



# **RECOVER CARE POLICY & PROCEDURE MANUAL**

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**All Policies Approved by Recover Care Leadership**

**&**

**Reviewed Routinely**

**Last Review – 2.4.2020**

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**RECOVER CARE**  
**ADMINISTRATIVE POLICIES & PROCEDURES**

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## ORGANIZATIONAL STATEMENT

RC-A1

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### **POLICY:**

Recover Care was founded to respond to the changing health care needs of people. Our agency provides personalized, home care services to qualified individuals who may have acute or chronic health issues, which may impede a person's ability to remain in his/her home. It is our philosophy that all services shall be planned with the objective of assisting the client in dealing with his/her health care needs. As appropriate, family and community resources shall be included in this planning process in conjunction with a client's personal physician. Family participation and involvement in ongoing care is encouraged and actively supported.

### **PROCEDURE:**

#### **Agency Goals:**

- 1) To offer comprehensive home health care services to meet the medical/health needs of people who are acutely or chronically ill, aged, or disabled and are residing in their own homes.
- 2) To implement services in a manner that assures an individual's dignity and best interests for health, safety, and welfare.
- 3) To tailor and combine services that will address the specific needs of each client and address the directives of the client's personal physician.
- 4) To provide quality services, utilizing personnel who are appropriately trained and/or licensed in the delivery of such service.
- 5) To offer services within the requirements of the State's Licensure rules.
- 6) To assess and review client progress on an on-going basis, consistent with a client's medical acuity, adjusting services as dictated by medical acuity, and reducing or terminating services when they are no longer required or are inappropriate to meet client needs.
- 7) To provide teaching and consultation for the client and/or the client's responsible party to facilitate the maximum functioning and quality of life for the client.

#### **Service Methods and Descriptions:**

- 1) Services are provided to clients regardless of an individual's race, color, creed, sex, age, language, affectional preference, nationality, or economic status.
- 2) Services may be provided 24 hours per day 365 days per year.
- 3) Services are offered to individuals within the designated service area for each office based on specific client circumstances. Service delivery will be expanded to other communities as needs are identified.
- 4) Home health aides provide direct client cares as delegated by the R.N.

## ADVERTISING

**POLICY:**

Recover Care shall not use false, fraudulent, or misleading advertising in the marketing of services. This includes, any verbal, written or electronic means of communicating to potential clients about the availability, nature, or terms of home care services.

**PROCEDURE:**

1. All marketing material is approved by the Chief Operating Officer (COO), prior to distribution to public.
2. COO confirms marketing accurately describes services offered.

**POLICY:**

Recover Care will follow standard procedures for addressing bed bugs found in a client's home.

**PROCEDURE:**

1. Recover Care will hold services until a client's home is treated and free of bed bugs. The staff may recommend that the client is treated in a different setting than the home.
2. It is the clients/family's/legal representative responsibility to arrange with professional pest control to have the home treated and to be able to show evidence of treatment before services are resumed.
3. If an employee is symptomatic of exposure a claim may be submitted to United Heartland.

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**CDC Fact Sheet:**

**What health risks do bed bugs pose?**

A bed bug bite affects each person differently. Bite responses can range from an absence of any physical signs of the bite, to a small bite mark, to a serious allergic reaction. Bed bugs are not considered to be dangerous; however, an allergic reaction to several bites may need medical attention.

**What are the signs and symptoms of a bed bug infestation?**

One of the easiest ways to identify a bed bug infestation is by the tell-tale bite marks on the face, neck, arms, hands, or any other body parts while sleeping. However, these bite marks may take as long as 14 days to develop in some people so it is important to look for other clues when determining if bed bugs have infested an area. These signs include: the bed bugs' exoskeletons after molting, bed bugs in the fold of mattresses and sheets, rusty-colored blood spots due to their blood-filled fecal material that they excrete on the mattress or nearby furniture, and a sweet musty odor.

**How do I know if I've been bitten by a bed bug?**

It is hard to tell if you've been bitten by a bed bug unless you find bed bugs or signs of infestation. When bed bugs bite, they inject an anesthetic and an anticoagulant that prevents a person from realizing they are being bitten. Most people do not realize they have been bitten until bite marks appear anywhere from one to several days after the initial bite. The bite marks are similar to that of a mosquito or a flea -- a slightly swollen and red area that may itch and be irritating. The bite marks may be random or appear in a straight line. Other symptoms of bed bug bites include insomnia, anxiety, and skin problems that arise from profuse scratching of the bites. Because bed bug bites affect everyone differently, some people may have no reaction and will not develop bite marks or any other visible signs of being bitten. Other people may be allergic to the bed bugs and can react adversely to the bites. These allergic symptoms can include enlarged bite marks, painful swellings at the bite site, and, on rare occasions, anaphylaxis.

**How are bed bugs treated and prevented?**

Bed bug bites usually do not pose a serious medical threat. The best way to treat a bite is to avoid scratching the area and apply antiseptic creams or lotions and take an antihistamine. Bed bug infestations are commonly treated by insecticide spraying. If you suspect that you have an infestation, contact your landlord or professional pest control company that is experienced with treating bed bugs. The best way to prevent bed bugs is regular inspection for the signs of an infestation.

### **Bed Bugs Infestation:**

There is an unfortunate stigma associated with having any insect infestation in your home. Having bed bugs is not ideal and it is something you want to take care of as quickly as possible, however, bed bugs in your home does not indicate that you are a dirty person.

### **If you discover that a client had bed bugs:**

- Inform your Administrator
- When you go home, take off your clothes, put them in the washer in hot, hot water and dry in high heat (extreme heat can kill bugs)
- Observe your furniture /mattress to ensure a bed bug infestation has not started
- Talk to Case Managers and/or family members to assist in construction of a plan to eradicate the bed bugs

### **Signs a Client *MAY* Have Bed Bugs:**

- Red, raised welts
- Burning and itching
- Bites that form a line or that are in a group
- Small red pellets or rusty spots on bed linen

### **Precautions:**

- Use precautions with all clients in the same setting /building
- Routinely wear gloves
- Lay any needed supplies on a barrier
- Leave personal belongings in the car
- Put your coat on a non-fabric chair and don't let it touch the floor

## BILLING POLICY

RC-A4

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### **POLICY:**

Recover Care will send clients an invoice on a regular schedule, based on scheduled indicated on the Service Plan, for home care services and other ancillary services including supplies, mileage charges, and other billable goods or services.

