

Home Health Foundation, Inc.

Safety Packet

2012

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Patient's Rights and Responsibilities

(Form FGA 410 – Patient Handbook)

All patients and their families possess basic rights and responsibilities. These include:

The Right To:

1. Be treated by the doctor of your choice. The right to participate in designing a care plan and to communicate with your doctor and any other person responsible for planning care.
2. Make informed decisions about medical care, including the right to accept or refuse any treatments or medication and the right to formulate advance directives.
3. Have his or her pain controlled.
4. Be treated with respect and dignity.
5. Have your property treated with respect.
6. Participate in end of life discussions.
7. Have cultural, personal values, beliefs and spiritual and religious preferences respected.
8. Examine, at any reasonable time, records that are kept by the agency relating to you.
9. Receive prompt response to all reasonable inquiries, including inquires about anything in your agency record, and questions about possible consequences if the patient refuses medication or treatments.
10. Receive written notice within a reasonable time whenever agency services are cut back or discontinued.
11. Appeal the decision through the appropriate financial representative in situations of denial, reduction, or termination of services. Any requests for reconsideration must be made within 10 days of receipt of the notice.
12. Privacy and confidentiality to the extent provided by law.
13. Request transfer to another provider.
14. Complain to the Consumer Protection Division of the Attorney General's Office or to any other person, organization or agency.
15. Recommend changes in agency policy, or voice complaints and concerns to the Home Health Program Manager at: 1-800-933-5593. You may also voice concerns to state agencies:
In Massachusetts: State Home Health Agency Hotline at 1-800-462-5540, and in New Hampshire: the Office of health and Human Services Administration: 1-603-271-4592 or contact the Joint Commission Office of Quality Monitoring for unresolved concerns/complaints at 1-800-994-6610 or email complaint@jointcommission.org
In Maine: The Maine Department of Human Services, Division of Licensure and Certification at 800-621-8222.

Responsibilities – *The patient and/or family has a responsibility*

1. Give the agency correct insurance and financial information so it can make decisions about services and fees.
2. Give the agency complete information about the medical services you are receiving and the doctor and facilities providing your care.
3. Inform your nurse or doctor about previous medical advice and all medications you are taking or treatment you are following.
4. Inform your nurse or doctor of changes in your health or reactions you have had to medications and treatment.
5. Participate in your plan of care by asking questions and expressing concerns. Where possible, family members are expected to take part in designing the plan.
6. Remain under a doctor's care while receiving services from Home Health.
7. Accept the responsibility for any refusal of treatment.

8. Recognize that the agency covers a large area and delays in service may be due to bad weather, traffic, emergencies or other uncontrolled factors.
9. Recognize responsibility of payment to the agency for services provided when third party insurers are available; sign the required consents and releases for insurance billing.
10. Notify the agency 24 hours in advance of any appointment you must cancel.
11. Treat agency personnel with respect and consideration. (Policy # 2105)

HIPAA
(Health Insurance Portability & Accountability Act)

Privacy/Security/Patient Confidentiality

(Policy # 1521)

HIPAA Privacy and Security Rules include (but are not limited to) the following objectives:

- Reduce healthcare fraud and abuse
- Enforce standards for health information
- Guarantee security and privacy of health information



HIPAA PRIVACY RULE defines Protected Health Information (PHI) as any individually identifiable health information in **ANY FORM**.

All HHF employees must keep patient information in the strictest confidence. Non-clinical staff responsible for the processing, input, or filing of patient information will not discuss with other staff or non-employees any patient information obtained.

Staff is expected to

- a. Ensure confidentiality whenever making telephone calls regarding patient care;
- b. Secure all patient documentation upon removal from the office;
- c. Keep medical records in appropriate locations;
- d. Ensure that patient information is released over the telephone only after a determination that the information is necessary and is requested by an appropriate individual.

Breach of patient confidentiality may result in disciplinary action up to and including immediate discharge.

HIPAA PRIVACY TIPS

- The Notice of Privacy Practice, given to patients upon admission, describes their rights to privacy of their PHI (Protected Health Information).
- The patient must fill out a release of information before they can receive a copy of their record.
- PHI can be released to other healthcare organizations to help with coordination of care, without a written authorization from the patient. This includes ESMV (Elder Services of the Merrimack Valley, hospitals, assisted living facilities and physician offices and DCF (Department of Children and Families).
- PHI containing the following information needs to be handled with extra caution: Alcohol/Drug Abuse, HIV/AIDS, Psychiatric, and Domestic Violence/Sexual Assault.

HIPAA requires HHF to follow a disciplinary process for the following privacy violations:

- Discarding confidential information in any receptacle other than confidential trash containers (policy # 4016)
- Viewing unauthorized information

- ❑ Sharing passwords, except for designated coverage
- ❑ Discussing confidential information in an inappropriate setting
- ❑ Sharing confidential information with an unauthorized person
- ❑ Not keeping confidential information secure according to agency policy.
(Policy #'s 4002, 4003, 4007, 4008, 4009)

Concerns regarding Privacy Practices should be reported to the Director of Quality Improvement/Privacy Officer @ ext. 1-978-552- 4756.

An Incident Report should be completed when PHI (Protected Health Information) is used or disclosed improperly.

The agency has a process for providing fair disciplinary actions for staff violations of patient privacy. (Policy # 4000)

HIPAA SECURITY

There is a significant link between the HIPAA Security Rules and the HIPAA Privacy Rules. The protection of PHI (Protected Health Information) depends on the existence of security measures. The Security rule sets standards for basic safe guards which only apply to **ELECTRONIC PHI**.

Things to remember:

- ✚ Do not let anyone use your password
- ✚ Do not write your password down and leave it on your desk area
- ✚ Use strong passwords: letters and numbers combined
- ✚ Do not record your password on line and do not send it anywhere by e-mail.
- ✚ Do not type your password with anybody watching.

Concerns regarding HIPAA Security Practices should be reported to the MIS Director/HIPAA Security Officer @ ext. 1-970-552-4125.

HIPAA – Reporting of Data Breaches

(Policy #1064)

Policy - It is the policy of Home Health Foundation that all data breaches shall be reported to the Privacy Officer/Director of Quality Improvement.

Definition- Breach of Unsecured Information- the unauthorized access, use or disclosure unsecured protected health information (PHI). Not permitted under HIPAA which compromises the privacy or security of protected health information. Unsecured protected health information can include information in any form including electronic, paper or oral forms.

Procedure:

1. All breaches of unsecured protected health information shall be reported to the Privacy Officer immediately upon discovery. This includes reporting the loss or theft of any portable device (laptop, tablet) that may contain confidential company information or protected health information. Breaches involving encrypted information need not be reported. All breaches shall be reported using the agency Performance Improvement Incident Report Form (Policy #1001).
2. Following the report of any data breach, the Privacy Officer shall begin an investigation in order to:
 - a. Determine whether the use/disclosure violates the privacy rule (an impermissible use of disclosure of protected health information under the Privacy Rule).

- b. Perform a risk assessment to determine whether the violation compromises the privacy or security of the protected health information and/or poses a significant risk of financial, reputational, or other harm to the individual who is the subject of the information. If the nature of the protected health information does not pose a significant risk of financial, reputational, or other harm, then the violation is not a breach and no further notification is required.
- c. Determine whether the incident falls under any type of exception as defined by the Privacy Rule).
- d. Document risk assessment such that it can be demonstrated, if necessary, that no breach notification was required following an impermissible use/disclosure of protected health information. Risk assessments shall be maintained for seven years.
- e. Complete the Privacy Violation Disciplinary Process/Grid (Policy #4000).

Massachusetts General Law 201 CMR 17.00 and New Hampshire State Law RSA359 – C:20 – requires notification of individuals in the event of a security breach of computerized personal information if there is a determination that misuse of the information has occurred or is likely to occur if a determination cannot be made. Healthcare providers must also notify the Attorney General’s Office.

Personal information is more limited than PHI. Personal information includes:

- An individual’s first name or initial and last name in combination with any of the following data elements when the name or data element is not encrypted:
 - Social Security Number
 - Driver’s license number or government ID number or
 - Account number, credit card number, or debit card number, in combination with any required security code, access code or password that would permit access to an individual’s financial account.

When the risk assessment reveals that a breach has in fact occurred, the agency must notify each individual whose unsecured protected health information has been, or is reasonably believed to have been accessed, acquired, used, or disclosed as a result of such breach. Such notification shall be made within 60 days of the discovery of the breach incident. Therefore, all Home Health Foundation Employees, Volunteers and Business Associates are required to report known or suspected data breaches to the Privacy Officer immediately by telephone or in writing.

The Home Health Foundation’s Privacy Officer is responsible for contacting the Secretary of the Department of Health and Human Services – the agency is required to notify the Secretary of breaches of unsecured protected health information.

- a. For breaches involving 500 or more individuals, covered entities are required to notify the Secretary immediately. For purposes of this paragraph, the term “immediately” requires that notification be sent to the Secretary of Health and Human Services concurrently with the notification sent to the individuals which must be sent no later than 60 days after discovery of the breach.
- b. For breaches involving less than 500 individuals, the agency may maintain a log of such breaches and annually submit such log to the Secretary of Health and Human Services documenting the breaches occurring during the preceding calendar year. This notification must be made no later than 60 days from the end of each calendar year.
- c. The Agency must maintain annual logs documenting data breaches for submission to the Secretary. The logs must be based on a calendar year and be retained for a minimum of seven years.

