separate from regular household laundry.



Influenza Policy and Procedure

IC-16

POLICY

Vaccination Status

All J&D Ultracare employees shall be offered the influenza vaccine during the Agency's annual influenza vaccination program.

On or before November 1st of each year, employees will be required to either receive vaccination or complete a vaccination declination. The Agency will maintain documentation of each employee's vaccination status.

Should a vaccine shortage occur, or CDC recommendations are altered, the Agency reserves the right to suspend or revoke all or part of this policy. In the event of a vaccination shortage, the Agency will offer vaccinations based upon availability.

Masking Requirements

In accordance with NYS DOH guidelines, all unvaccinated personnel are required to wear a surgical mask while providing direct patient care during periods that the Commissioner of Health has determined influenza to be prevalent in the Agency's service area.

PROCEDURES

General Requirements

All Agency employees will be required to receive the influenza vaccine or complete the declination each year on or before **December 1, 2025**.

The Clinical Operations Manager and/or his/her designee shall continually monitor the State's HPN website for declarations that flu is prevalent and/or no longer prevalent in the Agency's service area.

The Clinical Operations Manager and/or his/her designee shall monitor and report Agency employee vaccination status as required by the Department of Health.



Influenza Policy and Procedure

IC-16

IMPLEMENTATION

- J&D Ultracare shall offer the influenza vaccination annually to Agency employees.
- The Influenza Vaccination will be administered to employees in accordance with published CDC guidelines, based upon vaccine availability.
- The Agency shall provide written notification to all Agency staff and patients / families explaining the State's masking requirements.
- The Agency shall monitor receipt of documentation regarding employee vaccination status, and submit the Healthcare Personnel Influenza Vaccination Report as required by the NYS Department of Health.
- AS an employee of this agency you consent to information sharing as it relates to your influenza status which may be shared with our patients and families.
- The Agency encourages families to request proof of vaccination from their nurses or to request they be masked while providing care.

RESPONSIBILITIES

Employees shall be responsible for:

- Reviewing this policy and submitting signature as confirmation of receipt, review and understanding upon hire and annually thereafter.
- Submitting evidence of vaccination or declination of vaccination to the Agency on or before **December 1st** of each year.
- If hired during the annual influenza vaccination program, employees shall submit required documentation within **1 month** of date of hire.
- Follow NYS DOH masking requirements, if not vaccinated.
- Nurses should either be vaccinated or masking to comply with Department of Health regulations.
- Non-compliance to requirements, the nurse will be placed in the discipline process ranging from verbal consultation to termination, the Agency's Management Team reserves the rights to make disciplinary decision as related to employee's status within the agency.

Clinical Operations Manager / Clinical Department shall be responsible for:

- Obtaining and ensuring an adequate supply of vaccination for administration to employees.
- Following DOH and CDC guidelines for storage and administration of the vaccination.



Influenza Policy and Procedure

IC-16

- Training clinical staff in the appropriate administration of the influenza vaccine, in accordance with DOH and CDC guidelines.
- Providing employees [wishing to receive the vaccine] with the CDC's current Vaccine Information Statement.
- Obtaining a signed *Influenza Vaccination Consent* from all employees wishing to obtain the vaccination from the Agency, prior to administration of the vaccination.
- Administering the influenza vaccination in accordance with CDC and DOH guidelines, and documenting the activity as required.
- Providing written notification to all Agency staff and patients / families explaining the State's masking requirements.
- Ensuring that Agency staff are appropriately equipped with personal protective gear including masks and gloves.
- Ensuring Agency and employee compliance with this policy
- Evidence of employees following appropriate guidelines when it has been deemed prevalent in our geographic area. Compliance completed monthly or as needed.

Methods:

Telephonic communication documented by care coordinator with on-site family, patient and or caregiver within the home setting. (Form: Telephonic Flu Masking Supervision) and/ or

On-site supervision by field supervisor and / or care coordinator. (Form: Flu Masking Supervision)

The Human Resources shall be responsible for:

- Reviewing this policy with new Agency employees during orientation, and providing employees with annual reminders of the Agency's flu vaccine policy, and obtaining required documentation of employee vaccination status.
- If an employee has obtained vaccination from another facility, documentation must include: Date, Dose, Type, Lot #, Expiration date of vaccine and Signature of person who administered the vaccination.
- *In lieu of the above, employees who are employed by a healthcare employer other than this Agency may submit a written or emailed attestation by his/her employer indicating that the employee named in the attestation has been vaccinated against influenza for the current influenza season, and that the healthcare employer maintains documentation of vaccination of those employees.*
- Providing vaccination cards to employees upon receipt of appropriate vaccination documentation.

Utilization Review / Performance Improvement

- Distribute flu vaccination information and required forms for completion to Agency staff and patients / families on or before September 1st of each year.



Influenza Policy and Procedure

IC-16

- Review annual employee influenza vaccination rates as per the Healthcare Personnel Influenza Vaccination Report [as required by the NYS Department of Health].
- Review will consist of the following:
- Determine the number of employees who worked for the Agency from
 - October 1 – May 31
- Determine the number of employees with direct patient contact from
 - October 1 – May 31
- Determine the numbers of employees who have submitted:
 - proof of vaccination administered by the Agency
 - proof of vaccination administered by an entity other than this Agency
 - vaccination declinations [including reason for declination]
- Determine the number of employees with an unknown vaccination status
- Report Agency findings to the NYS Department of Health and the Agency's Professional Advisory Committee at least annually.
- Develop strategies for improving influenza vaccination rates Agency-wide with a goal to improve vaccination rates by 2% annually to meet the established national influenza initiatives by 2020.



CLINICAL POLICY AND PROCEDURE

Oxygen Therapy – C20

EFFECTIVE DATE: 11/03/1997

REQUIREMENT

In accordance with New York State Department of Health and Joint Commission guidelines, and all other applicable laws and regulations, this Agency will maintain appropriate protocols for the safe use of oxygen in the patient care environment.

IMPLEMENTATION

1. All nurses will be knowledgeable of the various methods of oxygen therapy used in the environment of care and safety guidelines.
2. Upon hire and annually Orientation to Policy: C20 Oxygen Safety Packet.
3. All parents/caregivers will be instructed in the operation, troubleshooting and safety guidelines when an oxygen system is in use for their family member. Policy C20 Oxygen Safety.
4. Oxygen requires a physician's order with flow rate and frequency.
5. NO SMOKING signs will be placed in rooms where oxygen therapy is in use or on stand-by.

Types of Oxygen:

Oxygen is not flammable, but it can cause other materials that burn to ignite more easily and to burn far more rapidly. The result is that a fire involving oxygen can appear explosive-like. Oxygen is of great benefit to those in need of oxygen therapy, but it should always be handled with caution and awareness of the potential hazards.

Compressed Gas-Oxygen is stored under pressure in a cylinder equipped with a regulator that controls the flow rate. Because the flow of oxygen out of the cylinder is constant, an oxygen-conserving device may be attached to the system to avoid waste. This device releases the gas only when you inhale and cuts it off when you exhale. Oxygen can be provided in a small cylinder that can be carried with you, but the large tanks are heavy and are only suitable for stationary use.

Supplies:

- Oxygen cylinder, regulator and wrench
- Tubing [up to 50 feet only]
- Nasal cannula, facemask, Trach Collar
- Humidification device and adaptor, if needed

Liquid oxygen--Oxygen is stored as a very cold liquid in a vessel very similar to a thermos. When released, the liquid converts to a gas, and you breathe it in just like compressed gas. This storage method takes up less space than the compressed gas cylinder, and you can transfer the liquid to a small, portable vessel at home. Liquid oxygen is more expensive than compressed gas and the vessel vents when it is not in use. An oxygen-conserving device may be built into the vessel to conserve the oxygen.