### **PROCEDURE:**

1. Bills will be generated by Recover Care and sent mail via USPS or email to the client/client representative.
2. All amounts owing are due by 14 days from the invoice date
3. Any clients not utilizing Credit Card or ACH can mail payment to Recover Care

**POLICY:**

Recover Care will take every precaution to ensure the integrity and security of health information. The privacy practices of Recover Care were designed to protect the privacy, use, and disclosure of protected health information (PHI) and is described on the Notice of Privacy Practices (attached) and are used in accordance with Federal requirements.

**PROCEDURE:**

Recover Care will follow all federal and state laws related to the protection of PHI and the process for managing a breach of protected information.

**1. Definition of Protected Health Information:**

Protected Health Information (PHI): Individually identifiable health information” is information, including demographic data that relates to:

- The individual’s past, present or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual, and that identifies Individual or for which there is a reasonable basis to believe it can be used to identify the individual Identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

**2. Definition of Unsecured Health Information:**

Unsecured protected health information is protected health information that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary in guidance.

**Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals**

Protected health information (PHI) is rendered unusable, unreadable, or indecipherable to unauthorized individuals if one or more of the following applies:

1. Electronic PHI has been encrypted as specified in the HIPAA Security Rule by “the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key” (45 CFR 164.304 definition of encryption) and such confidential process or key that might enable decryption has not been breached. To avoid a breach of the confidential process or key, these decryption tools should be stored on a device or at a location separate from the data they are used to encrypt or decrypt. The encryption processes identified below have been tested by the National Institute of Standards and Technology (NIST) and judged to meet this standard.
  - Valid encryption processes for data at rest are consistent with NIST Special Publication 800-111, [Guide to Storage Encryption Technologies for End User Devices](#).1 (ii) Valid encryption processes for data in motion are those which comply, as appropriate, with NIST Special Publications 800-52, [Guidelines for the Selection and Use of Transport Layer Security \(TLS\) Implementations](#); 800-77, [Guide to IPsec VPNs](#); or 800-113, [Guide to SSL VPNs](#), or others which are Federal Information Processing Standards (FIPS) 140-2 validated.
2. The media on which the PHI is stored or recorded has been destroyed in one of the following ways:

- Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction.
- Electronic media have been cleared, purged, or destroyed consistent with NIST Special Publication 800-88, [Guidelines for Media Sanitization](#) such that the PHI cannot be retrieved.

### **3. Definition of a Breach of Unsecured Health Information:**

A breach is, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment of at least the following factors:

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
2. The unauthorized person who used the protected health information or to whom the disclosure was made;
3. Whether the protected health information was actually acquired or viewed
4. The extent to which the risk to the protected health information has been mitigated.

### **4. Breach Exclusions/Exceptions:**

- Any unintentional acquisition, access, or use of protected health information by a workforce member person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure.
- Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or
- A disclosure of protected health information where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

### **5. Addressing a Breach :**

1. A breach of protected health information is a Level 3 Incident and Recover Care's Compliance Officer must be notified to lead the investigation and discern follow-up needed. (See policy for Incident Management).
2. Recover Care will follow the notification requirements as established by state regulations

### **6. Breach Notification Requirements – Individual Notice**

- Covered entities must notify affected individuals following the discovery of a breach of unsecured protected health information.
- Covered entities must provide this individual notice in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically.

**7. Breach Notification Requirements – Via Website:**

If the covered entity has insufficient or out-of-date contact information for 10 or more individuals, the covered entity must provide substitute individual notice by either posting the notice on the home page of its web site for at least 90 days or by providing the notice in major print or broadcast media where the affected individuals likely reside.

- The covered entity must include a toll-free phone number that remains active for at least 90 days where individuals can learn if their information was involved in the breach.
- If the covered entity has insufficient or out-of-date contact information for fewer than 10 individuals, the covered entity may provide substitute notice by an alternative form of written notice, by telephone, or other means.

**8. Breach Notification Requirements – Media Notice:**

Covered entities that experience a breach affecting more than 500 residents of a State or jurisdiction are, in addition to notifying the affected individuals, required to provide notice to prominent media outlets serving the State or jurisdiction.

- Covered entities will likely provide this notification in the form of a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include the same information required for the individual notice.

**9. Breach Notification Requirements – Notification to the Secretary:**

In addition to notifying affected individuals and the media (where appropriate), covered entities must notify the Secretary of breaches of unsecured protected health information. Covered entities will notify the Secretary by visiting the HHS web site:

(<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>)

- Must fill out and electronically submit a breach report form. If a breach affects 500 or more individuals, covered entities must notify the Secretary without unreasonable delay and in no case later than 60 days following a breach.
- If, however, a breach affects fewer than 500 individuals, the covered entity may notify the Secretary of such breaches on an annual basis.
- Reports of breaches affecting fewer than 500 individuals are due to the Secretary no later than 60 days after the end of the calendar year in which the breaches are discovered

**10. Breach Notification Requirements – Timelines and Responsibilities:**

**These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible:**

- A brief description of the breach, a description of the types of information that were involved in the breach
- The steps affected individuals should take to protect themselves from potential harm,
- A brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the covered entity (or business associate, as applicable).

With respect to a breach at or by a business associate, while the covered entity is ultimately responsible for ensuring individuals are notified, the covered entity may delegate the responsibility of providing individual notices to the business associate.

- Covered entities and business associates should consider which entity is in the best position to provide notice to the individual, which may depend on various circumstances, such as the functions the business associate performs on behalf of the covered entity and which entity has the relationship with the individual.