CONFIDENTIALITY

(Policy # 1521)

Confidentiality Statement

I, the undersigned, acknowledge and agree that:

1. One of the most serious responsibilities of all employees is the patient's right to privacy. I will not disclose information concerning a patient's treatment without authorization, even to other providers unless they require the information to carry out their duties.
2. In the course of performing assigned tasks or exercising clinical privileges I may have access to patient, organizational, and employee information. Such information is the property of Home Health Foundation. This information may contain data that is confidential in nature. Maintaining confidentiality is essential in my access to and use of patient, and employee information.
3. This access to information may also include access to various electronic information systems which include, but are not limited to, personal computers, agency, clinical, and financial electronic information systems, local and wide area networks as well as Internet access. Access to these various systems will be permitted according to approved policies and procedures.
4. If permitted access, **I will use this access only to obtain information that I am authorized and required as part of my job duties or exercise of clinical privileges to access. I will not disclose information except to those who are authorized to have it.**
5. Information Systems USER ID(s) and passwords issued to me are the equivalent of my signature and must remain confidential and known only to me. I understand that my password(s) is representation that I personally retrieved, transmitted, or verified information. I will not reveal my USER ID or password to anyone unauthorized to have it.
6. All activity on information systems owned or maintained by Home Health Foundation, including electronic mail and voice mail, will be monitored for compliance with security standards. HHF specifically reserves the right to review all entries made on any system(s) as well as attempts to access the system(s).
7. If I have reason to believe that the confidentiality of my password(s) has been compromised, I will contact my supervisor and/or the Information Systems manager immediately, so that my password(s) may be inactivated and a new password(s) assigned to me, and other appropriate corrective action taken.
8. In accepting employment and/or clinical privileges, I agree to adhere to all policies and procedures of the Home Health Foundation dealing with Information, Integrity, and Security and understand that it is my responsibility to become familiar with the Information and Security policies and procedures.
9. In the event that remote access to the information systems owned and/or maintained by the Home Health Foundation is authorized for the performance of assigned tasks and/or clinical privileges granted by Home Health Foundation:
 - a) No organizational, patient, or employee information is to be stored or left out where it can be observed by unauthorized persons.
 - b) All backup or printed material such as drafts and copies of patient, organizational, and employee information will be treated with the same degree of security as the final document.
 - c) All virus scanning software required by the Information Systems Department will be used as prescribed.
 - d) No informational, patient, or employee information is to be placed on the Internet system without encryption and authentication processes approved for use by the Information Systems Department.
 - e) I will be subject to all remote access physical security requirements prescribed by the Information Systems Department.

- f) All organizational, patient, and employee information is the property of the Home Health Foundation and remains subject to all the policies that govern its use. The Information Systems Department will monitor all activity and specifically reserves the right to access, review and audit any system(s) and delete any organizational or patient information that is not appropriate to be on the system(s) used in the remote access of information.
- g) All organizational, patient, and employee information is the property of the Home Health Foundation. I further understand that actions which violate the intent of this statement shall be brought to the attention of management for appropriate action in accordance with the applicable disciplinary policies and may include a written warning, suspension, and termination of employment and/or privileges.

(Also please refer to agency Policy #2102 – Agency Issued Computer Equipment)

INCIDENT\COMPLAINT REPORTING

(Policy #1001 – Performance Improvement Incident/Unusual Occurrence Reporting)

(Policy # 1042 – Patient, Employee, Customer, and Privacy Complaints)

Identification and reporting of complaints and incidents gives our organization an opportunity to improve customer satisfaction, increase knowledge of operations and to improve performance through changes to systems policies or procedures, and the dissemination of information.

Reportable incident may include:

- Any deviation from law, regulation, policy, or patient care plan
- Patient, Employee, Customer and Privacy complaints
- Patient or staff accidents
- Unusual or unintended response to treatment



Patient, employee and customer complaints represent important opportunities for the organization to increase its understanding of the quality of service delivery, customer perceptions, privacy practices, and knowledge of operations. All patients, customers (patients, physicians, discharge planners, community resources, etc.) and employees are encouraged to voice concerns and grievances. In addition, they are entitled and encouraged to make recommendations for changes in agency policies and services without coercion, discrimination, and reprisal.

If a complaint is not resolved and the patient, employee or customer is not satisfied, the Director of Quality Improvement and/or designee will inform the complainant of the option to contact the Joint Commissions' Office of Quality Monitoring at (800) 944-6610 or complaint@jointcommission.org.

Employee may also voice concerns to the Joint Commission Office of Quality Monitoring for unresolved concerns/complaints at 1-800-994-6610 or email complaint@jointcommission.org

Corporate Responsibilities/Employee Standards of Conduct

(Policy # 1033)

Introduction

Home Health Foundation and its Family of Agencies (VNA, MVH and HCI) have developed a Standard of Conduct policy in order to maintain an environment consistent with our Vision, Mission and Core Values. The Standards clearly state Home Health Foundation's expectations for the manner in which employees, volunteers and students should conduct themselves in order to promote and protect the integrity of the Home Health Foundation.

I. Policy Statement

The Standards of Conduct are considered to be an extension of the Home Health Foundation's Core Values:

- To respect the dignity and earn the trust of every person we serve and work with
- To offer services which are accessible and highly responsive to people's needs and expectations
- To achieve effective outcomes with state-of-the-art services provided with compassion and with dedication to quality
- To nurture our staff's creativity and invest in their personal and professional development
- To promote a corporate environment that fosters open communication
- To adhere to the highest standards of ethical conduct
- To provide leadership in forging new partnerships to provide a comprehensive, seamless system of health care services
- To manage our financial and human resources responsibly to ensure that our services are cost effective and meet our highest standards for clinical outcomes and client satisfaction

II. Standards of Conduct

The following six standards constitute the basis for Home Health Foundation's Standards of Conduct.

Quality of Care:

The major focus of Home Health Foundation in meeting patients' needs is caring for the whole person in his/her intellectual, emotional, spiritual and physical dimensions.

We treat the person rather than the disease

We encourage patients and families to participate in decisions regarding their care by providing them with access to information about their care in a manner that they can understand

We respect and maintain the dignity of every patient and strive to provide care in a manner sensitive to cultural differences and individual desires

We provide appropriate care based on the patient's medical need, without regard to race, religion, national origin, age, gender, sexual orientation, disability, ability to pay, or any classification protected by law

We provide medically necessary care that is properly documented in the patient's medical record

We maintain competencies related to our job responsibilities and exercise appropriate judgment and objectivity when providing patient care

We mandate that all employees maintain therapeutic relationships with our patients and adhere to the agency's professional boundaries (Policy #1934)

We report situations that compromise quality through the appropriate, established channels, and correct such situations as soon as possible

We are committed to maintain accreditation by the Joint Commission and/or other such accrediting bodies

Laws and Regulations:

Home Health Foundation will operate in accordance with all laws and regulations. These laws and regulations apply to areas such as patient referrals, employment, physician relationships, billing and payment practices, the environment, health and safety and dealing with payers and regulatory agencies.

We refrain from any conduct that may violate federal or state laws, including those related to federal program fraud, abuse and false claims

We prohibit any type of payment for or receipt of money or benefits for the purpose of inducing referrals in violation of the anti-kickback statute, Stark physician self-referral law, or other federal or state statutes or regulations

We recruit, hire, train, promote, assign, transfer, lay off, recall and terminate employees based on an evaluation of work performance, their demonstrated skills and competencies, experience and conduct without regard to race, religion, national origin, age, gender, sexual orientation, disability, or any classification protected by law

We provide employees with the necessary training and education to perform their duties in accordance with applicable laws and regulations

We make certain that cost reports or other information required to be provided to any federal, state or local government agency are filed accurately and in conformance with the applicable laws and regulations to the best of our knowledge and understanding

We do not engage in activities that jeopardize the tax-exempt status of the organization, including certain lobbying and political activities, or activities that further the private or personal interests of an individual rather than our charitable purpose. We refrain from activities that violate the antitrust laws.

We follow applicable environmental, health and safety requirements

We report any practice or condition that we believe may violate laws, rules or regulations, safety standards, internal policies or Standards of Conduct to appropriate levels of management in a timely manner

We take steps to ensure that our billing and coding are in compliance with our policies, and with federal and state laws and regulations, and are supported by appropriate documentation, including the medical record

Human Resources:

Home Health Foundation strives to cultivate a work environment where employees are highly regarded; where they are treated honestly and respectfully; where their health and safety are protected; where they are motivated to reach their potential; where they are given an opportunity for personal and career learning and advancement; where they are

provided with the tools necessary to do their job well; where there are safe and adequate procedures for resolving conflicts; and where employees are recognized and rewarded for their achievements without prejudice or discrimination.

We do not tolerate any form of harassment or unlawful discrimination, as unprofessional conduct such as intimidating and disruptive behavior

Types of intimidating/disruptive behavior: verbal outbursts, physical threats; condescending language; body language (example – invading personal space, aggressive/rude gestures); disruptive behavior such as assault and other criminal behavior. Anyone who witnesses unprofessional behavior as described above should notify their supervisor/manager and/or Human Resources.

Home Health Foundation Incident Report should be completed. As indicated, the procedure outlined in the agency's Performance Improvement will be followed.

(Policy #1537)

We seek to be a responsible employer by providing opportunities for professional satisfaction, pride of work and career growth

We keep employees informed of activities and events that affect their specific work environment and performance of their job duties

We provide training opportunities for employees to assist them in obtaining and maintaining certifications or licensures necessary for the performance of their job duties

We maintain a drug free workplace and will not tolerate the use or possession of illegally acquired drugs and/or alcoholic substances while employees are on duty

We function in an environmentally responsible manner, providing for the health and safety of our employees as well as our patients and the community

We provide a grievance process to report and resolve conflicts without fear of retribution

Refer to Home Health Foundation Employee Handbook for more detailed information.

Business and Ethical Practices:

Home Health Foundation is committed to ethical business conduct and integrity. Employees must represent Home Health Foundation accurately and honestly and must not do anything that purposefully defrauds anyone. Record keeping and billing for services provided to the patients must be accurate. Business is conducted in a manner that is consistent with the organizations' tax-exempt regulations. Home Health Foundation employees who have knowledge/concern regarding business or ethical practices have an obligation to report the matter immediately to his/her supervisor or the agency's Corporate Compliance Officer.