Reviewed/ Revised 05.2024

Supplies:

Regulator
Tubing [up to 50 feet only]
Nasal cannula, facemask, Trach Collar
Humidification device and adaptor, if needed

Oxygen concentrator--This is an electronically powered device that separates the oxygen out of the air, concentrates it, and stores it. This system has a number of advantages because it doesn't have to be re-supplied and it is not as costly as liquid oxygen. Extra tubing permits the user to move around with minimal difficulty. Small, portable systems have been developed that afford even greater mobility. **You must have a cylinder of oxygen as a backup in the event of a power failure.**

Supplies:

Tubing [up to 50 feet only]
Nasal cannula, facemask, Trach Collar
Humidification device and adaptor, if needed

PROCEDURE FOR IMPLEMENTATION OF OXYGEN USE:

1. Follow the product's safety and operating instructions for operation and use. Observe all warnings on the product and in the operating instructions to reduce the risk of fire, bodily injuries, and damage to the oxygen system. Observe general oxygen safety guidelines below.
2. Check O₂ level in tank prior to use.
3. Fill Humidification device with sterile/distilled water. A warming device may be added. If a humidifier bottle is used, fill the jar with sterile/distilled water to the maximum line and replace the lid and attach the humidifier to the oxygen system.
To clean and disinfect the humidifier bottle, pour white vinegar to the minimum line and fill with tap water, allow solution to soak for 30 minutes. Rinse the bottle and air dry. Recommend disinfecting every 3 days.
4. Attach tubing to the oxygen outlet. Chose method of delivery by attaching the nasal cannula, face mask or trach collar to the opposite end. Change the nasal cannula and tubing, face masks and/or trach collar every 1-2 weeks.
5. Open the valve to let the oxygen flow. Some cylinders require the use of a wrench to crack the valve or turn Oxygen concentrator on and allow for warm-up period as per manufacturer guidelines.
6. Set the flow rate on the regulator to the desired flow rate according to the doctor's orders.
7. Apply cannula to each nares bring the tubing up around the ears. Apply the facemask, chin sits in the chin cup. The facemask is secure around the face to prevent oxygen from escaping out the sides. Apply trach collar over tracheotomy.

DOCUMENTATION IN NURSING NOTES

1. Type of oxygen, nasal cannula, face mask or trach collar.
2. Liter flow rate.
3. Frequency of use (continuous, intermittent).
4. Humidification device used.
5. Oxygen Saturation, if Sat. monitor is used.
6. Vital signs and respiratory assessment of patient.
7. Tolerance of patient to treatment.
8. Identify and document any safety risks associated with oxygen use in the care environment and while traveling with patient.
9. Parent/caregiver teaching and understanding of precautions.
10. Oxygen Safety Checklist to be completed on case opening and reassessment, documentation by employee on shift under Safety Intervention.
11. Report unsafe conditions to Agency.

General Oxygen safety guidelines to prevent accident or fire.

1. Stay at least six feet away from any open flame or heat source (candles, gas stove, etc.) when you are using your oxygen system. If you must cook while using oxygen, make sure your tubing will not touch the gas flame or electric burner. (Tuck the tubing in your shirt or position it behind you.)
2. Do not store your oxygen system near any heat sources or open flames.
3. Do not smoke or allow others to smoke in the same room as your oxygen system. Cigarette smoking is very dangerous: sparks from a cigarette could cause facial burns.
4. Post "No Smoking" signs in the room where your oxygen is kept.
5. Do not change the oxygen flow rate on your own -- this can lead to serious side-effects. If you feel you are not getting enough oxygen, contact your physician and notify your home care supplier.
6. Never use more than 50 feet of oxygen tubing. This can dilute the concentration of oxygen that you are receiving.
7. Do not expose your oxygen equipment to electrical appliances (such as electric razors, hair dryers, electric blankets, etc.)
8. Check that all electrical equipment in the area near the oxygen is properly grounded.
9. Be sure to have a functioning smoke detector, CO2 detector and fire extinguisher in your home at all times.
10. Keep the oxygen system away from aerosol cans or sprays, including air fresheners or hair spray. These products are very flammable.
11. Keep the oxygen system clean and dust-free.
12. Do not use cleaning products or other products containing grease or oils, petroleum jelly, alcohol or flammable liquids on or near your oxygen system. These substances cause oxygen to be flammable.
13. Keep the oxygen system in a place where it won't get knocked over.
14. Always store your oxygen equipment in a well-ventilated area.
15. An oxygen cylinder must be secured at all times.
16. Do not carry liquid oxygen in a backpack or other enclosed space. Carrying cases, shoulder or handbags, shoulder straps and backpack oxygen units are available to provide proper ventilation for the unit to ensure safety.
17. Never use extension cords with any medical equipment.
18. Secure loose cords and extra tubing so you don't trip on them when using your oxygen system.
19. Secure floor mats and rugs so that you will not trip or fall when using your oxygen system.
20. Be sure doorways, hallways and rooms can accommodate you if you have a portable oxygen system.
21. Notify your electric company if you are using an oxygen concentrator system so they can make your house a priority during a power outage.
22. Oxygen must be used as your doctor ordered it. Too much or too little can be harmful.
23. Take precautions to avoid skin contact when filling your portable liquid oxygen tank, as frost buildup could cause injury.
24. Always have backup tanks available and know how to use them.
25. Game controllers should not be used with oxygen, the new systems that vibrate and have other functions have caused issues with patients on oxygen.
26. It is necessary to post oxygen signs, one on the front door to notify visitors and emergency workers, such as fire personnel, that oxygen is in use at home.
27. Families may want to consider purchasing a backup generator for power outages.
28. Petroleum based products (such as Vaseline) should not be used on the face when oxygen is being used.

**J&D Ultracare Corp**

15 Suffern Pl, Ste A Suffern NY 10901-5566

Phone: (845) 357-4500, Fax: (845) 357-5039

Oxygen Safety Checklist**Patient Information**

| | | | |
|------------|---------------|------|---------------|
| Client: | MR#: | SOC: | Episode: |
| Insurance: | Insurance ID: | DOB: | Location: |
| Date: | Gender: | Age: | Completed By: |
| Address: | | | |

| CHECKLIST | | | | |
|---|--------------------------|--------------------------|--------------------|--|
| Checklist Item | Yes | No | Instructions Given | |
| Oxygen Supplier: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Information Packet in Home | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Fire Department Notified | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Electrical Company Notified of Concentrator | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Fire Escape Plan in Place | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Fire Extinguisher Present | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Charge Level Tested Every Month & Recorded | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Working Smoke Detectors Present on All Levels of the Home | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Tested Every Month and Recorded | <input type="checkbox"/> | <input type="checkbox"/> | | |
| No Smoking Signs on All Entrance Doors | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Smokers in Home <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Visitors | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If there is oxygen in home | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Are there any observed smoking materials in the home? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Potential Open Flames in Home: <input type="checkbox"/> Gas Range <input type="checkbox"/> Wood Stove <input type="checkbox"/> Fire Place <input type="checkbox"/> Candles <input type="checkbox"/> Matches <input type="checkbox"/> Other: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Oxygen Supply: <input type="checkbox"/> Concentrator <input type="checkbox"/> Cylinder <input type="checkbox"/> Liquid <input type="checkbox"/> Portable | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Oxygen Safety Instruction Sheet Given | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Further Instruction Needed (Specify): <input type="checkbox"/> Fire Safety Risks, Open Flames | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> Functioning Smoke Detectors | | | | |
| <input type="checkbox"/> Smoking <input type="checkbox"/> Other: | | | | |

Clinician Signature: _____


Date: _____

Client Signature: _____

Date: _____


Approximate Duration Of Oxygen Cylinders

| | | | | | |
|-------------------|-----|-----------------|-----|-----|-----|
| M2 cylinder | | | | | |
| O2 capacity | | Cylinder Weight | | | |
| 40 liters | | 1.4 lbs | | | |
| Regulator | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 0.7 | 0.3 | 0.2 | 0.2 | 0.1 |
| Conserving Device | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 2.4 | 1.5 | 1.2 | 0.9 | 0.8 |