**11. Breach Notification Requirements – Business Associate :**

- If a breach of unsecured protected health information occurs at or by a business associate, the business associate must notify the covered entity following the discovery of the breach.
- A business associate must provide notice to the covered entity without unreasonable delay and no later than 60 days from the discovery of the breach.
- To the extent possible, the business associate should provide the covered entity with the identification of each individual affected by the breach as well as any other available information required to be provided by the covered entity in its notification to affected individuals.

**12. Governing Body Review**

The Governing Body will review all instances of a breach to protected health information including:

- The investigation that has been documented via the L3 process
- What the branch is doing to mitigate harm and prevent further breaches
- And that notification has occurred for the individuals and the Secretary

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Below is a description, including at least one (1) example, of the types of uses and disclosures that the above organization is permitted to make for each of the following purposes: treatment, payment and health care operations. Disclosures to other health care providers, including, for example, to patients' attending physicians. Submission of claims and supporting documentation including, for example, to organizations responsible to pay for services provided by the organization. Disclosures to conduct the operations of the organization, including, for example, sharing information to supervisors of staff members who provide care to patients.
2. Below is a description of each of the other purposes for which the organization is permitted or required to use or disclose protected health information without an individual's written consent or authorization. To patients, incident to another permitted use or disclosure, by agreement, to the Secretary of the U.S. Department of Health and Human Services, as required by law, for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, for judicial and administrative proceedings, for law enforcement proceedings, about decedents, for cadaveric organ, eye or tissue donation, for research purposes, to avert a serious threat to health or safety, for specific government functions, to business associates of the organization, to personal representatives, de-identified information, to workforce members who are victims of crimes, to workers' compensation programs, for involvement in the individual's care and for notification purposes, with the individual present, for limited uses and disclosures when the individual is not present, and for disaster relief purposes.
3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization.
4. The organization may contact the individual to schedule visits and for other coordination of care activities.
5. The individual has the right to request further restrictions on certain uses and disclosures of protected health information, but the organization is not required to agree to any requested restriction(s), except disclosures must be restricted to health plans if the disclosure is for the purpose of carrying out

## BREACH OF PROTECTED HEALTH INFORMATION (PHI)

RC-A5

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payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan on behalf of the individual has paid the organization in full.

6. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting of disclosures of protected health information and the right to obtain a paper copy of this Notice from the organization upon request.
7. The organization is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.
8. The organization is required to abide by the terms of this Notice currently in effect.
9. The organization reserves the right to change the terms of its Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this Notice upon request.
10. Individuals may complain to the organization and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to the Recover Care Compliance Officer or HIPAA Privacy Officer (877) 597-0808. Individuals will not be retaliated against for filing a complaint.
11. This Notice is in effect as of September 23, 2013.
12. This notice is available on the company website [www.RecoverHealth.org](http://www.RecoverHealth.org)
13. This notice is maintained in the Client Handbook which is provided (and reviewed) with each client during the Start of Care visit.

**POLICY:**

Recover Care Offices will have a written plan of action and be prepared to implement the management of client care and services in response to a natural disaster or other emergencies that may disrupt the ability to provide care and/or services.

**PROCEDURE:**

**The Regional Director, Vice President of Operations and Chief Operating Officer will be notified of an activated Emergency Plan and hold the authority to direct activities and/or designate the Administrator and/or Clinical Supervisor to carry out the plan. The President / Chief Executive Officer holds overall authority to direct and/or delegate components of the plan.**

**Emergency Preparedness (prior to Disaster Plan execution):**

1. Possible emergency or risk factors will be identified for each client and appropriate emergency plans discussed with the client and/or the responsible person at the time of admission. The name and telephone number of an emergency contact and emergency primary caregiver will be obtained.
2. Department of Homeland Security outlines the following initial steps for an emergency/disaster response:
  - Gather enough food, water, medication, and other life sustaining necessities for a minimum of three days and up to two weeks.
  - If a back-up generator is available, ensure your clients or family members are familiar with how to safely operate it and have sufficient fuel.
  - Provide clients or their family members with the required knowledge and tools to maintain, replace, or repair essential medical devices, such as wheelchairs, ventilators, and oxygen tanks.
  - Recommend clients have a disaster supply kit that includes the following to the extent possible.
    - Flashlight and extra batteries
    - Wrench or pliers to turn off utilities
    - Can opener for food (if kit contains canned food)
    - Local maps
    - Cell phone chargers
    - First aid kit, which may include (but not be limited to):
      - Two pairs of Latex, or other sterile gloves (if you are allergic to Latex).
      - Sterile dressings to stop bleeding.
      - Cleansing agent/soap and antibiotic towelettes to disinfect.
      - Antibiotic ointment to prevent infection.
      - Burn ointment to prevent infection.
      - Adhesive bandages in a variety of sizes.
      - Eye wash solution to flush the eyes or as general decontaminant.
      - Thermometer
      - Prescription medications taken every day such as insulin, heart medicine and asthma inhalers.

- Prescribed medical supplies such as glucose and blood pressure monitoring equipment and supplies.
- Dust mask, to help filter contaminated air
- Plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Additional Items to Consider Adding to an Emergency Supply Kit – (Staff should have a family supply kit)
  - Prescription medications and glasses
  - Pet food and extra water for your pet
  - Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
  - Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container.
  - Sleeping bag or warm blanket for each person.
  - Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes.
  - Fire Extinguisher
  - Matches in a waterproof container
  - Feminine supplies and personal hygiene items
  - Mess kits, paper cups, plates and plastic utensils, paper towels
  - Paper and pencil
- 3. The agency will maintain a list or roster of personnel, including their current telephone numbers.
- 4. The agency will maintain a list of clients, including their current telephone numbers.

**Office Fire Safety Plan**

The plan includes the following:

1. A designated location will be established for all office employees to meet in the event of a fire evacuation.
2. A designated person will be responsible for seeing that the office is clear of all office staff, and that this information will be conveyed to the appropriate authorities.
3. A fire evacuation route will be posted in conspicuous locations within the office.
4. Fire extinguishers and smoke detectors will be placed throughout the agency site. Inspections will take place at least annually and documented in the building management files.
5. Fire drills will be conducted regularly to determine the effectiveness of the plan with documentation of the findings as indicated, appropriate actions to be taken to improve the effectiveness of future fire drills.