We do not engage in unethical or illegal activities in the pursuit of business opportunities

We act in good faith and in the best interest of Home Health Foundation at all times in the performance of our job duties

We appropriately document the care that is provided

We prohibit false documentation in the medical record (example – “false representation of any document, clinical or business”)

We submit claims only for medically necessary services provided

We do not steal or misappropriate confidential or proprietary information belonging to another person or entity

We use resources and assets only to further the Mission of Home Health Foundation

We do not offer, give, solicit or receive any form of bribe, kickback or other inappropriate gift or payment

We make certain that payments and other transactions are properly authorized by management and properly documented

We prepare all financial documents, including financial statements, cost report, accounting records, expense reports, and time sheets accurately

We deal with payers and regulatory agencies honestly and accurately

Confidentiality:

Home Health Foundation employees, volunteers and students must keep organizational, patient and employee information in the strictest confidence. In keeping with the Health Insurance Portability and Accountability Act (HIPAA) Professional Ethical Guidelines all employees, volunteers, students must maintain the privacy and security of protected health information.

All employees, volunteers and students are expected to keep confidential information about other employees and the proprietary business practices of the organization.

All employees, volunteers and students requiring access to any Home Health Foundation organizational patient or employee information must sign a confidentiality statement. Confidentiality policies and procedures are included as part of new employee orientation and for all employees annually. Breach of agency or patient confidentiality may result in disciplinary action up to and including dismissal;

(Policy #4000 - Privacy Violation Disciplinary Process)

We protect and respect the confidentiality of our patients and their medical information

We only reveal personal or confidential information concerning patients for legitimate patient care purposes, unless authorized by patient or otherwise permitted by law

We only share confidential information regarding the operations of Home Health Foundation with employees when they have a legitimate need to know the information in order to perform their job responsibilities

We will maintain confidential information, including financial data in a confidential, secure manner according to relevant polices and applicable law

Conflict of Interest:

(Policy #1900)

Home Health Foundation's members of the Board of Trustees and Management shall exercise the utmost good faith in all transactions touching upon their duties of the Home Health Foundation. An Annual Disclosure Form is completed by each member of the Board of Trustees and Management in order to identify potential areas of conflict;

We avoid engaging in any activity, practice or act that appears to conflict with the interest of Home Health Foundation

We do not solicit or accept money, gifts, favors, services, entertainment or other things of value

We abstain from any decision or discussion affecting Home Health Foundation that might represent a conflict of interest when serving as a member of an outside organization or board

We do business only with individuals and companies based on the best interest of Home Health Foundation

We will avoid any appearance of impropriety (wrong doing) when dealing with employees and referral source

We avoid outside employment, consulting arrangements or personal investments if they interfere with our job responsibilities or unduly influence the decisions we are required to make on behalf of Home Health Foundation.

I understand my responsibilities as an employee of the Foundation and its family of agencies - Home Health VNA, Merrimack Valley Hospice, and HomeCare, Inc. Additionally, I have been instructed that should I have any questions regarding its content, I may refer them to my supervisor/manager. If I have any knowledge of facts concerning this agency's activities that I believe might be a suspected violation of the law or agency Standards of Conduct, I will report the matter immediately to my supervisor or to the agency's Corporate Compliance Officer whose duties are shared by the Vice President of Human Resources and the President/CEO of the organization.

**Medicare Advantage – Prescription Drug Fraud, Waste and Abuse
as Mandated by Centers for Medicare & Medicaid**

Fraud - Intentionally, or knowingly and willfully attempting to execute a scheme to falsely obtain money from any health care benefit program.



Waste - Health care spending that can be eliminated without reducing the quality of care.

Abuse – Improper behaviors or billing practices creating unnecessary costs.

Potential Risks of Fraud, Waste and Abuse relative to Prescription Drugs

1. Prescription drug shorting (example – The patient reports that pharmacist provided less pills than was prescribed for the patient).
2. Forging or altering a prescription within the Pharmacy dispensing system.
3. Patient ID card sharing (example – a patient allows a friend to use their ID card).
4. Doctor shopping (example – a patient consults a number of doctors for the purpose of obtaining multiple prescriptions for narcotics and other drugs).
5. Resale of prescription drugs to another person.
6. Identity theft (example – another person may use the patient’s insurance card to obtain medications and/or equipment).

Employee Reporting Responsibility:

Any Employee of Home Health VNA and Home Care Inc has the responsibility to report immediately to their Supervisor/Manager or the Corporate Compliance Officer if they have any knowledge or facts that they believe might be a suspected violation related to Prescription Drug Fraud, Waste and Abuse. (Refer to the above examples) Additionally, I have been instructed that should I have any questions regarding the information provided, I may refer them to my Supervisor/Manager or the Corporate Compliance Officer.

Whistleblower Protections

- Definition – An employee, former employee, or member of an organization who reports misconduct to people or entities that have the power to take corrective action.
- Individuals can report fraud anonymously.
- Employers cannot threaten or retaliate against whistleblowers

Exclusion Lists

- Human Resources will check the Office of Inspector General and General Services Administration exclusion lists (regarding conviction of a criminal offense related to health care fraud) for all new employees and at least once a year thereafter to ensure that beneficiaries are not included on such lists.

Confidential Methods for Reporting Fraud, Waste and Abuse (FWA)

- Office of the Inspector General
 - By Phone: **1-800-HHS-TIPS (1-800-447-8477)**
 - By TTY: **1-800-377-4950**
 - By E-mail: HHSTips@oig.hhs.gov
- Centers for Medicare & Medicaid Services (CMS)
 - By Phone: **1-800-MEDICARE (1-800-663-4227).**
 - By TTY: **1-877-486-2048**

2011 Home Care National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

- **Goal #1** - Improve the accuracy of Patient identification. Use two patient identifiers (ex: Name and Birth date) *(Policy # 1936 – Patient Assessment/Reassessment)*

- **Goals #3** –Reconciling medication information
(Policy # 2047- Medication Verification & Management)
- **Goal #7** – Reduce the risk of health care associated infections by meeting Hand Hygiene Guidelines from the Centers for Disease Control and Prevention (CDC) or World Health Organization.
(Policy # 1926 – Hand Hygiene)
- **Goal #9** – Reduce the risk of patient harm resulting from Falls.
 - Implementing a Fall Reduction Program (Gaitkeepers Safety and Fall Prevention Program)
- **Goal # 15** – The organization identifies safety risks related to its patient population
 - Identifies Risks Associated with Home Oxygen (Use of flammable and combustible substance and smoking)

INTERNET USE

(Policy #1023)

Home Health Foundation owns the computer systems and all data contained on them, may record or monitor system use at any time, and may inspect or remove any file at any time. The agency reserves the right to inspect any and all files stored in private areas of the network in order to assure compliance with policy. No employee may use the agency’s Internet facilities to deliberately propagate any virus, worm, Trojan horse, or trap-door program code. The agency may authorize internet access to only those employees who demonstrate a legitimate business need. Any employee who obtains a password or ID for an Internet resource must keep that password confidential. Agency policy prohibits the sharing of user IDs or passwords obtained for access to Internet sites. Computing resources are not to be used for personal commercial purposes or for personal financial or other gain.

The following uses of e-mail by individuals or organizations are considered inappropriate and unacceptable at Home Health Foundation, Inc. In general, e-mail shall not be used for the initiation or re-transmission of:

- Chain mail that misuses or disrupts resources - E-mail sent repeatedly from user to user, with requests to send to others.
- Harassing or hate-mail - Any threatening or abusive e-mail sent to individuals or organizations that violate agency rules and regulations.
- Virus hoaxes.
- Spamming or e-mail bombing attacks - Intentional e-mail transmissions that disrupt normal e-mail service.

Ethics

Home Health Foundation and its Family of Agencies (VNA, HCI, and Hospice) addresses ethical issues relating to patient care through the Vehicle of an Ethical Consultation. This consultation is available to assist all staff, patients and families, physicians, as well as those who are involved in decision making when appropriate.

The request for an Ethical consultation may be made by contacting Ethics Committee Chairperson @ 978- 552-4756 (Monday through Friday 8:00am to 5:00pm). Evenings and weekends the Clinical Supervisor may be contacted. The clinical Supervisor will then contact the appropriate Vice President.
(Policy# 2072)

Patient/Family with Ethical concerns may contact the Ethics Committee Chairperson @

978-552-4756.

The Ethics Committee Chairperson clarifies the concern with the person requesting the consult. If the request is determined to be outside the scope of the Ethics Committee, the requesting party will be informed and alternative avenues will be suggested.

Home Health Foundation has established an Ethics Committee. The role of the Ethics Committee is to support patients, families and the agency's employees as they work together to find solutions/directions/guidance relative to ethical concerns.

Goals of the Ethics Committee:

- To serve as a forum for discussion and consultation of Ethical concerns.
- To provide Ethics education to Agency staff and the community.
- To assist in the formulation of Home Health Foundation policies and procedures related to Ethical issues.

The Ethics Committee Chairperson will be responsible to follow-up with the person(s) who requested a case consultation, in order to discuss findings/recommendations relative to the review process. The Ethics Committee Consultations are advisory and makes recommendations only. The Ethics Committee has no enforcement power. However the case consultation does provide a rational and non-judgmental forum for discussion and for exploration and clarification of values, bioethical principles and alternatives.

The Ethics Committee is advisory committee reporting to the Home Health Foundation's President/CEO. The President/CEO will inform the Board of Trustees concerning policies and issues addressed by the Ethics Committee as indicated.

Areas of Conflict that may give rise to Case Consultation include:

1. Refusal of treatment
2. Forgoing/withdrawing of life-sustaining treatment
3. Do not resuscitate (DNR) issues
4. Informed consent
5. Confidentiality
6. Family member/significant other disagreement regarding care of the patient
7. poor communication between caregivers and patient and family
8. Determining capacity to make decisions
9. Drug diversion, misuse of drugs
10. Lack of understanding options
11. Advance Directives
12. Palliative sedation

Advanced Directives for Health Care

(Policy # 1031)

HHF respects the patient's right to self-determination and to formulate advanced directives for health care. An **advanced directive** is a general term for several legal documents, which directs health care in the event the patient is unable to make health care decisions. These instructions may identify an individual to act as the patient's agent to carry out that individual's wish regarding health care decisions. All patients will be provided information concerning their **right to accept or refuse medical treatment and to formulate advanced directives.**

The existence and location of any advanced directive will be documented in the patient's medical record and a copy will be requested for the medical record. The name and telephone number of the designated agent will be recorded in the medical record. **A patient may revoke**

an advanced directive or the authority of an agent at any time, either verbally or in writing, or by any action indicating revocation. The clinician should document revocation of an advanced directive in the medical record and notify the physician and the agent. **An employee of the agency may not act as a witness to the execution of a patient’s advanced directive.**

Upon agency receipt of notice from the attending physician that appropriate medical criteria are present and that the patient has been determined to lack the capacity to make or communicate health care decisions, the agency will implement a valid patient advanced directive. **The agent has no authority until this determination is made.** The clinician will document in the medical record that an advanced directive is in effect.