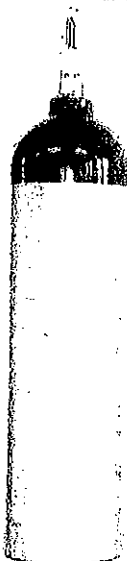
| M4 cylinder | | | | | |
|-------------------|-----|-----|-----------------|-----|-----|
| O2 capacity | | | Cylinder Weight | | |
| 113 liters | | | 2.3 lbs | | |
| Regulator | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 1.9 | 1 | 0.6 | 0.5 | 0.4 |
| Conserving Device | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 6.7 | 4.3 | 3.2 | 2.6 | 2.1 |

| | | | | | |
|-------------------|-----|-----------------|-----|-----|-----|
| M6 cylinders | | | | | |
| O2 capacity | | Cylinder Weight | | | |
| 165 liters | | 2.9 lbs | | | |
| Regulator | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 2.7 | 1.4 | 0.9 | 0.7 | 0.5 |
| Conserving Device | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 9.8 | 6.3 | 4.7 | 3.8 | 3.1 |

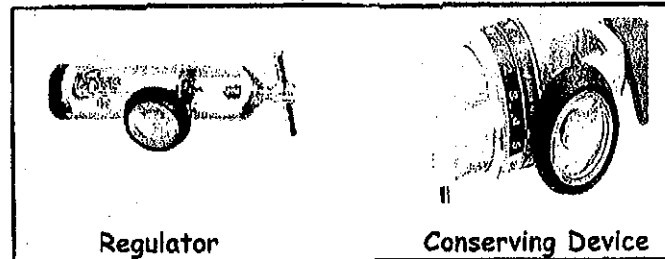


| | | | | | |
|-------------------|-----|-----|-----------------|-----|-----|
| ML6 cylinder | | | | | |
| O2 capacity | | | Cylinder Weight | | |
| 165 liters | | | 2.9 lbs | | |
| Regulator | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 2.7 | 1.4 | 0.9 | 0.7 | 0.5 |
| Conserving Device | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 9.8 | 6.3 | 4.7 | 3.8 | 3.1 |

| D cylinder | | | | | |
|-------------------|------|------|-----------------|-----|-----|
| O2 capacity | | | Cylinder Weight | | |
| 425 liters | | | 6.0 lbs | | |
| Regulator | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 7 | 3.6 | 2.3 | 1.8 | 1.4 |
| Conserving Device | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 25.3 | 16.1 | 12.2 | 9.8 | 8.1 |



| E cylinder | | | | | |
|-------------------|------|-----------------|------|------|------|
| O2 capacity | | Cylinder Weight | | | |
| 680 liters | | 8.6 | | | |
| Regulator | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 11.3 | 5.7 | 3.8 | 2.8 | 2.3 |
| Conserving Device | | | | | |
| Liter Flow | 1 | 2 | 3 | 4 | 5 |
| Hours | 40.5 | 25.8 | 19.6 | 15.7 | 12.9 |





Sentinel Event Alert

March 01, 2001

Issue 17 - March 1, 2001

Lessons Learned: Fires in the Home Care Setting

Since April 1997, 11 sentinel events have been received and reviewed by the Joint Commission related to home health care patients who were either injured or killed as a result of a fire in the home. These home care patients were receiving supplemental oxygen service and in each case, the patient was over the age of 65. Several risk factors for home care related fires have been identified through an intensive analysis of these sentinel events; these risk factors include 1) living alone, 2) lack of smoke detectors or presence of non-functional smoke detectors, 3) cognitive impairment, 4) an identified history of smoking while oxygen is running, and 5) flammable clothing. These home care sentinel events resulted in the death of seven patients and the loss of function or permanent disfigurement for four other patients. Cigarette smoking was determined to be a contributing factor in each of these cases.

Root Causes Identified

In the 11 cases studied, the home care organizations have identified various root causes that are thought to have contributed to these sentinel events involving fires in the home. These root causes encompass patient care processes, the caregivers, the environment of care, and communication factors. With relation to patient care processes, more than one-third of the cases involved inconsistent identification of smokers and missed reassessment visits. In 18 percent of the cases, organizations determined they lacked a sufficient process for considering the termination of services to patients who persistently refuse to comply with prescribed precautions.

In assessing caregivers, nearly three-quarters of the cases identified that caregivers needed to increase their emphasis on home safety, while 45 percent of cases identified incomplete orientation processes for new staff. More than one-third of the cases found that caregiver training was not coordinated among the health care providers.

Assessments of the environment of care revealed that in 55 percent of the cases, there was no process in place for testing the smoke alarms, and in 36 percent of the cases no home safety assessment process was in place. In 18 percent of the cases, there was no identified plan or testing for evacuation in the event of a fire.

Finally, the home care organizations identified a number of communication factors including failure to notify the primary care physician when a patient was noncompliant (73 percent); weak communication between home care providers, for example, between home health nursing service and oxygen equipment provider (55 percent); and delayed reporting of hazardous conditions to the home care management team.

"It is important to include safety steps such as ensuring that the oxygen tanks are stored properly away from sunlight and heat, and making sure signs are posted advising firefighters that oxygen is in use."

- Burton Klein

Risk Reduction Strategies

A variety of risk reduction strategies have been identified by the home care organizations involved in these home sentinel events. These strategies are in three primary areas: people-focused actions, process redesign, and environment/equipment redesign. In the first area, 45 percent of the organizations recommended improved staff training and orientation, especially with regard to identifying smokers and managing their care. Other recommendations included appointing a fire safety specialist or trainer and involving the fire department in employee and patient education activities.

Regarding process redesign, 64 percent recommended procedures for notifying the physician when a patient is noncompliant and 55 percent recommended procedures to improve communication between health care providers. Other suggestions included providing patients with smoking cessation information and assistance and involving the home care organization's Ethics Committee in reaching a decision to terminate home care services to non-compliant patients.

Finally, 55 percent of organizations recommended procedures for obtaining, testing and locating smoke detectors in the home; while 36 percent recommended procedures for home safety assessments. The development of evacuation plans and fire drill procedures were also suggested.

Experts Recommendations

Burton Klein, P.E., president of Burton Klein Associates, a firm specializing in health care electrical and fire safety issues, and a former health care fire protection engineer with the National Fire Protection Association, advises that home care organizations develop a thorough home safety assessment process that includes a review of electrical and gas systems, and the functioning of medical equipment. Local fire departments should also be involved in the assessment as appropriate. "It is important to include safety steps such as ensuring that the oxygen tanks are stored properly away from sunlight and heat, and making sure signs are posted advising firefighters that oxygen is in use." He also recommends a thorough evaluation of each patient's ability to communicate in order to identify patients who may have difficulty understanding verbal or written instructions. The evaluation should also include an assessment of the patient's sight and their ability to use equipment as intended by the manufacturer.

Scott Bartow, M.S., R.R.T., F.A.A.R.C., who represents the American Association of Respiratory Care on the Joint Commission's Home Care Professional and Technical Advisory Committee and is the director for Performance Home Medical Equipment, Ft. Worth, TX, recommends increased emphasis on initial and ongoing education and training for patients, family and other health care providers. "It requires training and practice to become competent in recognizing and responding to potential hazards," Mr. Bartow says. "Ongoing training is critical as environments, personnel and situations are in a constant state of change."

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies the most frequently occurring sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

During the on-site survey of accredited organizations, Joint Commission surveyors assess the organization's familiarity with and use of Sentinel Event Alert information. Organizations are expected to (1) review each *Sentinel Event Alert*, (2) consider the suggestions, as appropriate to the organization's services, and (3) implement the suggestions, or reasonable alternatives, or provide a reasonable explanation for not implementing relevant changes.

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Home Oxygen Therapy

Why is home oxygen prescribed?

Your doctor might prescribe oxygen if your lungs are not getting enough oxygen to your blood (a condition called hypoxemia). Breathing prescribed oxygen increases the amount of oxygen in the blood, usually reduces shortness of breath and other symptoms, and helps increase survival. Prescribed oxygen might also help protect your heart.