## DISASTER PLANNING AND EMERGENCY PREPAREDNESS PLAN

144A.4791(12)

RC-A6

### American Red Cross or Federal Emergency Management Agency (FEMA)

The local American Red Cross office or the regional Federal Emergency Management agency (FEMA) will provide basic data needed for emergencies upon request. Ask for lists, samples or catalogues of pamphlets and books that will provide you and your staff with educational material for the planning process and teaching of clients regarding disasters and dealing with the consequences. The Federal Emergency Management Agency and The American Red Cross have prepared disaster-planning materials. Call or use website: <http://www.redcross.org/> or [www.fema.gov](http://www.fema.gov)

<b>FEMA HEADQUARTERS</b>		
500 C Street, S.W. Washington, D.C. 20472 (202) 646-2500		
<b>FEMA REGIONAL OFFICES</b>		
<b>Region 1:</b> Boston (617) 223-9540	<b>Region 4:</b> Atlanta (770) 220-5200	<b>Region 7:</b> Kansas City, MO (816) 283-7061 (NE, IA, KS, MO)
<b>Region 2:</b> New York (212) 225-7209	<b>Region 5:</b> Chicago (312) 408-5500 (MN, WI, IL MI, IN, OH)	<b>Region 8:</b> Denver (303) 235-4800
<b>Region 3:</b> Philadelphia (215) 931-5500	<b>Region 6:</b> Denton, TX (940) 898-5104	<b>Region 9:</b> San Francisco (415) 923-7100
<b>Region 10:</b> Bothel, WA (425) 487-4604		

<b>EMERGENCY PREPAREDNESS CHECKLIST - GENERAL</b>	
<input type="checkbox"/>	Telephone numbers for all administrative staff, including home and cellular phones
<input type="checkbox"/>	Telephone numbers for all field staff, including home and cellular phones
<input type="checkbox"/>	Up-to-date schedules for all staff
<input type="checkbox"/>	Referral/intake information for all patients, with directions to the home and up-to-date emergency contact information
<input type="checkbox"/>	A map of the geographic service area
<input type="checkbox"/>	A list of all patients with “Do Not Resuscitate” orders
<input type="checkbox"/>	A list of patients who have established advance directives
<input type="checkbox"/>	A list of patients dependent on essential services, such as telephone, electric, water, or critical perishable medications for treatment needs. Include those with: oxygen concentrators, ventilators.
<input type="checkbox"/>	A floor plan of the office area, including routes to exits
<input type="checkbox"/>	A documented priority system for all patients – Risk Classification / Priority – High Priority – Highest
<input type="checkbox"/>	List and numbers of Emergency Contacts and Emergency Primary Caregivers
<input type="checkbox"/>	Safety and emergency information currently provided to patients on admission

## DISASTER PLANNING AND EMERGENCY PREPAREDNESS PLAN

144A.4791(12)

RC-A6

<input type="checkbox"/>	Lists and descriptions of disaster supply kits available at local stores
<input type="checkbox"/>	Plan to manage communications if the telephones are out
<input type="checkbox"/>	Plan to manage data if computer systems go out
<input type="checkbox"/>	List of emergency phone numbers
<input type="checkbox"/>	Plan to safeguard medical records
<input type="checkbox"/>	Plan to safeguard employee files
<input type="checkbox"/>	Phone numbers of community resources

### **Disaster Plan Implementation:**

1. The Administrator, in contact with the Regional Director, will be responsible for declaring that a disaster plan is to go into effect. He/she will notify the supervising nurse who will identify all clients in life-threatening situations.
2. In the event the disaster plan is implemented, the Regional Manager and COO must be notified immediately. All employees are oriented to the plan and their responsibilities in carrying out the plan by the Administrator.
3. Clients will be designated into four priority levels, based on their care needs:

#### **Level 1 (High Priority)**

Clients in this priority level need uninterrupted services. The client must have care. In case of a disaster or emergency, every possible effort must be made to see this client. The client's condition is highly unstable and deterioration or inpatient admission is highly probable if the client is not seen. Examples include: clients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable clients with no caregiver or informal support to provide care. Ex: Vent-dependent, IV therapy or feedings

#### **Level 2 (Moderate Priority)**

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

#### **Level 3 (Low Priority)**

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

#### **Level 4 (Lowest Priority)**

Visits may be postponed 72 hours or more with little or no adverse effects. Willing and able caregiver available or client is independent in most ADLs.

4. It is the responsibility of the Administrator to implement and follow through with a disaster plan to address the health care needs of clients to the extent possible.
5. The Administrator will notify all staffing coordinators to begin identifying the location and availability of all clients and staff. Coordinators will contact staff by phone, if possible, to instruct them when and where to report if needed.
6. All staff will also be advised that they may phone the office to report their whereabouts and availability. The staffing coordinators will maintain constant contact with the Administrator and

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supervising nurse to advise them of the staff status and will assign or reassign cases as directed by the Administrator.

7. The coordinators and/or their designees will utilize the client roster to notify and/or talk to all clients regarding the disaster arrangements.
8. High-risk/priority clients such as ventilator-dependent cases and bed-confined persons living alone, will be the agency's first priority – the Administrator will immediately arrange with staff, the police, and/or fire department to dispatch assistance as soon as possible.
9. To the extent possible, record keeping during a disaster will be thorough and complete. Attempts to notify staff and clients of the outcome, including alternate plans, should be documented.
10. All disaster/emergency activities will be documented by the Administrator in agency records. Contacts with the clients will be documented in the client's clinical record. As indicated, contacts with staff may be documented in the employee's personnel record.
11. The Administrator will declare when the emergency/disaster plan is discontinued.