If a patient who has been determined by the physician as incapable of making health care decisions **objects to a decision made by the agent, the patient’s decision shall prevail unless the patient is determined to be incompetent by a court order.** The clinician should follow the patient’s wishes and notify the physician and the Clinical Manager.

Detailed copies of the Massachusetts and New Hampshire laws regarding advanced directives are available in the Clinical Director’s office. There are differences between the Massachusetts and New Hampshire regarding the formulation of advanced directives.

Massachusetts:

The Health Care Proxy is the legally recognized document, which allows competent adults (age 18 or older) to appoint an agent to make health care decisions should they be unable to make or communicate such decisions.

- ❑ A valid health care proxy must (1) be in writing, (2) be signed by the patient in front of two witnesses neither of whom are designated as agent, and (3) identify the patient and agent and indicate that the patient intends the agent to have authority to make healthcare decisions on the patient’s behalf should he or she be unable to do so.

New Hampshire:

There are two advance directive documents legally recognized in New Hampshire- the Living Will or the Durable Power of Attorney for Health Care.

- ❑ The **Living Will** allows a person (age 18 or older) of sound mind to provide written instructions concerning the **withholding or withdrawing of life sustaining procedures in the event the person is in a terminal condition or permanently unconscious.** The Living Will comes into effect **only** if the patient is diagnosed and certified in writing to be in a terminal condition or permanently unconscious. Two physicians who have personally examined the patient, one of who is the attending physician must make the determination.

The **Durable Power of Attorney for Health Care** authorizes an agent to make health care decisions should the patient be unable to make or communicate such decisions. The agent’s authority becomes effective only after the attending physician certifies in writing in the medical record that the patient lacks the capacity to make health care decisions. Despite the Durable Power of Attorney for Health Care being in effect, treatment may not be given or withheld over the objections of the patient without court order.

Maine:

- ❑ Under Maine law, the term “advance directive” means any spoken or written instructions given about health care by a competent adult over the age of 18.
- ❑ The State of Maine recognizes the Health Care Power of Attorney, Living Will, Maine Advance Directive Form and Physicians Orders Life-Sustaining Treatment (POLST) as advance directives.

- ❑ The Health Care Advance Directive can be delegated to take place right away or when the patient becomes unable to make his/her own decisions.
 - If right away, the person must be told about the agent's decisions, as long as able to make his/her own decisions.
 - If the advance directive is to take effect when the person is no longer able to make his/her own decisions, the physician will decide when the form goes into effect.
- ❑ The Maine Health Care Advance Directive Form allows for the designation of many choices. The Form includes 7 sections:
 - Health Care Power of Attorney – designation of an agent(s).
 - Special Instructions – wishes about certain treatments.
 - Designation of primary physician.
 - Donation of body/organ/tissues at death.
 - Funeral and burial arrangements.
 - Witnessing/signing of forms.
 - Instructions to Emergency Medical Services – Do Not Resuscitate Form.
- ❑ POLST – Physician Orders for Life Sustaining Treatment – Persons in Maine may elect to use the POLST form which is a distinctive bright green.
- ❑ The POLST form must be signed by a physician, nurse practitioner or physician's assistant.

SUSPECTED ELDER AND DISABLED ADULT ABUSE, NEGLECT, AND EXPLOITATION REPORTING

(Policy # 2114)

Definitions:

1. Disabled Adult

A person between the ages of 18 to 59, inclusive, who is mentally or physically disabled and as a result of such mental or physical disability is wholly or partially dependent on others to meet his/her daily living needs.

2. Elder

A person who is 60 years of age or older.

3. Abuse

Any act or omission by a person that is not accidental and harms or threatens to harm an elder or a disabled adult physically, mentally, emotionally or sexually.

4. Neglect

An act of omission which results or could result in the deprivation of essential services necessary to maintain the minimum mental, emotionally or physical health of an elder or disabled person. Self neglect is included.

5. Exploitation

The illegal use of an elder's or disabled person's property or person for another person's profit or advantage, including but not limited to, situations where a person obtains money, property, or services from an elder or disabled person through the use of undue influence, harassment, duress, deception or fraud, for the purpose of taking unjust advantage of another for one's own benefit.

Procedure

1. All agency staff is informed of the mandated Elder and Disabled Persons Abuse, Neglect and Exploitation Policy at the time of orientation to the agency.
2. All paraprofessional staff is required to attend an inservice on recognizing and reporting elder and disabled person abuse, neglect and exploitation at least once per year.

3. All agency staff will participate in an annual written safety test which includes a review of elder, disabled person abuse, neglect and exploitation.

4. **Professional Reporting**

When a professional provider knows or suspects that an elder or disabled person is being neglected, abused, or exploited they are mandated to verbally report findings to the proper state authorities as soon as possible. If the abuse poses an imminent threat to the patient's safety, the provider shall also immediately make an oral report to the police department of the town in which the alleged abuse occurred. A written report must be completed and sent to the proper state authorities within 48 hours.

5. **Paraprofessional Reporting**

When a paraprofessional knows or suspects that an elder or disabled person is being neglected, exploited or abused, the paraprofessional must immediately verbally report this to their supervisor; their supervisor will then assist them in contacting the proper state authorities as soon as possible. If the abuse poses an imminent threat to the patient's safety, the supervisor shall immediately make a verbal report to the police department of the town in which the alleged abuse occurred. The supervisor will assist the paraprofessional in filing the written report.

6. **Patient Transfer**

When the patient/family is involved in issues of abuse/neglect/exploitation/misappropriation and/or current Department of Public Health or other investigations, the clinical manager will report this information verbally and in writing to the administrator of the receiving facility/agency.

Massachusetts Patients

◆ ***Elders***

1. A verbal report is made to Elder Services of Merrimack Valley, Inc. 24 hours a day via the Elder Abuse Hotline at: 1 (800) 922-2275; or ESMV at: 1 (800) 892-0890 during regular business hours (8:00 a.m. – 5:00 p.m., Monday – Friday).
2. All verbal reports are followed up with a written report within 48 hours using the *Elder Abuse Mandated Reporter Form – Attachment #1*.
3. The completed report is then mailed to Elder Services of Merrimack Valley, Inc., 360 Merrimack Street, Building #5, Lawrence, MA 01843.

◆ ***Disabled***

1. A verbal report is made to the Disabled Persons Protection Commission (DPPC) 24 hours a day at 1-800-426-9009 V/TTY.
2. All verbal reports are followed up with a written report within 48 hours using the *Disabled Persons Protection Commission's Reporting Form – Attachment #2*.
3. When completed, written reports are mailed to Intake Unit, Disabled Persons Protection Commission, 300 Granite Street, Suite 404, Braintree, MA 02184 Fax: 617-727-6469.

New Hampshire Patients

◆ ***Elders and Disabled***

1. All Verbal reports are made to the Bureau of Elderly and Adult Services, (800) 949-0470 or (603) 271-7014.

Maine Patients

◆ ***Disabled***

1. 888-568-1112

◆ **Elders**

1. 207-396-6500

Non-Mandated Referral

Intimate Partner/Domestic Relations Abuse

Domestic violence is a health care issue. HHVNA is committed to developing a receptive climate for the early detection and effective intervention for patients experiencing intimate partner/domestic relation's abuse. Using a self-reporting screening tool, all patients will be screened for risk of abuse and neglect at start of care (SOC) and at resumption of care (ROC).

Note: Able persons between the ages of 18-59 years are not subject to reporting when they are the victims of domestic violence. Patient permission must be obtained to refer for services.

Contact Numbers:

New Hampshire: *National Domestic Violence Hotline 800-799-7233*

Massachusetts: *Massachusetts Domestic Violence Hotline 800-992-2600*

Maine: 888-568-1112

CHILD ABUSE REPORTING, SUSPECTED

(Policy #2115)

All professional licensed personnel are mandated by law to report child abuse/neglect/exploitation. The agency requires that all Home Care Aides report all suspected cases of child abuse/neglect/exploitation to their supervisor in the Home Care Department. The MSW Manager is available for consultation/assistance with questionable abuse/neglect patients.

Definitions:

1. Child
 - a) A person under the age of 18.
2. Abuse
 - a) The non-accidental commission of any act by a "caretaker" which causes or creates a substantial risk of harm or threat of harm to a child's well-being.
 - b) The commission of a sex offense against a child as defined in the criminal law.
3. Neglect
 - a) Failure by a "caretaker", either deliberately or through negligence, to take actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision or other essential care.
 - b) Physical dependence of the child upon an addictive drug at birth
4. Physical Injury
 - a) Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child's age, circumstances under which the injury occurred and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive.
5. Emotional Injury
 - a) An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
6. Exploitation
 - a) Taking unjust advantage of another for one's own benefit.

Procedure

1. When abuse/neglect/exploitation is suspected, the clinician is to make an oral report by calling appropriate Department of Children and Families (DCF) office (MA) or Division of Children, Youth and Family Services (DCYF) office (NH). In the case of the Home Care Aide, they are to notify their supervisor who will assist with filing the complaint.
2. Clinical staff will document the reporting of suspected abuse/neglect/exploitation and the findings of follow-up reports in a visit note or call log, as appropriate.
3. **Massachusetts:** The report must be called into the Department of Children and Families (DCF) Statewide Hotline.
 - a. A written report (51A) MUST follow up the verbal report within 48 hours.
 - b. DCF will send a follow-up notification to the reporter of disposition of the case after it has been screened. The follow-up report will be included in the medical record.