The air you breathe every day contains 21 percent oxygen. The oxygen you will receive at home is close to 100 percent pure oxygen. Because it is a pure concentration of oxygen, home oxygen is considered to be a drug and must be prescribed by your doctor. Oxygen is not addictive and causes no side effects when used as prescribed. Your doctor will prescribe a specific amount of oxygen that is right for you. Some people might need to use supplemental oxygen 24 hours a day, while others might only need oxygen during exercise or sleep.

Home oxygen can help promote your independence and make it easier and safer for you to complete daily living activities.

What are the methods used to deliver home oxygen?

Three types of systems are available to provide home oxygen, including compressed oxygen (tanks), liquid oxygen, and oxygen concentrators. With all of these systems, oxygen is inhaled through a two-pronged lightweight tube called a nasal cannula, or on rare occasions, an oxygen mask.

A health care provider will discuss your options with you and might recommend one system based on your overall condition and your personal needs. You can also meet with home care representatives from a variety of medical supply companies to evaluate which product lines might best fit your needs. Your doctor can give you a list of companies that supply home oxygen equipment and supplies. (Please see section on "Important Oxygen Use Precautions.")

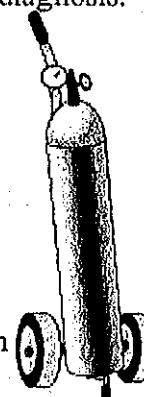
Will my insurance cover home oxygen therapy expenses?

Not all insurance carriers are alike, and covered expenses vary among carriers. In most cases, however, oxygen therapy is covered when your physician provides the results of certain laboratory tests that prove that supplemental oxygen is needed for your well-being. These tests measure the amount of oxygen carried by the blood and were used to help your physician make the diagnosis.

Home oxygen is a benefit that might be partially or completely covered by most insurance plans, including Medicare, when prescribed according to specific guidelines. When these guidelines are not met, oxygen use might not be covered and can be expensive.

What is a compressed oxygen system?

Compressed oxygen comes in a tank that stores oxygen as a gas. A flow meter and a regulator are attached to the tank to adjust the oxygen flow. The tanks vary in size, from very large stationary tanks to tanks that are small enough to carry around.



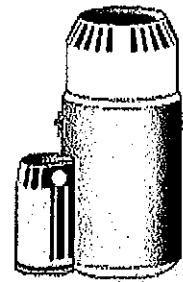
The compressed oxygen system is generally prescribed when oxygen is not needed all the time, such as only when walking or performing physical activity.



What is a liquid oxygen system?

At very cold temperatures, oxygen changes from a gas to a liquid. When liquid oxygen is warmed, it becomes a gas so it can be delivered to you.

A liquid oxygen system includes a large stationary unit that stays in the home. It also includes a small, portable canister (weighing from 5 to 13 pounds) that can be filled from the stationary unit for trips outside the home. It can be hung over the shoulder (as shown, left) or pulled on a roller cart. How long it lasts depends on the size of the portable tank and the flow rate.

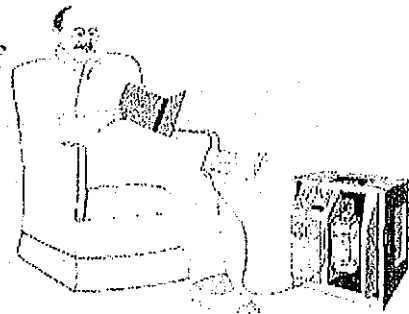


Small portable unit (left) and large stationary unit (right)

Even when not in use, evaporation will empty the portable canister over time. Always check your portable canister before use.

What is an oxygen concentrator system?

The oxygen concentrator is an electric oxygen delivery system about the size of a large suitcase. The concentrator extracts some of the air from the room and separates the oxygen from other gases in the air. Oxygen is then delivered to you through a nasal cannula. When in use, the concentrator should be placed in an open area. Never place it in a closet or other closed space.



Advantages

- It allows the user to be mobile, promoting an active lifestyle. (User can fill own portable tank.)
- It can deliver oxygen at a high flow rate.
- It requires no electricity.
- It doesn't make much noise; it is relatively silent.
- More oxygen can be stored in a liquid form than a gaseous form.

Disadvantages

- The large tank needs to be refilled regularly by a service technician. Depending on the flow rate and the size of the tank, a liquid oxygen system might need to be refilled from once or twice a week to once a month.
- The oxygen user must be home for scheduled tank fill-ups. The user must also return home to refill portable tank.
- Contents of tanks evaporate, making it necessary to have the tank refilled often.

What are oxygen conserving systems?

Oxygen conserving devices are becoming increasingly popular. Since these devices conserve oxygen, smaller, portable systems (tanks or liquid vessels) can provide hours of oxygen while you are away from home. Unfortunately, not everyone can tolerate these devices, so it is important to ask your doctor before using a conserving device.

The most popular conserving devices are demand inspiratory flow systems. These devices deliver a burst of oxygen when you inhale and turn off when you exhale. This intermittent flow of oxygen allows small cylinders and liquid portables to last three to six times longer as compared to conventional continuous flow devices.

Other oxygen conserving devices include the demand nasal cannula and the reservoir nasal cannula.

Are there any other options?

Another option is the HELIOS personal oxygen system, which is smaller and lighter than other oxygen systems. It consists of two parts, the portable oxygen unit and a home liquid oxygen reservoir. The portable unit has a built-in device that allows oxygen to be delivered when you breathe in and stops when you breathe out. The reservoir stores the liquid oxygen for the portable unit. The portable unit can be worn on a waist belt, shoulder strap, or backpack, allowing for greater freedom.

Is home oxygen therapy safe?

Yes. Oxygen is a safe gas as long as it is used properly. Contrary to what most people believe, oxygen will not explode. Oxygen does, however, support combustion. Therefore, any material that is already burning will burn much faster and hotter in an oxygen-enriched atmosphere. It is very important to follow the precautions listed on the next page so that you and your family are safe when you are using your oxygen.

What are the basic services I should expect from my oxygen supplier?

Basic services for home oxygen users include:

- Home delivery and set-up of equipment
- Supply of necessary portable oxygen and additional refills — With a liquid oxygen system, the technician should fill the portable tank for you during the initial set-up. The technician should also demonstrate the proper filling technique for you. It will be your responsibility to fill the portable tank after the initial set-up.
- Instruction in the use of equipment
- 24-hour emergency services
- Documentation to support the medical need as prescribed by physicians
- Billing to various insurance carriers

How much does home oxygen therapy cost?

Using oxygen can be costly both for the oxygen supply itself and for the electricity needed to run the supply system. Please ask your home care supplier to discuss the expected costs with you before you choose a system.

Oxygen use precautions

1. Stay at least six feet away from any open flame or heat source (candles, gas stove, etc.) when you are using your oxygen system. If you must cook while using oxygen, make sure your tubing will not touch the gas flame or electric burner. (Tuck the tubing in your shirt or position it behind you.)
2. Do not store your oxygen system near any heat sources or open flames.