A. Policy & Procedure	Weather
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**INCLEMENT WEATHER**

1. All administrative, supervisory, and client care staff are expected to contact the Administrator directly for instructions regarding operations and client care.
2. If inclement weather conditions exist prior to the opening of the office, the Administrator will advise the on-call staff (or answering system), at least one hour before the office opens if possible, if the office will be open, closed, or if the opening will be delayed.
3. If the office is open, all staff will be expected to report to work unless otherwise directed by their supervisor.
4. If the employee chooses not to report to work, the employee must notify their supervisor in order that client care visits may be arranged (employee will need to use his/her PTO).
5. If inclement weather develops during the workday, the Administrator will make a decision regarding closing the agency early. The Regional Manager will be notified prior to closing. Staff in the field are expected to call their supervisor for further instructions.
6. According to the disaster plan, high-risk clients will be notified of the emergency situation to arrange for supervision/care of clients. Instructions or assistance may be provided with transportation to hospitals or shelters.
7. Client care visits will be reschedule or reassigned based on type of service being provided, essential or non-essential. The necessary action will be taken as outlined on the service plan.
8. If the office telephone service is out of order, operations will be maintained out of an alternate location (if possible) arranged by the Administrator, and the on-call staff or answering system will be contacted to alert them of the need, for priority service.
9. If no telephone service is available in the area, state and local police, fire stations, hospitals and client's physicians and emergency contacts will be notified of high-risk clients.
10. The agency will assist high-risk clients in obtaining shelter and safety if at all possible.

**Tornado:**

A tornado warning is issued by sirens, emergency alerts or other means.

If you are under a tornado warning and are at a client’s home:

1. Move the client and yourself to a safe room, basement or storm shelter.
2. If you are in a home with no basement, go to a small interior room on the lowest level of the home.
3. Stay away from windows, doors, and outside walls.
4. Take additional coverage by shielding your head and neck with your arms and putting blankets around you.
5. Continue to listen to weather reports for updated information.

If you are driving under a tornado warning:

1. Safely seek a sturdy building or safe shelter
2. Do not get under an overpass or bridge
3. Watch out for flying debris and can cause injury or death.

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4. Use your arms to protect your head and neck. Cover yourself with a coat or blanket.
5. Do not try to outrun a tornado in your car.
6. Stay clear of fallen power lines or broken utility lines.

### **Flood:**

1. If you are under a flood warning and the need to evacuate contact the main office for further direction.
2. If flooding while at a client's home move client and yourself to highest floor.
3. If flooding while driving a car move to higher ground.
4. Do not walk, swim or drive through floodwaters.

### **Blizzard:**

If you are under a winter storm warning and are at a client's home:

1. Stay indoors and dress warmly
2. Prepare for power outages. Collect flashlights and batteries.
3. Listen for emergency information and alerts
4. If there is no heat, close off unneeded rooms or areas. Dress the client in layers of loose-fitting, lightweight warm clothing.
5. Eat and drink. Food provides the body with energy and heat. Fluids hydrate.

B.	Policy & Procedure	Fire
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**If you discover a fire in an office:**

1. Activate the nearest alarm pull station
2. Notify the Fire Department by calling 911
3. Calmly and quickly – let the rest of the office staff know stating “there is a fire in (name the location) evacuate the building immediately

**What to do when you hear a fire alarm:**

4. Leave the building using the evacuation routes
5. Provide assistance to those with mobility or sensory issues
6. Remain outside until the designated authority states it is safe to re-enter

**Designated Official ~ Administrator or designee**

7. Get an accurate head count of all staff who were in the office
8. Report all information to the Fire Department

**If you discover a fire in a facility,**

- Follow facility-specific instructions for fighting a fire and evacuating clients

**If you discover a fire in a client’s home:**

- Calmly and quickly evacuate client from the home if possible. Let the client know stating “there is a fire (name the location)
- Notify the fire department by calling 911
- If unable to evacuate the home move the client behind any closed door. Close any doors between fire and client.
- Smoke rises so stay low to the floor where air is cleaner and it’s easier to breathe. Cover nose and mouth to filter air. Cover all cracks around the door or vents with cloth to keep the smoke out for as long as possible.

**Fight the fire ONLY IF:**

- The Fire Department is on its way
- The fire is small and localized and it is not spreading to other areas
- You are able to back away from the fire
- You have a fire extinguisher and you have been trained to use it

C.	Policy & Procedure	Medical Emergency
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**If you find your client is having a medical emergency:**

Call 911 if your client:

- Has trouble breathing or has stopped breathing
- Has no pulse
- Is bleeding severely
- Is having pain in the chest, neck, jaw, or arm
- Is in a state of deteriorating unconsciousness or is unconscious
- Has a suspected fracture
- Has been badly burned
- Is unable to move one or more limbs
- Is having a seizure
- Is suffering from:
  - o Hypothermia-below normal body temperature
  - o Hyperthermia-well above normal body temperature
- Has been poisoned
- Is having a diabetic emergency
- Has apparently suffered a stroke
- Is choking
- Has diarrhea with bright red blood

**HOW TO USE 911:**

1. Dial **911**
2. Then state:
  - a) This is a medical emergency.
  - b) Give the phone number you are calling from.
  - c) Give the address and any special directions for entering the building
  - d) Describe the problem and how it happened, if known, otherwise just tell the facts and what has been observed.
  - e) Give your name.
  - f) Stay calm.
  - g) Follow directions of the 911 dispatcher.
  - h) Hang up when the dispatcher says you can.

**AFTER YOU CALL 911:**

1. Wait for the 911 responder
2. Stay with the client and provide reassurance
3. Call the on-call RN. The RN will notify the client's emergency contact person and/or responsible party.
4. Have documentation of DNR status, ready for the responder
5. Meet the emergency responder at the door
6. If the client is taken to the hospital, staff will secure and lock his/her apartment/home.

## DISASTER PLANNING AND EMERGENCY PREPAREDNESS PLAN

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C.	Policy & Procedure	<b>Interruption of Public Transportation</b>
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1. Staff who uses public transportation will be instructed to arrange for transportation from relatives or friends or carpool to clients' homes if possible.
2. At the discretion of the Branch Manager, staff may be provided assistance with transportation to high-risk clients by supervisors, taxi, and/or state police.
3. Clients who rely on public transportation will be assisted by the agency with alternate arrangements.
4. State and local police, emergency medical services and fire departments will be notified to assist with emergency services to meet clients' needs.