Hotline (Statewide)	24 Hour Hotline	(800) 792-5200
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4. **New Hampshire:** The report must be called in to the Department of Child and Youth Services (DCYF) Central Intake number during business hours.
 - a. A written report, “*Report of Suspected Abuse/Neglect/Exploitation: Elder, Disabled Adult, Child; New Hampshire Residents*” is required by the agency to follow up the verbal report.

Central Intake	Monday – Friday 8:00 a.m. – 4:30 p.m.	(603) 271-6556 (800) 894-5533 (in state calls only)
Easter Seals (covering for DCYS)	After Hours and Weekends	(800) 685-8772
	If there is an emergent danger to a child during off hours, the local police in the area in which the child resides need to be contacted.	

H

5. **Maine:** Using the “*Mandated Reporter Worksheet*” as a guide, the report is called in to the 24 hour State Child Abuse Hotline.

Statewide Child Abuse Hotline	24 Hours/7 Days	(800)452-1999
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6. Two (2) copies of the written reports are necessary and are sent to:
 - a. State Agency (DCF, DCYS)
 - b. Medical Record

7. Other Resources

National Call Center for At-risk Youth		(800) 872-5437
Helping Parents	MA	(800) 882-1250
	NH (only)	(800) 750-4494
Parental Stress – Available 24 Hours/Day 7 Days/Week	MA	(800) 632-8188
	NH (only)	(800) 750-4494
Families First Health and Support Center	NH	(603) 422-8208 (press 2 for support)

HOME AND PERSONAL SAFETY AWARENESS

You need to know how to:

A - Be **AWARE** of potentially unsafe conditions and always practice your skill safely.

C - **CORRECT** the condition and notify the appropriate person.

T - **TAKE** precautions to avoid future problems

Typical hazards:

- Inadequate lighting in all areas– not enough or too much causing a glare
- Cluttered pathways, loose carpets, wet or highly waxed floors, and electrical/telephone cords
- Defective or poorly maintained equipment, stairs, handrails, furniture
- Incorrect use of tools and using furniture as a ladder
- Improper storage or labeling of medications, cleaning fluids/chemicals, oily rags, rubbish
- Leaving sharp objects unprotected and firearms unsecured, within easy reach
- Unrestrained household pets
- Family violence

Be aware of the special safety hazards in each area and alert appropriate person(s) to potentially hazardous conditions.

Fire Safety

Fires are a leading cause of injury and death in health-care facilities

Fire Hazards in Homecare include:

- Smoking
- Oxygen, compressed gases (gas cylinders), mechanical respirators
- Flammable substances, such as paint thinner, solvents, alcohol and ether
- Faulty electrical equipment or wiring and improper use of extension cords
- Combustibles such as rubbish, latex gloves, rags, linens, drapes
- Grease from cooking
- Lint from laundry



Take part in all training programs and drills

- Know where the exits are located.
- Plan emergency routes for quick exit. Know the escape routes (posted throughout the office.)
- Identify locations of smoke detectors, and telephones.
- Know the telephone number of your location.
- Learn how to operate the fire extinguishers in the home or office, if they are available, and know where they are located.
- Don't open doors without first testing for heat radiating from them.
- Remember to touch walls and doors with the back of your hand, instead of your palm.
- Stay close to the floor to avoid inhaling too much smoke.
- AVOID SHOUTING - remain calm at all times.
- Walk - don't run - to the nearest emergency exit!
- Meet in the building parking lot away from emergency equipment.
- Re-enter only upon notification by emergency personnel.

Help Prevent Fires...

- ❑ Inspect your work area for hazards regularly
- ❑ Keep combustibles and flammables away from heat
- ❑ Keep combustibles that can spark out of areas where oxygen is used
- ❑ Dispose of rubbish properly
- ❑ Help enforce smoking rules.
- ❑ Display "Oxygen in Use" sign.



R.A.C.E.

In case of a fire, remember "RACE"

R: Remove any patients from immediate danger

A: Activate the Alarm.

Pull the fire pull station nearest the fire location.

Alert other employees in the immediate area.

C: Confine the fire.

Close all vents, windows, and doors.

Turn fans off.

Shut down electrical and gas equipment.

E: Evaluate/Evacuate/Extinguish

Evaluate the type and extent of the fire and the type of material burning. If necessary, **evacuate** to a safe area.

If the fire is small and isolated, attempt to **extinguish** the fire, using the appropriate extinguisher.

P.A.S.S.

(Policy # 1022)

Fire Extinguisher Instructions

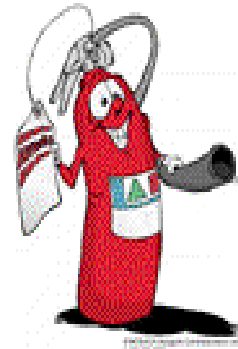
Operation of Fire Extinguisher: "PASS"

P: Pull the safety pin

A: Aim the nozzle

S: Squeeze the handle

S: Sweep from side to side at base of fire



The different kinds of fire extinguishers

A - Ordinary combustibles

B - Flammable liquids & gases

C - Electrical equipment & appliances

D - Certain combustible metals, such as magnesium, titanium, potassium, sodium



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ELECTRICAL SAFETY

Electricity is everywhere in our homes and offices, and it only takes one old or poorly wired plug to prove just how powerful it is. Each year healthcare workers suffer pain, injuries, and death from shocks or fires caused by electricity.

Danger signs:

- ❑ Fraying power cords
- ❑ Overloaded sockets
- ❑ Hot plugs & sockets
- ❑ Water near electric
- ❑ Flickering lights



Manage electricity safely by taking these sensible precautions:

- ❑ When planning to use electrical equipment, assess for the appropriate number of outlets.
- ❑ Order the home equipment from a Durable Medical Equipment supply company that is Joint Commission certified.
- ❑ **Examine all cords and plugs routinely. Report to your supervisor and the medical supply company any plugs that are damaged or heat up when in use.**
- ❑ Keep cords away from heat and water.
- ❑ Don't run cords under rugs or through doorways.
- ❑ Always use grounded, three-holed electrical outlets.
- ❑ Be sure you know what to do in the case of a power outage.

REMEMBER

If you have a patient on life support/ventilator

- ❑ Notify the local power company at time of admission
- ❑ Tell them whether you have an emergency generator or battery pack, and how long it will last
- ❑ If a power outage occurs, that home will be listed as *High Priority* with the Power Company

HAZARD COMMUNICATION PROGRAM

“Right to Know”

(Policy # 1005)

- OSHA requires the agency to have a written Hazardous Communication Policy to alert employees of hazardous chemicals in the workplace.
- Manufacturers provide the agency with Material Safety Data Sheets (MSDS) for each hazardous chemical supplied to us. The MSDS provides information for employees if they come in contact with a hazardous chemical.
- If you should have an exposure to a chemical, contact your manager/supervisor immediately. Your manager/supervisor will obtain the relevant information in order to treat the exposure if indicated.
- MSDS information is available through the Agency's Facilities and Supply Coordinator and/or on-line at the manufactures' web site.



ERGONOMICS AND BACK SAFETY

Slips, Trips & Falls

Slips, trips and falls are a common cause of injuries on the job. Many falls can be avoided by becoming aware of your environment and potential hazards.

Injuries are often caused by:

- Wet floors
- Uneven floor surfaces
- Loose carpets or scatter rugs
- Electrical cords
- Poor lighting
- Glare from too much light
- Cluttered or obstructed work area or passageways

Suggestions to prevent slips, trips and falls:

- Pay attention to your step
- Don't rush
- Wear sensible shoes with adequate traction and support
- Clean up fluid spilled on the floor

BACK SAFETY

Back injuries are common among home healthcare workers. They can be associated with improper methods of lifting, pulling, pushing, carrying, bending or twisting. Back injuries often result from years of abusing one's back causing weakness and stress to the soft tissue and bony structures. Back injuries can be associated with poor posture. Disc compressive forces are higher in sitting than standing erect. If a worker's seated posture is poor, the disc compressive forces can be greater than those measured during standing with a flexed trunk!! Overtime, high disc compression forces can cause disc damage.

Back Biomechanics:

- Body position affects the amount of load (force) on the spine.
- Holding/carrying an object close to the body lowers the load on the back.
- Leaning forward from your waist will increase the load on the low back.
- Body positions creating load on the lumbar spine listed chronologically from the LEAST to the MOST amount of LOAD:
 1. Supine lying
 2. Erect standing
 3. Supported, erect sitting
 4. Standing with trunk forward bent at waist
 5. Slouch sitting



To Avoid Back Injury:

- Use safe lifting techniques.
- Maintain proper sitting and standing posture.
- Stay physically fit.

Good Posture:

- Involves training your body to sit, stand and walk in positions creating the least strain on supporting muscles and ligaments.
- Helps decrease abnormal wear on joint surfaces.
- Prevents fatigue.
- Decreases stress on the ligaments holding the spine together.

Good Posture Requires:

- Good muscle flexibility.
- A balance in strength of your back and abdominal muscles.
- Awareness of your own posture. Looking in the mirror is helpful!!

ERGONOMIC SAFETY

Adapting equipment, procedures and work areas to fit the person helps prevent injuries and improve efficiency.

Common ergonomic injuries and their causes:

- Strains and sprains:** most often to the back, fingers, ankles, and knees due to improper lifting or carrying objects.
- Musculoskeletal Disorders:** most often to fingers, wrist, neck, and back from repetitive motion for long duration, poor posture, awkward posture.
- Eye strain, headaches and fatigue:** due to poor lighting, neck posture or noise

Hints for Good Standing Posture:

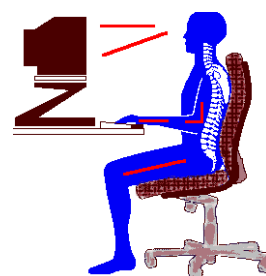
- Avoid slouching and the military stiff posture.
- Think of elevating your chest bone toward the ceiling.
- Hold your shoulders slightly back and your head neutral.
- Keep your earlobes in line with the middle of your shoulders.