3. Do not smoke nor allow others to smoke in the same room as your oxygen system. Cigarette smoking is very dangerous. Sparks from a lighted cigarette could cause facial burns.
4. Post "No Smoking" signs in the room where your oxygen is kept.
5. Do not change the oxygen flow rate on your own. This can lead to serious side-effects. If you feel you are not getting enough oxygen, contact your physician and notify your home care supplier.
6. Never use more than 50 feet of oxygen tubing. This can dilute the concentration of oxygen that you are receiving.
7. Do not expose your oxygen equipment to electrical appliances (such as electric razors, hair dryers, electric blankets, etc.).
8. Be sure that all electrical equipment in the area near the oxygen is properly grounded.
9. Be sure to have a functioning smoke detector and fire extinguisher in your home at all times.
10. Keep the oxygen system away from aerosol cans or sprays, including air fresheners or hair spray. These products are very flammable.
11. Keep the oxygen system clean and dust-free. The person who delivers your oxygen will show you how to do this.
12. Do not use cleaning products or other products containing grease or oils, petroleum jelly, alcohol, or flammable liquids on or near your oxygen system. These substances cause oxygen to be flammable.
13. Keep the oxygen system in a place where it won't get knocked over.
14. Always store your oxygen equipment in a well-ventilated area.
15. An oxygen cylinder must be secured at all times. Put it in a cart or lay it down flat.
16. Do not carry liquid oxygen in a backpack or other enclosed space. Carrying cases, shoulder or hand bags, shoulder straps, and backpack oxygen units are available that provide proper ventilation for the unit to ensure safety.
17. Never use extension cords with any medical equipment.
18. Secure loose cords and extra tubing so you don't trip on them when using your oxygen system.
19. Secure floor mats and throw rugs so that you will not trip or fall when using your oxygen system.
20. Be sure doorways, hallways, and rooms can accommodate you if you have a portable oxygen system.
21. Notify your electric company if you are using an oxygen concentrator system so they can make your house a priority during a power outage.
22. Oxygen is a drug and must be used as your doctor ordered. Too much or too little can be harmful.
23. Take precautions to avoid skin contact when filling your portable liquid oxygen tank, as frost buildup could cause injury.
24. Always have backup tanks available, and know how to use them.

Myths and Truths about oxygen

Myth: Oxygen is addictive.

Truth: Oxygen is NOT addictive.

Myth: If I have a stuffy nose, I shouldn't bother using my nasal cannula.

Truth: Oxygen can still be delivered even if you have a stuffy nose.

Myth: Once you start using oxygen, you'll need it for the rest of your life.

Truth: Many people have discontinued oxygen use after other appropriate treatments have taken effect. This can take time, though.

Myth: People who need oxygen must be confined to their homes and cannot do anything, including travel.

Truth: People who use oxygen can lead a normal life. There are several types of portable oxygen systems available that allow people to be more active and mobile. Oxygen can improve exercise capacity. People who use oxygen can travel with advanced planning.

Myth: If a little oxygen is good, more oxygen is better.

Truth: Oxygen is a drug. Use it as prescribed or instructed. Like any drug, too much or too little can be harmful.

Myth: Shortness of breath means a lack of oxygen, so if you become short of breath you should use oxygen.

Truth: Shortness of breath is not always associated with a lack of oxygen. If low oxygen is not the cause, taking oxygen will not help. (Your doctor can test to see if you need oxygen by taking an arterial blood sample).

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index#8707

Portable Oxygen: A *User's Perspective* Oxygen Safety

IMPORTANT:

The information here provided is for educational purposes only and it is not intended nor implied to be a substitute for professional medical advice. Always consult your own physician or healthcare provider with any questions you may have regarding a medical condition.

[Top of Page](#)

Introduction

I have been on oxygen therapy for the past four years. During those years I have brought into my home, car, and RV containers of both liquid and compressed oxygen. I also have a concentrator in my RV. I have been rather casual about the safe handling of oxygen. I have felt that because it is not flammable that it posed little risk.

Two recent events in my life have wakened me from my casualness. I will tell the story of each of these as I also tell you about the "why" of the oxygen safety tips we need to be aware of.

[Top of Page](#)

Fire

Bill died a short time ago of COPD. Although I did not know him personally, his son and I had frequent conversations about him. Bill, like me, was on oxygen. Unlike me, he continued to smoke and was in denial, unwilling to stop smoking. By smoking with oxygen present, he nearly took his own life as well as the lives of his wife and son.

It was one evening that he stayed in the living room of his town house after his son and wife went to sleep upstairs. About 2 a.m. his son awoke to cries from his father. He woke his mother, and the two raced down stairs through billows of smoke that came from the room where his father was still seated in his burning chair. The son pulled his father from the chair and carried him to safety. For this,

he received third degree burns to the back of his arms. No lives were lost but the town house was a complete loss and so was all their personal property. Not being there, I can only speculate on what happened. Bill probably took the cannula off and laid it on the chair. The oxygen enriched the normally flame-retardant chair covering. As he dozed his cigarette fell on the chair, causing it to ignite.

Listen to what the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) reported in the March 2001 issue of *Sentinel Events*. *Sentinel Events* no longer appears at the JCAHO website, so here is the article.

Since April 1997, 11 fires occurred in the homes of patients on oxygen therapy. Patients in seven of these fires died. In the remaining four fires, patients were permanently disfigured.

All these patients were receiving supplemental oxygen service and were over the age of 65. Cigarette smoking was the contributing factor in all these fires.

Investigators found the following risk factors common to most of the fires:

- The patient lived alone.
- Smoke detectors were absent or non-functional.
- Patient had cognitive impairment.
- Patient had a documented history of smoking while oxygen was running.
- Patient wore flammable clothing.

Reported in the July 2000 issue of *Home Medical Equipment News* is what happened to a 59 year old Nova Scotia smoker who was caught smoking with oxygen. Since publishing this item, HME News has closed its site to all of us who cannot come up with \$65 a year, so here it is.

Smoker denied O2 benefits

Nova Scotia 2004. In May, Nova Scotia's Health Department said it would no longer provide an asthma sufferer \$240 a month to rent a concentrator and equipment for back up oxygen. The reason: A homecare worker caught him smoking, which is against the rules.

After being caught smoking, Vernon Hughes, 59, a former three-pack a day smoker who can't afford to pay for his own equipment, promised the Nova Scotia's Health Department that he wouldn't smoke anymore. The department didn't budge, saying there is no guarantee he'll live up to that promise. The no smoking rule is in place as a safety measure and explained fully to beneficiaries.

Smoker's home destroyed and neighbor injured

Kalispell MO, 15 July 2004 A home on Kalispell's west side was extensively damaged Wednesday morning by a fire that was probably started by a cigarette and was accelerated by oxygen from medical oxygen tanks.

A neighbor, who was trying to help was knocked down by the explosion of one oxygen tank, which also caused temporary hearing loss for a police officer.

The resident of the burning house suffered burned hands while trying to remove materials from the home. She went to the neighbor for help.

Nine Kalispell firefighters arrived with two fire engines and an ambulance. They discovered flames coming from the windows and eaves and menacing a neighboring home.

A report by F. Ray Ruffatto of the fire department's prevention division said that while the exact cause of the fire is still undetermined, "initial investigation indicates the fire may be the result of carelessly discarded smoking materials."

The home will be uninhabitable for an indefinite period of time.

Smoker dies in house fire

Hudson MA 21 July 2004--The victim of yesterday's fire died after suffering second- and third-degree burns from a devastating blaze at her Manning Street home Sunday.

The resident was a smoker, according to State Fire Marshal Stephen Coan, and he said the combination of cigarettes and the multiple oxygen tanks in the home either caused or exacerbated the fire.

She was in critical condition after being pulled from the house by a neighbor and then died yesterday at UMass Memorial Medical Center, University Campus in Worcester.

The inside of the house was ruined, as well as some of the outside. Twenty-four firefighters responded and one was treated for heat exhaustion and smoke inhalation.

The combination of oxygen tanks and cigarettes have sparked fires that since 1997 have killed 16 people in the state and caused severe burns or smoke inhalation in 20, said Coan.

Smoking shortens oxygen patient's life

Jamestown, NY 26 July 2004--A fire in the Jamestown Hotel killed a senior citizen and forced at least 100 other seniors to evacuate Sunday morning. The fire started in a fourth floor apartment. The resident was on medical oxygen and was apparently smoking, causing the blaze to rip through a building that is home to many senior citizens..

Parts of the building are still damaged, but most people were able to return to their homes Sunday.

Oxygen is Not Flammable

Unlike other gases and chemicals, oxygen is not flammable. It is classified as an accelerator, meaning that if there is a fire and oxygen is present, the fire will burn. The more oxygen, the larger the fire and the faster it will spread. We are use to seeing fires burn in an atmosphere containing about 21 percent oxygen. This is the atmosphere in which most materials are tested for safety, such as the covering of the chair in the above story. But when oxygen is flowing near such material, the material absorbs the oxygen and becomes more susceptible to burning.