### HIPAA + EMERGENCY RESPONSE

The HIPAA Privacy Rule always allows client information to be shared for the following purposes and under the following conditions.

#### Treatment

Under the Privacy Rule, covered entities may disclose, **without a client's authorization**, protected health information about the client as necessary to treat the client or to treat another person (who might be, for example, affected by the same emergency situation). **Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of clients for treatment.**

#### Public Health Activities

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule **permits covered entities to disclose needed protected health information without individual authorization to, for example: To a public health authority**, such as the Centers for Disease Control and Prevention (CDC) or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. At the direction of a public health authority, to a foreign government agency that is acting in collaboration with the public health authority.

To persons at risk of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations.

#### Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification

A covered entity may share protected health information with a client's family members, relatives, friends, **or other persons identified by the client as involved in the client's care. A covered entity also may share information about a client as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the client's care, of the client's location, general condition, or death.** This may include, where necessary to notify family members and others, the police, the press, or the public at large. The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the client does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the client's best interest. **For clients who are unconscious or incapacitated:** A health care provider may share relevant information about the client with family, friends, or others involved in the client's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the client. For example, a provider may determine that it is in the best interests of an elderly client to share relevant information with the client's adult child, but generally could not share unrelated information about the client's medical history without permission. In addition, a

covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the client's care, of the client's location, general condition, or death. It is unnecessary to obtain a client's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

### **Imminent Danger**

Health care providers may share client information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. Thus, providers may disclose a client's health information to anyone who is in a position to prevent or lessen the threatened harm, including family, friends, caregivers, and law enforcement, without a client's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health or safety.

### **Disclosures to the Media or Others Not Involved in the Care of the Client/Notification**

Upon request for information about a particular client by name, a hospital or other health care facility may release limited facility directory information to acknowledge an individual is a client at the facility and provide basic information about the client's condition in general terms (e.g., critical or stable, deceased, or treated and released) if the client has not objected to or restricted the release of such information or, if the client is incapacitated, if the disclosure is believed to be in the best interest of the client and is consistent with any prior expressed preferences of the client. In general, except in the limited circumstances described elsewhere in this bulletin, affirmative reporting to the media or the public at large about an identifiable client, or the disclosure to the public or media of specific information about treatment of an identifiable client, such as specific tests, test results or details of a client's illness, may not be done without the client's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care decisions for the client). See 45 CFR 164.508 for the requirements for a HIPAA authorization.

### **Minimum Necessary**

For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose. Internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties.

### **Business Associates**

A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

**Safeguarding Client Information**

In an emergency, covered entities must continue to implement reasonable safeguards to protect client information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

**HIPAA Applies Only to Covered Entities and Business Associates**

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate.

**The Privacy Rule** does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing client information. There may be other state or federal rules that apply.

**Other Resources**

For more information on HIPAA and Public Health, please visit:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/index.html>

For more information on HIPAA and Emergency Preparedness and Response, please visit:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/index.html>

General information on understanding the HIPAA Privacy Rule may be found at:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

**Waivers**

If the President declares an emergency or disaster *and* the Secretary of HHS declares a public health emergency, the

Secretary may waive sanctions and penalties against a covered hospital that does not comply with certain provisions of the Privacy Rule. The Privacy Rule remains in effect. The waivers are limited and apply only for limited periods of time.

## DISPOSAL OF CONTAMINATED MATERIALS

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### **POLICY:**

Disposal of contaminated materials is to be done in a safe manner, consistent with infection control precautions. Contaminated materials may include needles, syringes or soiled dressing/clothing.

### **PROCEDURE:**

- Never recap needles
- Dispose of needles and syringes in appropriate container in the home
- Sharps containers should never be filled more than  $\frac{3}{4}$  full, then closed and disposed of
  - Container may be a medically approved container or a hard plastic or can with a lid
  - Must be labeled for needle disposal appropriately
- Soiled dressings/clothing should be placed in a plastic bag, tied, and placed in the garbage

**POLICY:**

Recover Care e-mail will be used for business purposes only and will be kept to only those subjects that require communication related to client needs, operational process, or business strategy of the agency.

**PROCEDURE:**

1. Company email will be used for business purposes only and it will be understood that all electronic communication is the property of Recover Care and can be viewed or monitored at any time without notice to an individual or an office.
2. Recover Care and all its offices will comply with laws and regulations regarding the safeguarding of information, security and confidentiality of email contents, i.e., information regarding criminal backgrounds, medical information, etc. is confidential information and will be treated as such. Email will not be used to:
  - Transmit or receive discriminatory, harassing, sexually oriented, offensive or other illegal or improper messages; or
  - Download unauthorized software onto the employer system
3. Users should be aware that any email may be used in court (if applicable) including the originating email and any responses.
4. Emails that contain Protected Health Information (PHI) can be shared with the Recover Care and network because they are automatically encrypted.
5. All emails with PHI going outside the Recover Care email network must be encrypted or transmitted using TLS, unless client chart contains written consent of Permission to Communicate:
  - An encrypted email from the Recover Care email network will have “:encrypted:” as the beginning of the Subject line and there will be instructions on how to retrieve the message.
  - A Reply or Forward to an encrypted email will not automatically be encrypted. Action must be taken to encrypt the Reply or Forward.
  - Partners with TLS do not need special encryption. If frequent messages that require encryption are exchanged, contact IT to confirm if TLS is setup.
6. Employees not on Recover Care email system must not use their personal email to send PHI as it is not secure without encryption.
7. HIPAA violations are Level 3 Incidents and must be reported to the Director and Compliance Officer.

The Board of Directors of Recover Care delegates responsibility to the Governing Body in a manner consistent with the company By-laws. The Governing Body accepts full legal authority for the operation of Recover Care, Inc. and its services; as such services are consistent with corporate responsibilities. Each member of the Governing Body attests to the fact that there is no business conflict or conflict of interest in working with Recover Care.

**POLICY:**

A governing body (or designated persons so functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.

**PROCEDURE:**

**Delegation of Functions:**

The Governing Body may delegate responsibilities to appropriate management personnel or committees.