Hints for Good Driving Posture:

- Keep your back supported including the lumbar (low back) area. May need to use a lumbar roll.
- Sit with your seat slightly reclined back at 100-110 degrees (less lumbar disc compression force) rather than the 90-degree upright posture.
- Sitting with your seat slightly reclined back at 100-110 degrees with lumbar support helps decrease disc compressive forces.
- Position headrest to support back of your head.
- Position seat toward steering wheel so knees are bent and you are not stretching to reach gas/brake pedal.
- Knees should be at the same height or higher than your hips

Ergonomic Hints for Workstation:

- Sit with back and buttocks supported against chair. Use additional low back support if needed to maintain your normal lumbar curve.
- Move chair close to work so you don't slouch and reach excessively.
- Sit with seat slightly reclined back.
- Adjust chair height so elbows are bent at 90 degrees.
- Keep upper arm and elbow close to body.
- Keep feet flat on floor. Use footrest if necessary.



- Position monitor directly in front of you, with the top line of your characters at, or just below eye level.
- Keep the tools (mouse, phone) you use often within easy reach.
- Don't pound the keyboard.
- Sit at least an arm's length from monitor.
- When using keyboard, keep wrist flat (not bent up or down) and straight (not bent left or right).
- Reduce screen glare by using a glare filter or changing screen position or lighting.
- Get up, walk tall and stretch often.

Lifting Safely:

- Plan the move. Check for tripping hazards.
- Assess the object (size, weight, shape).
- Get help or use a mechanical lifting aide if the object is too heavy or an unusual shape.
- Stand close to the object.
- Use the **Power Position** by bending at the hips and knees, keep the lower back in an inward (arched) position and keep your buttocks out.
- Grip object firmly.
- Tighten abdominal muscles.
- Lift with your legs, not your back. Push up from your knees.
- Avoid fast, jerky movement.
- Keep object close to your center of gravity, decreasing stress to back and shoulder muscles.
- To change directions- turn your feet. Do not twist your trunk.

PERSONAL SAFETY

Even though you may be exposed to many hazards everyday, you can handle and avoid risks by being alert and aware of your surroundings, by following basic safety rules and by using your common sense.

Traveling safety tips:

- Follow safe driving rules and posted speed limits.
- Use a seat belt at all times while driving as per agency.** (Policy # 1520)
- Keep your vehicle in good repair. Make sure the spare tire is useable and keep the gas tank at least half full.
- Keep an auto survival kit in your vehicle.
- Keep doors locked and windows closed at least to earlobe level.
- Park within site of your destination and in a well-lighted area. Avoid parking near trucks, vans, shrubs and tall hedges.
- Look around and inside the vehicle before entering. Have keys ready to unlock the vehicle's door.
- Drive to the nearest police, fire station or well –lighted gas station if you need assistance.
- Carry a spare vehicle key on your person.

Defensive driving:

Defensive driving saves money, time and *lives*. Be prepared to drive defensively.

- Do not mix driving with alcohol or other drugs.
- Be alert for impaired Drivers. Do not challenge aggressive drivers. Make every attempt to get out of their way.
- Allow a safe distance between vehicles. Follow the 2 - 3 seconds rule.
- Get your emotions in check before you drive.
- Anticipate driver mistakes at intersections and highway ramps.
- If you're tired, pull off the road for some exercise, fresh air or a cup of coffee.
- Be aware of medications that you are taking that could affect you driving ability.

- Uncorrected vision or hearing impairments, uncontrolled epilepsy, heart disease and diabetes can increase your chance of an accident. *Consult your physician.*

Bad weather driving conditions:

Rain, fog and snow make driving treacherous and make it difficult for drivers to see each other.

- Use your low beam headlights, drive slower and leave more distance between vehicles
- Puddles on the road can result in your vehicle hydroplaning (tire loose traction with the road)
- If your vehicle goes into a skid, take your foot off the accelerator. Do not hit the brakes. Turn the steering wheel in the direction you want the vehicle to go. Use moderate turns of the wheel until you come out of the skid.
- Slow down your vehicle as you approach shaded areas, bridges and overpasses in the winter. These sections freeze first and stay frozen longer after the sun hits them.

Safety Tips before the Visit:

- Know the patient's history of violence, substance abuse or mental illness.
- Notify the scheduling department of changes in your schedule.
- Avoid unsafe areas; "safety" of the neighborhood may change according to the time of day.
- Make arrangements with the Manager/Supervisor for security services as needed.** (Policy # 1025)
- Know exactly where you are going.
- Get accurate directions
Have a map of the area with you
- Have the family watch for your arrival if possible and watch to see if you get safely back in your vehicle.
- Have money to buy gas or make a telephone call.
- Keep purse and valuables out of sight.
- Dress appropriately and within guidelines of the agency. Always wear your identification badge.
- For routine visits, the patient or the family needs to restrain their pet.

Visiting safety tips:

- Before getting out of your vehicle, check the surrounding area – activities of people, condition of buildings, etc. If you feel uneasy, do not get out of your vehicle. Contact the office from a safe place or from your cell phone.
- Always project confidence with your body language. Dress simply and limit jewelry. Keep one arm free.
- Avoid persons who are loitering by walking to another area.
- Be alert to building surroundings, elevators and body language of persons you encounter. Strong eye contact may discourage trouble.
- Always knock on the door before entering a person's residence. Call out and identify yourself.
- If a situation appears unsafe for any reason, leave the area and contact the office, police or both.
- Do not attempt to break up a domestic argument, which can become explosive.
- Be prepared to defend yourself if you come across an aggressive or assault situation. Be trained to recognize and divert increasing hostile behavior.
- If you are threatened, you can scream; kick their shin, instep or groin; act insane; yell "FIRE" or "NO" loudly; or blow a whistle.

BASIC RULES FOR VIOLENCE PREVENTION:

1. Treat people always with respect.
2. Check ahead of time if client has history of violent behavior.
3. Safely store all objects that could be used as a weapon away from violent persons.

4. Vary your daily routine if possible.
5. All threats and potential sources of trouble should be reported. Take all threats seriously.
6. Trust your feelings.
7. Call for support at first sign of trouble, or if you have any doubts.
8. Try to spot trouble before it starts.
9. Always follow proper security procedures in all circumstances.

*Stay calm, alert and in control of yourself.
Think before you act.
Work as a team.*

EMERGENCY MANAGEMENT PLAN

(Policy # 1013)

PURPOSE: To provide continuous care for HHF patients and appropriate support in the event of an internal or external emergency without endangering staff safety.

- ✿ To minimize and control loss, damages and liabilities
- ✿ To facilitate recovery to normal operations with minimal delay
- ✿ To support local hospitals and facilities in caring for victims of terrorism, bioterrorism and disasters.
- ✿ To coordinate services and resources with the Massachusetts Emergency Management Agency, New Hampshire Office of Emergency Management and the state Departments of Public Health in declared emergencies.

DEFINITION: “Emergency Management” is defined as a need for immediate action which includes implementation of procedures to assure that health care and safety needs of the patients and staff are prioritized and met to the extent possible during emergent events. Emergency management also includes the actions to be taken to continue priority functions, protect assets and plan for recovery.

Policy: Home Health Foundation employees will follow the emergency management plan when providing care and support to patients during an internal or external emergency based on patients’ needs.

HHF has identified the following priorities in an emergency situation:

1. Provision of care to priority patients and maintaining staff safety.
2. Plan for discharge of those patients who can be safely managed without HHF services.
3. Plan for the ability to admit and service those patients that are discharged from area healthcare facilities.
4. Provide assist with public health activities as staffing resources allows.

I. OVERVIEW

The emergency management plan is directed toward the following events/conditions as identified in the Hazard Vulnerability Analysis. (See “Attachment B”)

Internal Events

Telecommunication Interruption/Failure

- ✿ IS Failure
- ✿ Utility Interruption/Failure
- ✿ Fire
- ✿ Smoke/Water Damage
- ✿ Epidemic/Major Illness of staff
- ✿ Public Relations Issues

External Events:

- Severe weather hazards
- Widespread utility failure
- Community Emergencies: widespread fire, transportation accident
- Hazard Materials Spill, Radiological Disaster, Chemical Accident
- Terrorism/Bioterrorism
- High rate of discharge from acute care facilities
- Pandemic illness

These internal and external events have the potential to initiate the emergency management plan. The plan is not specific event driven, but plans the functions, operations and recovery based on the impact of the event on the infrastructure of HHF. The infrastructure scenarios include the following:

- Technology hardware problem
- Power outage \leq 4 Hours
- Power outage \geq 4 Hours
- Facility Unavailable \leq 24 Hours but power is still on
- Facility Unavailable \geq 24 Hours but power is still on
- Facility Unavailable with no power
- Facility Available, power is on but personnel are not permitted to travel

IV. LIFE SAFETY

Life Safety functions and activities are three-fold in purpose:

1. Patient Care Priorities
2. Planning Activities
3. Employee Safety

A. Patient Care Priorities

All patients will be assessed on admission and on an ongoing basis to determine the need for priority visits in the case of emergency. Prioritization is documented in the medical record. A current patient census with priority designation is accessible to managers and emergency management team.

(See "Attachment G - Patient Priority List")

• Clinical Prioritization for Home Health VNA and Merrimack Valley Hospice:

Priority #1 - Essential Care Required

- ◆ Patient is diabetic, unable to self inject
- ◆ Patient requires infusion therapy which requires supervision/assessment
- ◆ Patient requires treatment(s) which must be continuous to be effective
- ◆ Patient without caregiver or with elderly, frail caregiver who could not care for the patient in a disaster/emergency.
- ◆ Patient dependent on electrical equipment or oxygen for *survival*
- ◆ Patient lives in an unsafe home that would not survive a weather event (i.e. trailer, summer cottage)
- ◆ Other: For example, fragile family situation

Priority #2 - Non-Life Threatening

- ◆ Patient requires intermittent skilled care and assessment, but has available resources and support.