So, I am now more aware that the oxygen I cannot see has a presence, not only in my nostrils but all around me. My clothing and my hair contain more oxygen than that of a person not on oxygen.

Knowing this, I understand more fully the "five foot rule" and stay at least this distance away from sources of sparks and flames. I keep my concentrator and store both liquid and compressed oxygen containers at least five feet from any source of flames or spark.

I do not lean over a lighted gas stove with my cannula on; I no longer blow out the candles on my birthday cake; I no longer do the outdoor grilling; and I let others hold my candle during Christmas church services. In general, I do not put myself in a position where I am too close to an existing fire.

I do not permit a cigarette to be lit near me. I do not permit smoking in the rooms where I normally use oxygen. The hidden danger here is that a hot ash could smolder for a long time before flaming up, as I remember it did in my home when I was very young. I do not work with paint remover or other flammable products.

More Fires Accelerated by Oxygen

Fire damages west-side home

By Chery Sabol

The Daily Inter Lake

A home on Kalispell's west side was extensively damaged Wednesday morning by a fire that was probably started by a cigarette and fed by oxygen from medical oxygen tanks.

The explosion of one oxygen tank knocked down Darin Bohland, a neighbor who was trying to help, and caused temporary hearing loss for a police officer.

Bohland's house next door to the fire also was damaged.


A neighbor reported the fire in a home in the 500 block of Second Avenue West at about 2:30 a.m. The resident of the burning house suffered burned hands while trying to remove materials from the home. She went to the neighbor for help.

Nine Kalispell firefighters arrived with two fire engines and an ambulance. They discovered flames coming from the windows and eaves

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Peter M. Wilson, Ph.D.
Founder of PortableOxygen.org

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Abuse and Neglect Assessment Procedures

| | | | |
|--|---|--|--|
|  | TITLE Abuse and Neglect Assessment Procedures | | IDENTIFICATION NUMBER N18A |
| ORGANIZATION(S) J & D Ultracare Corp. | LEVEL <input type="checkbox"/> System <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Division <input type="checkbox"/> Department | CATEGORY <input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Management <input checked="" type="checkbox"/> Regulatory | |
| REVIEW CYCLE <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 3 years LAST REVIEW DATE: 07/15/2024 | | REPLACES TITLE: Prevention of Minor-Age Client Abuse/Neglect EFFECTIVE DATE(S): 07/15/2024 | |

PROCEDURES STATEMENT

Staff members assess each patient at initial contact for signs of abuse, neglect, or exploitation, and assist with referrals to outside agencies for care when necessary.

PURPOSE

To establish standardized criteria for identifying suspected cases of abuse, neglect, and exploitation and procedures for assisting actual and suspected victims in seeking appropriate care to protect patients and minimize the risk of harm.

SCOPE

Applies to all staff at the organization.

Applies to all patients seeking care, treatment, or services from the organization.

DEFINITIONS

Abuse – Intentional mistreatment that may cause either physical or psychological injury. Includes the following:

- **Mental abuse** – Intentional mistreatment of an individual that may cause psychological injury. Examples include humiliation, harassment, exploitation, and threats of punishment or deprivation.
- **Physical abuse** – Intentional mistreatment of an individual that may cause physical injury. Examples include hitting, slapping, pinching, or kicking, and may also include attempts to control behavior through corporal punishment.
- **Sexual abuse** – Intentional mistreatment of a sexual nature of an individual that may cause physical and/or psychological injury. Examples include sexual harassment, sexual coercion, and sexual assault.

Exploitation – Taking unjust advantage of another for one's own advantage or benefit.

Neglect – The absence of the minimal services or resources required to meet basic needs. Neglect includes withholding or inadequately providing medical care and, consistent with usual care, treatment, and services, food and hydration (without approval from the individual, physician, or

surrogate), clothing, or good hygiene. It may also include placing an individual in unsafe or unsupervised conditions.

RESPONSIBILITIES

Leadership, in collaboration with the clinical staff, is responsible for the following:

- Maintaining and implementing this policy
- Creating and maintaining a written list of external agencies and organizations that provide assessment and care related to abuse, neglect, and exploitation

Clinical leaders are responsible for providing and documenting education and training to staff related to identification, reporting, and prevention of abuse, neglect, and exploitation.

Qualified staff members are responsible for identifying and reporting suspected cases of abuse, neglect, and exploitation.

PROCEDURES

A registered nurse or other qualified staff member does the following:

1. Screens all patients for abuse, neglect, and exploitation as part of the initial contact with the organization.
2. Uses the organization's abuse and neglect screening criteria to identify patients who may be victims of any of the following:
 - Physical assault
 - Sexual assault
 - Sexual molestation
 - Domestic abuse
 - Elder or child abuse
 - Neglect
 - Exploitation
3. Considers the patient's age, mental or developmental status, ability to consent, and other factors when performing the screening.
4. Considers the following when performing the screening:
 - Physical signs observed in the patient, including but not limited to the following:
 - Unexplained or inconsistently explained injuries
 - Evidence of injury to the genital area
 - Dehydration or malnutrition unrelated to identified illness or health condition
 - Sunken eyes or cheeks
 - Soiled clothing or bed
 - Clothing not consistent with conditions, which may hide injuries
 - Forced isolation
 - Pregnancy in a young girl*
 - Behavioral signs exhibited by the patient, including but not limited to the following:
 - Fear or anxiety
 - Depression
 - Aggressive, disruptive, or destructive behavior
 - Confusion or disorientation
 - Non-responsiveness, isolation, or withdrawal
 - Reluctance to speak openly
 - Difficulty making friends (primarily applicable to children)
 - Signs exhibited by the caregiver, including but not limited to the following:
 - Refusal to allow patient to speak or see visitors
 - Anger, indifference, aggression, or lack of affection toward the patient

- Conflicting accounts of incidents or injuries
 - Belittling language about the patient
 - Sexually suggestive or otherwise inappropriate behavior or comments toward the patient
5. Documents the screening in the patient medical record.
 6. Identifies any criteria that indicate suspicion of abuse, neglect, or exploitation.
 7. If there is suspicion of abuse, neglect, or exploitation, reports immediately to an immediate supervisor or the organization's director.
 8. Provides the patient with information about private and public community agencies or organizations in the area that can provide further assessment or care, as appropriate to the patient.
 9. Assists the patient with referrals for additional assessment or care, as appropriate and according to the patient's expressed needs and preferences.

The supervisor does the following:

1. Reports alleged or suspected cases of abuse, neglect, or exploitation to appropriate authorities as soon as possible, but not more than 24 hours after the incident is reported, according to law and regulation.
 - Cases involving children, disabled adults, or the elderly must be reported to the state's family and protective services agency.
 - Cases involving competent adults under age 65 should be reported in accordance with law and regulation.
2. Collaborates with law enforcement or other agencies with investigations, as appropriate and according to law and regulation.

The clinical leadership staff does the following:

1. Provides training to all staff members, as applicable to their job duties and responsibilities, on the following topics:
 - Preventing abuse, neglect, and exploitation
 - Identifying and reporting suspected cases of abuse, neglect, and exploitation
 - Procedures for following up on actual or suspected cases of abuse, neglect, and exploitation
2. Provides this training at the following times:
 - At hire
 - Annually, as part of ongoing education requirements
 - When necessary due to changes in the staff member's job duties or responsibilities
3. Documents each staff member's completion of this training.

APPROVAL

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|---|--|--|--|
| NAME AND CREDENTIALS | | NAME AND CREDENTIALS | |
| Jennifer Rae Vice President/Compliance Officer | | Diane Marra, RN Clinical Operations Manager | |
| SIGNATURE <i>JENNIFER RAE</i> | | DATE 07/15/2024 | |
| SIGNATURE <i>DIANE MARRA</i> | | DATE 07/15/2024 | |



Social Media Policy

Purpose:

Social media policy for employees outlines what is considered appropriate to post on personal social media accounts, as well as company-managed social media platforms, ensuring employees protect the company's reputation by avoiding sensitive information, negative comments, and any posts that could be seen as harmful to the brand image while upholding personal privacy and ethical conduct online.