1. The President/Chief Executive Officer or representative of the Governing Board will approve the annual budget/strategic plan on an annual basis, and, as needed, review by-laws and policies and procedures.
2. The President/Chief Executive Officer has been appointed designee of the Governing Board to assume legal authority and responsibility for the operation of the agency.
3. The Chief Operating Officer has been appointed designee of the Governing Body to appoint the Administrators and to organize and direct agency functions.
4. The Chief Operating Officer is responsible for communicating agency operations to the President/Chief Executive Officer and/or Governing Board.
5. The budget is prepared under the direction of the Governing Body with the assistance and input of appropriate management personnel. The budget is reviewed and updated at least annually.

**ANNUAL BUDGET**

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- The overall plan and budget is prepared under the direction of the governing body of the HHA by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the HHA.
- The overall plan and budget is reviewed and updated at least annually by the committee under the direction of the governing body of the HHA.
- Capital expenditures are budgeted and managed to organizational policy and general accepted accounting practices. Capital plan is prepared and reviewed and updated annually.

**QUALITY MANAGEMENT**

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The HHA must develop, implement, evaluate, and maintain an effective, ongoing, quality management plan. The HHA's governing body will ensure:

- The quality management is appropriate to the size of the home care provider and relevant to the type of services the home care provider provides
- The quality management activity evaluates the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients

- Documentation about quality management activity is be available for two years
- Information about quality management is be available to the commissioner at the time of the survey, investigation, or renewal.

### EXECUTIVE RESPONSIBILITIES

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The HHA's governing body is responsible for ensuring the following:

- That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained
- That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety
- That any findings of fraud or waste are appropriately addressed

### BYLAWS

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The Board of Directors shall review its written by-laws in accordance with applicable law and at least annually.

1. By-laws may be adopted, amended, or repealed as necessary.

### POLICIES & PROCEDURES

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1. The Governing Body shall review its written policies and procedures governing the day-to-day operations of the home health agencies in accordance with applicable law but at least once annually.
2. Review and recommendations may be forwarded to the Governing Body by appropriate management personnel, committees, or each agency's administrator to whom the responsibility is delegated by the Governing Body

### MINUTES

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1. Meetings of and actions taken by the Governing Body and its designees shall be prepared in accordance with the following procedure:
  - a. Actions and functions reserved to the Governing Body shall be evidenced in minutes prepared at least annually or more frequently as required by applicable law. A copy of the minutes will be kept.

## HOME CARE LICENSE

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### **POLICY:**

Recover Care will maintain a current unrestricted and unencumbered Comprehensive Home Care License issued by the Minnesota Department of Health. The License shall be available to the public for verification.

### **PROCEDURE:**

1. Recover Care will maintain a current unrestricted and unencumbered Comprehensive Home Care License issued by the Minnesota Department of Health
2. Recover Care will submit an annual license renewal request to the Minnesota Department of Health at least 30 days before the expiration of the current license
3. The license renewal will include all information requested by the MDH, including payment of the renewal fee
4. The original current license shall be displayed at the principal business office of Recover Care. Copies must be displayed at any branch office of Recover Care.
5. Recover Care shall provide a copy of the Comprehensive Home Care License to any person who requests it

## INCIDENT REPORTING

### **POLICY:**

An incident report is completed for events/incidents/accidents/complaints that are out of the ordinary course of events. Tracking is completed to determine potential liability and/or opportunities for improvement. Home care staff shall be made aware of incident management procedure.

### **Definition of Incident:**

Incidents are defined as events that are out of the ordinary and affect a client (e.g. client fall) or an employee (e.g. med error). An Incident may start as a grievance and be elevated to an L3 Incident. For example, "Jane Smith was late today" is a client grievance documented through the grievance process, unless it results in an outcome for the client. For example, if the client fell, because he/she couldn't wait any longer for the caregiver; and got out of bed without assistance; the event would be elevated to an Incident Report.

### **PROCEDURE:**

1. An Incident Report form is completed for all occurrences that meet the definition of "incident" and/or warrants further investigation to determine client outcome, potential liability or opportunities for improvement.
2. All employee and client-related incidents or unusual occurrences, accidents and injuries must be documented on an Incident Report form. Incidents include, but are not limited to:
  - Endangerment of staff or client
  - Equipment or medical device malfunctions or failure
  - Financial Exploitation
  - Injuries – including those of unknown source
  - Safety hazards
  - Theft
  - Deaths
  - Verbal or physical abuse
  - Falls – witnessed or non-witnessed
  - Medication Error

### **Categories & Levels:**

3. Incidents will be categorized as either **client or employee**. While incidents may involve both staff and client (and both names will be documented) only one category should be checked on the tracking log. To determine how to categorize, identify the nature of the incident and the outcome.
  - **Client Example:** If there is any client outcome, regardless of staff involvement, the incident is categorized under client. For example, an employee was transferring a client in a Hoyer lift; the client fell from the sling and broke a hip. This incident would be categorized as client, even though there will be investigation into staff performance and training.
  - **Employee Example:** If an employee is responsible for an incident – falsification of time card, alleged abuse, exploitation, etc., the incident is categorized under employee.
  - *The reporting protocol for 1st report of injury should be completed in the event of employee work-related injury.*
4. Incident reports will be completed within 24 hours. The Administrator is responsible for initiating the report, gathering all information, and discerning in which level the incident should be

## INCIDENT REPORTING

categorized. They will be categorized into one of three levels which reflect risk to the client and/or company as determined by the following parameters:

- **Level 1:** Low risk example: minor incident such as small amount of bruising noted
- **Level 2:** Moderate risk example: med error without outcome
- **Level 3:** Significant risk examples: significant injuries i.e., injuries resulting in surgery, unexplained bruises, unexpected deaths; abuse/neglect allegations, allegations of theft, fraud, inappropriate behavior

**Deaths:** Recover Care completes L3 documentation for all unexpected deaths to ensure that there is a review of services in the weeks preceding the death. The review:

- Establishes that all services were provided appropriately
- Evaluates that all assessments were completed
- Determines that all changes with the client were addressed appropriately
- Ensures that the highest quality of care was provided by RC staff

### **Notification:**

5. All level 3 incidents are reported to the Compliance Officer who will evaluate next steps. Contact must be made immediately via phone with all incidents that pose immediate jeopardy to the client, have resulted in actual harm, or have a high risk for actual harm.
  - If unable to reach the CO, the Regional Director / or designee will start the investigation and ensure that the appropriate notifications are made.
6. If it is not clear if an incident is a Level 3 incident – the Administrator shall assume it is and follow the reporting protocol and start the investigation.