- ◆ Patient lives alone, significant interruption of services would impact patient's ability to meet basic needs and safety.

- **HCI Prioritization**

Level A - Total Care/No significant other available (Frail patient and primary caregiver is frail)

- ◆ Elder or child at risk
- ◆ Patient unable to perform ADLs
- ◆ Patient unable to transfer without assist
- ◆ Patient unable to get own meals
- ◆ HHA assist required on a daily basis

Level B - Total Care/ Significant Other

- ◆ Same as above criteria
- ◆ Prior to schedule change, a plan must be made with the significant other/caregiver
- ◆ Patient does not require daily assistance
- ◆ HHA assist scheduled on a daily basis but has an available caregiver

Priority patient information is entered in the computer system, and a master list of priority patients will be maintained and for planning purposes.

Priority lists are available to Home Health VNA and Merrimack Valley Hospice scheduling and Home Care, Inc. for central access of information. Copies will be maintained at all sites and updated on a regular basis. In the event of a building evacuation, Clinical Leadership will be responsible for maintaining possession of the priority list.

B. Planning Activities

As most emergency management situations involve weather hazards; there is an opportunity for planning based on weather forecasting information. The Clinical Director, clinical managers, supervisors for HHVNA, MVH and HCI are responsible for performing the planning activities.

Planning for agency services that may be limited or interrupted due to weather includes the following:

- ◆ Preparing priority patient visit list
- ◆ Scheduling available staff
- ◆ Establishing back up communication strategies
- ◆ Identifying management team for emergency
- ◆ Education/informing patients of plans for weather emergency
- ◆ Communication of emergency plans to staff

(See Attachment H - Planning Guidelines)

V. OCCURRENCE PROTOCOLS: The following information is intended to provide a brief description of actions to take for a specific occurrence.

1. Weather Related/Natural Disasters (Snowstorm, Hurricane, Tornado, Flood, etc.)

Weather related events can be planned based on weather forecasting. Visiting and office staff is alerted to the potential initiation of the emergency plan. Staff available for visits will be identified, patients prioritized and assigned. HHF staff members will make every reasonable effort to reach the assigned patient. Patients may be advised that regular schedules for health care staff may temporarily be revised due to the weather event. HHF staff will contact the office if unable to reach patient's homes. Every reasonable attempt will be made to notify patient's family or contact person regarding the inability to service the patient. If health care

needs cannot be provided in the home, the patient may be transported to the nearest hospital, health care facility or emergency shelter.

(See “Attachment I - New England Severe Weather Hazards and Hurricane Information”)

2. Fire & Explosion in a Patient’s Residence

HHF staff will be familiar with fire escape route(s) appropriate to patient’s abilities. At the first sign of fire/smoke/, proceed immediately to the safest exit with the patient. Once away from danger, call the Fire Department. **IF THE PATIENT CANNOT BE MOVED, CLOSE THE DOOR OF THE PATIENT’S ROOM AND GO TO THE NEAREST TELEPHONE TO CALL THE FIRE DEPARTMENT.**

3. Fire in HHF Office Sites

The individual discovering the fire/smoke will call sound the alarm. HHF staff will follow the direction of the CEO or designate to evacuate the building.

(See “Attachment J - Policy # 1022, “Fire Safety Plan”)

4. Radiological Disaster or Chemical Accident

Each office will follow local nuclear disaster plan procedure. HHF will maintain a list of patients living within ten (10) miles of a nuclear plant along with the designated emergency shelter location, evacuation plan and contact numbers. In the event of a radiological/chemical accident, HHF will follow local, state or Federal Emergency Management instructions. As described previously, the IC will be responsible for maintaining communication with Emergency Management Agency officials. This communication may include sharing information about the priority status of patients in the affected area so that rescue/evacuation plans may be planned for this population.

(See “Attachment K - 2008 Emergency Public Information, Nuclear Power Plant Emergency and Listing of Patients near Seabrook Station”)

5. Power/Utility Outages

Based on the extent of the outage, organization services will continue as scheduled. Field staff will attempt to contact the agency via available communication devices to report patient’s status and support systems available. Staff members will assure to the extent possible that patient’s immediate personal and health care needs are met. If repair time of the utility is unknown or anticipated to be lengthy, staff will assist family and caregivers to set up alternate means of contacting and/or servicing the patient. The emergency plan may be implemented based on the extent and projected loss of power/utility.

6. Epidemic or Major Illness of Staff

Based on the extent of the illness, the emergency management plan may be initiated. At minimum, the VP of Clinical Services, VP of Hospice and VP of HCI will assess staff availability and patient priorities. HHF will make efforts to utilize temporary help from supervisory personnel, on-call or per-visit staff. Staff may be requested to increase their visits, if possible.

7. High Rate of Discharge from Acute Care Facilities

In the event that an unusually high rate of discharge from an acute care facility takes place (labor action, or emergent event) the VP of External Relations and VP Clinical Services, VP of Hospice and VP of HCI will make every effort to provide and coordinate services to all patients, and determine the number of referrals that the organization can accept with current staffing levels. The clinical managers in conjunction with the nursing staff will review patient caseloads, assess needs and establish priorities for visits.

8. Public Relations Issue

An event, in or out of the work environment, which may have a grave or significant effect on the Home Health Foundation reputation, membership or portion thereof. Examples of such a crisis situation: death (sudden or violent or after a long illness) of an employee, significant illness or bodily injury to an employee.

(See “Attachment M - Protocol to be followed in the Event of a Crisis Situation”)

9. Terrorist Event

In the event of a terrorist event, HHF will initiate the Emergency Management Plan and the Incident Command System. The IC will coordinate resources and services in conjunction with local, state and federal authorities in conjunction with the Massachusetts Terrorism Incident Response Plan and New Hampshire Office of Emergency Management.

(See “Attachments E and N – Terrorism Incident Response Plan”)

VIII. RECOVERY AND RESTORATION

The President/CEO or designee will have the authority to declare the emergency over. With this declaration, the EMT will establish priorities for resuming operations. This assessment includes but is not limited to:

- Determining site of operation (may move to temporary/alternate location)
- Emergency financial operations
- Repair and restoration of facilities and equipment
- Utility repairs and restoration
- Property safety
- Inventory of damage

The President/CEO or designee will:

- Notify insurance carriers
- Notify regulatory agencies of current agency status

Other resources may be utilized for assistance in recovery and restoration. The resources include trade and advocacy associations/organizations.

(See “Attachment P - Listing of Home Health and Hospice Associations”)

Visiting Staff

During recovery, staff will continue with visit schedule(s) according to prioritization with direction from clinical managers. If communication remains disrupted/impaired, visiting staff will utilize the following:

- Contact answering service for updates
- Nextel phones
- Healthwyse e-mail
- Access voice mail for updates
- Listen to radio stations for instructions:
 - ✓ WCCM 1490 AM (English)
 - ✓ WNNW 800 and/or WHAV 1110AM (Spanish)

(See “Attachment I - Business Continuity Plans”)

INFECTION CONTROL

Infection control is taking steps to prevent illness to yourself and others. Preventing infections can help a person to recover more quickly or stay healthy as possible.

The method by which infection moves is referred to as the route of transmission. A germ, such as a virus, bacteria, fungus or parasite, spreads infections, which multiply in a person, animal, plant, food, soil or water. A person who does not have resistance to the germ is a susceptible host. Different germs enter through different routes. Germs may enter through direct contact, such as when people touch each other, kiss, have sex, etc. They may also enter a person through indirect contact such as a food, water, feces, bandages or other substances, contaminated by a germ. Some enter through droplets produced by a sneeze or cough and other germs are carried in the air. **Standard Precautions** is based on the principle that **all** blood and body fluids are potentially infectious. Standard precaution includes the use of Personal Protective Equipment (PPE) by staff whenever there is a chance of exposure to **any bodily fluid with the exception of sweat**. PPE includes: gloves, aprons, gowns, masks or goggles to protect patients and staff from infection. HHF provides appropriate personal protective equipment to all staff that is at risk to exposure.

In addition to **Standard Precautions** you may also need to use **Transmission Based Precautions** when infections are spread by different means.

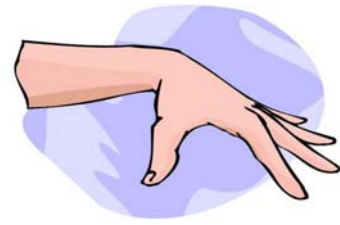


Transmission Based Precautions include:

- ❑ **Droplet Precautions:** For patients known or suspected to have serious illnesses transmitted by large particle droplets (5 mm or larger). These illnesses include influenza, meningitis, pneumonia, mumps, rubella, epiglottitis, and sepsis. Large droplets do not remain suspended in the air and do not travel more than 3 feet from an individual. Droplets may be spread when a patient is coughing, sneezing, or during procedures such as suctioning. When caring for patient on droplet precautions home care staff and other individuals should wear a surgical mask when coming within 3 feet of the patient.
- ❑ **Airborne Precautions:** For patients known or suspected to have serious illnesses transmitted by Airborne Microorganisms: such as, Measles, Varicella, Tuberculosis. If a patient is known or suspected to have active pulmonary or laryngeal Tuberculosis staff entering the home must be fit tested by the agency for a National Institute for Occupational Safety and Health certified N95 Respiratory Device.
- ❑ **Contact Precautions:** For patients' known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. These include gastrointestinal, respiratory, skin, or wound infections colonized or infected with multiresistant bacteria such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococcus (VRE). Other examples are: Clostridium difficile infection (C-Diff), Escherichia coli 0157:h7, Respiratory Syncytial Virus and scabies. In addition to wearing gloves as outlined in Standard Precautions, staff should wear a clean non sterile gown when providing care for a patient requiring contact precautions when there is substantial contact with patient, environmental surfaces, or items in the patient's room or if the patient is incontinent or has diarrhea, an ileostomy, colostomy or uncontained wound drainage. (Policy # 2006)

When caring for a patient that requires Transmission Based Precautions contact your manager/supervisor, the infection control nurse or refer to Isolation Precautions (Policy # 2017) for more information.