- **Scope and Purpose:**

The policy applies to all employees, across all personal and company-related social media accounts, and aims to protect the company's reputation while allowing employees to use social media responsibly.

- **Confidentiality:**

Explicitly prohibit sharing any confidential company information, including financial data, internal strategies, client details, or proprietary information on social media.

- **Disclaimers:**

Require employees to clearly state their personal opinions and not represent the company's official stance when posting on personal social media, using disclaimers like "**views expressed are my own**".

- **Professional Conduct:**

Maintain a professional demeanor when interacting with others online, avoiding offensive language, discriminatory remarks, or personal attacks.

- **Company Representation:**

When discussing the company on social media, use accurate and positive language, and always refer to official company messaging and branding guidelines.

- **Image Usage:**

Obtain permission before posting photos of colleagues, clients, or company events, and be mindful of copyright laws when sharing images.

- **Reporting Concerns:**

Encourage employees to report any inappropriate social media activity by other employees to HR or relevant authorities.

Specific guidelines to include:

- **Do not:**

- Post negative comments about the company, colleagues, or clients.
- Share confidential business information.
- Make discriminatory or harassing remarks
- Post content that is illegal or promotes illegal activity
- Use the company logo or branding without authorization

- **Do:**

- Promote positive aspects of the company and its products/services
- Network with industry professionals and potential clients
- Engage in constructive discussions related to your field
- Be mindful of privacy settings on your social media accounts
- Report any violations of the social media policy to HR

Important Considerations:

- **Legal Compliance:**

Ensure the policy aligns with relevant employment laws and privacy regulations.

- **Training and Communication:**

Regularly educate employees on social media policy and provide clear expectations.

- **Monitoring and Enforcement:**

Establish procedures for monitoring employee social media activity and addressing violations appropriately.

Personal Use of Social Media When on Working Time or Using a Company-

Staff may occasionally access and engage with social media even when at work and/or by means of a Company-provided device.

While such access does not require express authorization, it should be infrequent and brief; it must not interfere with or detract from an employee's responsible performance of his or her job duties.

Any postings or communications by a colleague during working time or using a Company provided device must not be inconsistent with the business interests of the Company; must not disclose protected patient information or confidential Company

information; must not be malicious, defamatory, obscene, threatening; and must not be the sort of communication that would reflect negatively on the Company if the audience were to conclude that it was an official Company communication.

An employee who chooses to engage in personal use of social media when on working time or using a Company-provided device must understand that, because the Company is facilitating their use of social media, the Company may monitor any and all such use and may discipline the employee for social media use that violates these guidelines.

By way of example only, an employee would likely be disciplined (and possibly terminated) for using social media to make threats against others, to express racist opinions, to use obscene language, or to make derogatory or disrespectful comments about persons or organizations while on working time or using a Company-provided device.

Personal Responsibility. You are personally responsible for your commentary on social media. You can be held personally liable for commentary that is considered defamatory, obscene, proprietary or libelous by any offended party, not just the Agency.

Approval

| | | | |
|---|--|---|--|
| NAME AND CREDENTIALS Jennifer Rae Vice President | | NAME AND CREDENTIALS Diane Marra RN Clinical Operation Manager | |
| SIGNATURE | | DATE | |
| SIGNATURE | | DATE | |



HAZARD VULNERABILITY POLICY AND PROCEDURE

POLICY STATEMENT

HVA is a documented plan that outlines a systematic process for identifying potential hazards and vulnerabilities within the homecare agency, assessing likelihood and impact, and developing strategies to mitigate risks, ensuring the safety of both patients and staff during emergencies, including natural disasters, power outages, infectious disease outbreaks and other disruptions to normal business operations; this policy typically involves conducting regular hazard vulnerability assessments (HVA's) to identify and prioritize areas of concern, and then creating corresponding emergency preparedness plans with specific response actions.

The agency conducts a Hazard Vulnerability Analysis annually to identify potential emergencies for locations within the organization/facility and the community. The organization shall continuously analyze identified environmental issues and develop recommendations and strategies for resolving them

PURPOSE

To maintain the highest possible levels of safety throughout the organization.

SCOPE

Key elements of a home care hazard vulnerability policy:

- **Hazard identification:**
 - **Natural disasters:** Hurricanes, floods, earthquakes, wildfires, severe weather.
 - **Technological disruptions:** Power outages, communication failures, cyberattacks.
 - **Health-related emergencies:** Infectious disease outbreaks, pandemic situations.
 - **Transportation issues:** Road closures, vehicle breakdowns
 - **Patient-specific risks:** Medication errors, falls, medical emergencies
 - **Staff safety concerns:** Violence, exposure to hazardous materials
- **Vulnerability assessment:**
 - **Patient factors:** Age, medical conditions, mobility limitations, geographic location

- **Staff factors:** Availability, training, emergency response capabilities
- **Infrastructure factors:** Building condition, accessibility, backup power sources
- **Community factors:** Local emergency response capabilities, resource availability
- **Risk analysis:**
 - **Likelihood of occurrence:** Assessing the probability of each identified hazard happening based on historical data and local conditions
 - **Potential impact:** Evaluating the potential consequences of each hazard on patient care, staff safety, and agency operations
 - **Risk prioritization:** Ranking hazards based on their combined likelihood and impact to guide mitigation efforts
- **Mitigation strategies:**
 - **Preventative measures:**
 - Staff training on emergency response procedures
 - Regular equipment maintenance and backup systems
 - Patient assessment and risk management plans
 - Communication protocols with patients, families, and emergency services
 - **Preparedness actions:**
 - Emergency kits with necessary supplies at patient homes and agency locations
 - Evacuation plans and designated safe areas
 - Contingency plans for staff shortages and service disruptions
 - **Response actions:**
 - Incident command system for coordinated response
 - Procedures for contacting patients and caregivers during emergencies
 - Protocols for accessing and utilizing emergency resources

Key points to remember:

- **Regular review and updates:**

The hazard vulnerability policy should be reviewed and updated periodically based on changes in local conditions, agency operations, and new regulations.

- **Staff involvement:**

Ensure all staff members are familiar with the policy and their roles in emergency preparedness.

Applies to all safety incidents that take place in the physical working environment of the organization including:

- Injuries

- Security incidents
- Hazardous materials and waste spills and exposures
- Equipment management failures and use errors

Applies to safety incidents that involve patients, staff (including staff in the field), visitors, vendors, volunteers, and everyone else who uses the organization's physical environment.

DEFINITIONS

Hazardous materials and waste – Materials whose handling, use, and storage are guided or defined by local, state, or federal regulation, such as the Occupational Safety and Health Administration's Regulations for Bloodborne Pathogens regarding the disposal of blood and blood-soaked items and the Nuclear Regulatory Commission's regulations for the handling and disposal of radioactive waste. This also includes hazardous vapors (for example, glutaraldehyde, ethylene oxide, nitrous oxide) and hazardous energy sources (for example, ionizing or nonionizing radiation, lasers, microwave, ultrasound). Although The Joint Commission considers infectious waste as falling into this category of materials, federal regulations do not define infectious or medical waste as hazardous waste.

Medical equipment – Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

Near miss – A patient safety event that did not reach the patient but posed a risk of harm; also called close call or good catch.

Performance improvement – The systematic process of detecting and analyzing performance problems, designing and developing interventions to address the problems, implementing the interventions, evaluating the results, and sustaining improvement.

Safety – The degree to which the risk of an intervention (for example, use of a drug, or a procedure) and risk in the care environment are reduced for a patient and other persons, including health care practitioners. Safety risks may arise from the performance of tasks, from the structure of the physical environment, or from situations beyond the organization's control (such as weather).