HAND HYGIENE



(Policy # 1926 – Hand Hygiene)

Good hand hygiene is the single most important action you can take to reduce transmission of microorganisms to patients and staff. Adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to reduce transmission of antimicrobial resistant organisms (e.g. Methicillin resistant staphylococcus aureus or Vancomycin resistant enterococci) and reduce overall infection rates.

A. **Hand Hygiene** will be performed :

1. When visible dirt, blood or body fluids are on the hands of the health care worker (HCW)
2. When there is no visible dirt, blood, or body fluids in the following clinical situations:
 - Before and after direct patient contact;
 - After removing gloves;
 - Before handling invasive device for insertions;
 - After contact with blood, body fluids, mucous membranes, non-intact skin, and wound dressings
 - Before entering clinical bag
 - After using restroom
 - Before handling medication or food

B. Staff providing direct care to patients:

1. May not wear artificial fingernails or extenders,
2. Will maintain natural nail tips no longer than 1/4 inches,
3. May not wear nail jewelry, and
4. Will maintain nail polish so that it is not cracked, chipped or scratched.

Procedure

A. **Hand washing:**

Hand washing is required when hands are visibly soiled or contaminated with proteinaceous substances such as urine, blood or other body fluids.

1. Wet hands under warm running water avoiding use of hot water. Repeated exposure to hot water may increase the risk of dermatitis.
2. Keep hands below elbows and apply liquid non-antimicrobial or antimicrobial soap.
3. Rub the hands together for a minimum of 15 seconds. Be sure to scrub between fingers, around the fingertips and nails and around and under any rings. Rinse under running water.
4. Dry hands with a disposable paper towel. Do not use any cloth product in the patient's home to dry hands.
5. Turn off water faucet using paper towel to avoid decontamination.
6. Discard the used towel in a trash container.

B. **Hand Hygiene** also includes cleaning hands with alcohol-based hand wash or rub when hands are not visibly soiled. Alcohol-based hand rubs significantly reduce the number of micro-organisms on skin, are fast-acting and cause less skin irritation. The agency will provide alcohol rubs that have a concentration of at least 60% ethanol or isopropanol alcohol.

1. **Hand hygiene** will be performed:
 - a. Before entering or re-entering the clinical bag (after patient contact)
 - b. Before and after patient contact
 - c. Between tasks and procedures on the same patient
 - d. After handling contaminated equipment
 - e. Before glove donning and after each glove removal
 - f. After contact with patient bodily fluids or excretions, mucous membranes, non-intact skin or wound dressings - unless hands become visibly dirty

2. **Hand hygiene** will be performed using the following procedure:
 - a. Apply manufacturer's recommended amount to one palm.
 - b. Vigorously rub hands together, spreading the solution thoroughly over both, particularly around nail beds and under jewelry.
 - c. Continue until hands are completely dry. Un-evaporated alcohol can be ignited by static electricity. Do not run hands under water at this point.
 - d. Store products away from heat or flame.
 - e. Some gels can leave a residue after 5-10 applications. Washing with soap and water at that point solves the problem.

3. Use of sterile or clean gloves does not eliminate the need for rigorous hand hygiene. Hand antisepsis is required before and after glove use. Likewise the use of hand hygiene/antisepsis does not eliminate the need for using gloves.
4. Alcohol-based antiseptic hand rubs significantly reduce the number of micro-organisms on the skin and causes few incidents of skin irritations.

5. Use a hand lotion or cream to help minimize the potential irritation associated with hand hygiene agents (the use of petroleum-based hand lotions or creams may adversely affect the integrity of latex gloves.)

Respiratory Hygiene/ Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover nose/mouth with your elbow when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest receptacle after use;
- Perform hand hygiene (e.g. hand washing with an non-antimicrobial soap and water, or use alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretion and contaminated objects/material;
- Provide tissues and no-touch receptacles for tissue disposal;
- Provide conveniently located dispensers of alcohol –based hand rub; where sinks are ensure that supplies for hand washing are available.

BLOODBORNE PATHOGENS

The Home Health Foundation (HHF) has developed a Bloodborne Pathogen Exposure Control Plan (ECP) to protect you as an employee who may have had an occupational exposure to blood and

body fluids as a result of performing your job duties and to provide appropriate treatment and counseling.

If an employee is determined to be at risk for occupational exposure to blood or other potentially infectious materials (OPIM) the employee must comply with the procedures and work practices outlined in the ECP. Copies of the ECP are located in the Infection Control Manual, which is located at each branch office, Lawrence office library, Human Resources and throughout other accessible locations. If requested, HHF will provide you with a copy of the ECP free of charge and within 15 days of the request.

Bloodborne Pathogen is the term that includes any pathogenic microorganism that is present in human blood or other potentially infectious material (OPIM) and can infect and cause disease in persons who are exposed to blood containing the pathogen.

OSHA identified the following Bloodborne Pathogens:

- HIV Human Immunodeficiency Virus
- HBV Hepatitis B Virus
- HCV Hepatitis C Virus
- Malaria
- Syphilis

AIDS is a disease caused by the **Human Immunodeficiency Virus (HIV)**. The body substances containing the greatest amount of the virus are blood, spinal fluid, peritoneal fluid, vaginal secretions, pericardial fluid, pleural fluid, synovial fluid, amniotic fluid, semen and breast milk. The virus is transmitted through sexual contact, percutaneous exposure, and perinatal exposure, by absorption through mucous membranes and through non-intact skin. It is not spread through ordinary business, social or household contact.

The **Hepatitis B Virus (HBV)** is classified as a DNA virus. The body substances containing the Hepatitis B virus are blood, urine, vaginal secretions, saliva, semen, and most body fluids. The virus is transmitted through sexual contact, percutaneous exposure, perinatal exposure, by absorption through mucous membranes and non-intact skin. It is not spread through ordinary business, social or household contact.

The **Hepatitis C Virus (HCV)** is classified as an RNA virus of the liver. The virus is transmitted through blood and blood products. Currently there is no vaccine effective against HCV. IV drug use is the most common mode of transmission, accounting for 43% of infections. Other common causes include transfusions, heterosexual exposure, occupational risk, regular hemodialysis or other high-risk behaviors such as obtaining a tattoo or acupuncture treatment. It is not spread through ordinary business, social, of household contact.

Tuberculosis

Mycobacterium Tuberculosis is carried in airborne particles and generated when individuals with pulmonary or laryngeal TB sneeze, cough, speak or sing. The normal air current keeps them airborne and can spread the particles throughout a room or building. Infection occurs when a susceptible person inhales these particles containing Mycobacterium Tuberculosis. The probability that a person will become infected with Mycobacterium Tuberculosis TB depends upon the concentration of infectious particles in the air and the duration of the exposure.

Groups known to have a higher prevalence of Tuberculosis infection include:

- Medically under served individuals
- Homeless Individuals

- Prison inmates
- Intravenous Drug Users
- Foreign born clients from area of the world with high prevalence (i.e. Asia, Africa, the Caribbean and Latin America)
- Contacts with individuals with Tuberculosis
- Immunocompromised patients (i.e. HIV, immunosuppression therapy, and cancers)

A diagnosis of Mycobacterium Tuberculosis will be considered in any patient with:

- persistent cough (greater than 2-3 weeks in duration)
- bloody sputum
- night sweats
- weight loss
- anorexia
- fever

Biohazard Material

- All specimens are considered potentially hazardous. All specimens are placed in a clear-labeled zip lock plastic bag prior to transport. The sealed plastic bag is placed in a leak-proof container that is labeled as biohazardous for transport.
- All home-generated infectious waste is placed in a closeable, leak-proof bag and double bagged prior to disposal to prevent leakage during handling, storage and transport.
- Other regulated waste will be disposed of according to (Policy #1931)

Cleaning and Disinfecting

- All equipment and working surfaces are properly cleaned and disinfected after contact with blood or other potentially infectious materials.
- When environmental surfaces in the home care setting are visibly contaminated with blood or body fluids, clean with an agency-approved disinfectant using Standard Precautions before leaving the client's home.



Patient Laundry

- All laundry is treated as contaminated, handled as little as possible and with a minimum of agitation.
- Appropriate PPE will be used when handling dirty laundry.

Occupational Exposures

An exposure that might place a healthcare worker at risk for HBV, HCV, or HIV infection is defined as an injury (e.g., a needle stick or cut with a sharp object) or contact of mucous membrane (e.g., eyes, nose, mouth) or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

Following initial first aid of cleansing or irrigation of the injured site, the employee will immediately inform their manager/supervisor of the incident and will be directed to go to the Occupational Health Center or Emergency Department closest to where the exposure occurred and. Home Health Foundation provides occupational health services through the following health care providers to all employees for agency related illnesses or injuries:

- | | |
|--|----------------|
| <input type="checkbox"/> Lawrence General Hospital Work Health | Lawrence, MA |
| <input type="checkbox"/> Anna Jacques Occupational Health Center | Amesbury, MA |
| <input type="checkbox"/> Saints Memorial Medical Corporate Wellcare and Occupational Health Services | Chelmsford, MA |
| <input type="checkbox"/> Center For Occupational And Employee Health Clinic | Exeter, NH |

An unusual occurrence report form must be completed along with a blood borne pathogen exposure report and a workers compensation report with your manager/supervisor.

(Policy # 1030)

STAFF WITH COMMUNICABLE DISEASE

Any staff having signs/symptoms of a communicable disease (anything that spreads is communicable) or diagnosed with a communicable disease must notify their supervisor/manager who will immediately contact the infection control nurse. Staff must present to the manager/supervisor written documentation from the doctor or HHF's Occupational Health Services of clearance to return to work.

(Policy #1541)

Sharp Safety

Only agency approved safety needle and lancets should be used during patient care.

Patient and family education regarding correct needle and lancet disposal is also the key in preventing unwanted exposure. Sharps are placed in a leak proof, puncture resistant and rigid container. If household container used, label the container **“NOT FOR RECYCLING”**.

Broken glassware, which may be contaminated, will be picked up using mechanical means, such as a brush and dustpan or tongs, and disposed of in a puncture-resistant container.