Security – Protection of people and property against harm or loss (for example, workplace violence, theft, access to medications). Security incidents may be caused by people from outside or inside the organization.

PROCEDURES

Incident Reporting

The Agency shall manage fire safety risks and facilitate fire preparedness within its office environment and care environment through adherence to the following:

- Initiation of unannounced fire drills at least annually
- Initial Home Environment Assessment completed (smoke / carbon monoxide detectors and fire extinguishers in place) and reviewed by nurse and documented within the Safety intervention.
- Emergency Exit plan will be initiated for patients upon case opening and identified within the E-Chart under Client Alerts.

Communication regarding environmental safety hazards should include the following activities:

- All Agency employees are informed of Agency processes [related to this subject] upon hire and annually thereafter.
- Recommendations for resolving physical and environmental safety issues will be communicated to staff and families.
- Significant incidents will be reported to appropriate authorities as required by applicable law and regulation.
- The Agency utilizes the Kaiser Permanente HVA tool to conduct our annual Hazard Vulnerability Analysis for monitoring and response activities.

Any staff member who observes a near miss or a safety incident related to the physical environment does the following:

1. Initiates the Incident Report, communicates to office staff and submits with their clinical documentation.
2. Cooperate with the investigation of the event, as appropriate.

Leadership does the following:

1. Identifies which incidents require reporting to external agencies.
2. Reports to external agencies on appropriate incidents, following the policies and procedures established by the organization and the applicable external agency.
3. Acts as a liaison between external agencies and organizations with respect to safety incidents related to the physical environment.

Investigation

Leadership and appropriate staff collaborate to do the following:

1. Review documentation that identifies natural disasters and safety incidents or deficiencies relating to the physical environment.
2. Interview individuals who were involved in and/or witnessed the incident.
3. Confirm details provided in the report or other documentation.
4. Document any additional details provided by the interviewee, using his or her own words whenever possible.
5. Document if the unsafe environmental issue was corrected to prevent further incidents.
6. Focus on processes and systems and avoid placing blame on individuals.
7. Document the interviews, including the following details:

- Name of the interviewee and his or her job position, if applicable
 - Date and time of the interview
 - Signatures of the interviewee and interviewer
8. Note and follow up on any possible discrepancies among the reports and interviews.
 9. Compile a report on the incident and submit it to the leadership.

Improvement and Monitoring

Leadership does the following:

1. Reviews reports submitted.
2. Performs a root cause analysis to determine possible areas for improvement for any sentinel or significant harm events.
3. Implements applicable performance improvement processes, following organization policies and procedures.
4. Monitors the results of any corrective actions taken to address the issue.
5. Reports to leadership on performance improvement activities related to physical environment safety incidents, as part of the regular process for reporting all performance improvement activities.

REFERENCES

Joint Commission Standard EC.04.01.01, EP 1. The organization establishes and implements a process(es) for internally reporting, investigating, and documenting the following:

- Injuries to patients, staff, or others within the organization's facilities
- Security incidents involving patients, staff (including staff in the field), or others
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures

APPROVAL

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|---|--|---|--|
| NAME AND CREDENTIALS Jennifer Rae Vice President | | NAME AND CREDENTIALS Diane Marra RN Clinical Operation Manager | |
| SIGNATURE | | DATE [MM/DD/YYYY] | |
| SIGNATURE | | DATE [MM/DD/YYYY] | |



HIPAA PRIVACY

POLICY AND PROCEDURE

HIPAA Privacy Practices the Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires that all medical records and other individually identifiable health information used or disclosed by this Agency in any form, whether electronically, on paper, or orally, are kept confidential. This Act gives our patients significant rights to understand and control how their health information is used. HIPAA provides penalties for covered entities that misuse personal health information. We have prepared this "Summary Notice of HIPAA Privacy Practices" to explain how we are required to maintain the privacy of our patients' health information and how we may use and disclose their health information. A Notice of HIPAA Privacy Practices containing a more complete description of the uses and disclosures of health information is available upon request. We may use and disclose patients' medical records for the purposes of treatment, payment and health care operations.

Ø TREATMENT means providing, coordinating, or managing health care and related services by one or more health care providers.

Ø PAYMENT means such activities as obtaining payment or reimbursement for services, billing or collection activities and utilization review.

Ø HEALTH CARE OPERATIONS include managing Electronic Medical Records to facilitate diagnostic medical consultations with participating physicians, conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. We may also create and distribute de-identified health information by removing all references to individually identifiable information

Your Rights Regarding Your Identifiable Health Information: You have the following rights regarding the identifiable health information that we maintain about you:

1. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, please make a written request to: Clinical Operations Manager, specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your / your family member identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your / your family's identifiable health information to individuals involved in your / your child's care or the payment for your / your child's care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you / your family member. In order to request a restriction on our use or disclosure of you/your family member's health information, you must make your request in writing to: Clinical Operations Manager. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our Agency's use, disclosure or both; and (c) to whom you want the limits to apply. 3. Inspection and Copies. You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you / your family member, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to: Clinical Operations Manager in order to inspect and/or obtain a copy of your / your child's identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. 4. Amendment. You may ask us to amend your / your family's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing to: Clinical Operations Manager. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information. 5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to: Clinical Operations Manager. All requests for an "accounting of disclosures" must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our Agency may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with any additional requests, and you may withdraw your request before you incur any costs. 6. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department

of Health and Human Services. To file a complaint with our organization, contact: Clinical Operations Manager. If you are not satisfied with the resolution J&D Ultracare has reached, you may contact your New York State Regional Office or The Joint Commission. You will not be penalized for filing a complaint. 7. Right to Provide Authorization for Other Uses and Disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your / your child's identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your / your family member's identifiable health information for the reasons described in will no longer use or disclose your / your family member's identifiable health information for the reasons described in the authorization.

Please note, we are required to retain records of your / your child's care.

All healthcare agencies in New York are required to retain patient records, including those of minors, for a minimum of six years and until one year after the minor turns 18. This is typically stated in NY Education § 6530.

Federal regulations along with HIPAA further define record retention requirements.

- **NY State Law:** NY Education § 6530 outlines professional misconduct for physicians, which includes specific requirements for medical record retention.
- **HIPAA:** The Health Insurance Portability and Accountability Act (HIPAA) governs the privacy and security of protected health information (PHI), and it also has implications for how long records must be kept.
- **Parental Access:** In most cases, a parent or legal guardian of a minor is considered the minor's "personal representative" under HIPAA and can access the minor's medical records.
- **Confidentiality for Minors:** While parents generally have access, there are exceptions. For example, the healthcare provider might determine that certain information should not be disclosed to the parents.
- **Exceptions to Parental Access:** A healthcare provider may deny a parent access to a minor's medical information if the minor is over 12 and objects to the disclosure. Other exceptions may also apply, such as when the parent agrees that the minor and provider can have a confidential relationship.
- **Retention Period:** The general rule in New York is to retain records for six years and one year after the minor turns 18 (whichever is longer).

- **Access to Records:** Patients, including minors, have the right to request access to their records, and their legal representatives (like parents) can also request access on their behalf.
- **Charges for Access:** Healthcare providers can charge reasonable fees for copying or inspecting records but cannot deny access solely due to the inability to pay.
- Approval

| | | | |
|-----------------------------|--|---|--|
| NAME AND CREDENTIALS | | NAME AND CREDENTIALS | |
| Jennifer Rae Vice President | | Diane Marra RN Clinical Operation Manager | |
| SIGNATURE | | DATE | |
| | | [MM/DD/YYYY] | |
| SIGNATURE | | DATE | |
| | | [MM/DD/YYYY] | |

2025 Home Care National Patient Safety Goals

(Easy-To-Read)

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Use medicines safely

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Prevent patients from falling

NPSG.09.02.01

Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.

Identify patient safety risks

NPSG.15.02.01

Find out if there are any risks for patients who are getting oxygen. For example, fires in the patient's home.