### **Investigation & Quality Assurance:**

7. All Level 3 incidents will require an investigation. The investigation will be conducted at the branch level and monitored by the Compliance Officer or designee to ensure a thorough evaluation of risk, liability, and appropriate response to events.
8. All incident reports are maintained in an administrative quality assurance file and are not part of the medical record. The form is confidential and privileged and is an internal document only.
9. Each branch will maintain a Tracking Log in which all incidents are recorded for analysis of patterns, trends, and opportunities for improvement.
10. Incident tracking will be reviewed at quarterly meetings as part of the Quality Improvement Program.
11. Incident reports are confidential documents and as such must not be left in public areas or placed in committee minutes.

### **Processing:**

12. All Incident Reports are logged on the branch's tracking report for quality assurance review and recommendations for improvement.
13. Branch management will be responsible for reviewing the incident reports, determining the causal factors which contributed to the incident, and preparing a written report of findings which includes recommendations for actions to correct or prevent a similar occurrence.
14. Recommendations for improvement may include, but are not limited to: practice changes, recommendations for revisions to company policies, procedures and operating practices, staff education, training and supervision, and employee disciplinary action.

## INCIDENT REPORTING

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15. The Quality Assurance Process will include a report indicative of review, analysis and appropriate action on patterns and trends found through the Incident Reporting process.
16. Incident Reporting shall be included as part of all new home care employee orientation.

**POLICY:**

This document sets forth the policies, procedures, equipment, personal protective equipment and work practices that are directed at prevention and control of infections and communicable disease. It establishes general principles and measures to prevent transmission and serves as the Exposure Control Plan.

**Methods of Compliance**

The CDC recommends **Standard Precautions** for the care of all clients, regardless of their diagnosis or presumed infection status.

- **Standard Precautions** apply to 1) blood; 2) all body fluids , secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
  - Standard precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to clients' body fluids is anticipated.
  - Standard precautions are used to prevent transmission of infectious agents. They are a group of infection practices that apply to all clients regardless of suspected or confirmed infection status when health care is delivered. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions, may contain transmissible infectious agents.

**Standard Precautions - Infection Control**

The Bloodborne Pathogens Standard mandates the use of the Center for Disease Control's Standard Precautions Guidelines as the major means of infection control. Standard Precautions will be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

**PREVENTION**

**Work Practice Controls**

**1. Hand Hygiene**

Handwashing is the single most important and effective means of preventing the spread of infectious disease. Proper handwashing is expected as a part of the regular routine of each employee. If facilities are not immediately available, Recover Care will have alcohol based hand sanitizer on hand.

At a minimum, hand hygiene should be performed:

- Before contact with a client;
- After contact with the client or objects in the immediate vicinity of the client;
- After contact with blood, body fluids or contaminated surfaces;
- Moving from a contaminated-body site to a clean body site during client care; and
- After removal of personal protective equipment (PPE)

Alcohol based hand sanitizers are the most effective products for reducing the number of germs on the hands of health care providers. Antiseptic soaps and detergents are the next most effective and

antimicrobial soaps are the least effective. When hands are not visibly dirty, alcohol based hand sanitizers are the preferred method for hand hygiene. The agency must ensure that supplies necessary for adherence to hand hygiene are provided.

**2. Environmental Cleaning & Disinfection:**

**General Infection Control Practices – Nursing Home Visits (RN/LPN):**

- Infection Control related to Vehicles:
  - Establish a clean space for supply bag
- Before entering the home – collect only those items that are needed for the visit: supply bag, travel chart.
- Upon walking into the home – identify a place to establish a clean work space. Put down a barrier to protect the bag or suspend it on a door knob or back of chair, if needed.
  - Establish a clean and dirty field – The clean area will have all treatment supplies. The dirty area contains all dirty treatment supplies.
- One hand will be used to touch only the clean supplies and one hand will be used to touch only the dirty supplies (or trash)
- Wash hands or use hand gel before (and after) touching the client or any instruments.
- Gloves will be worn for all personal care and treatments. Hands must be washed before putting gloves on and after taking the gloves off. Do not wash the gloves.
- Hand Hygiene - CDC established the following guidelines: MMWR Vol. 51 / No. RR-16:
  - After gloves are removed, hands should be washed with a non-antimicrobial or an antimicrobial soap and water or disinfected with an alcohol-based hand sanitizer.
  - Hand hygiene is required regardless of whether gloves are used or changed. Failure to remove gloves after client contact or between “dirty” and “clean” body-site care on the same client must be regarded as nonadherence to hand-hygiene recommendations.
  - Although recent studies indicate that improvements have been made in the quality of gloves, hands should be decontaminated or washed after removing gloves. Gloves should not be washed or reused.
- Before leaving: discard or wipe down reusable barrier used for a clean workspace. Before putting any items back in a supply bag, all applicable items (stethoscope) will be wiped down with a disinfectant.

**Contaminated Areas or Equipment**

Housekeeping areas or equipment contaminated with blood or other potentially contaminated body fluid requires the special cleaning and decontamination procedures listed below. Contaminated equipment, objects or surfaces must be cleaned immediately and gloves must be worn during the cleaning process.

Typical decontamination procedures would include:

- a. Place gloves on both hand
- b. Remove excess fluids with paper towels.
- c. Clean area with soap and warm water.
- d. Wash down or spray area with a freshly prepared (no more than 1 day old bleach solution of 10 parts water to 1 part household bleach.
- e. Do not rinse.
- f. Allow to air dry.

**Wastebasket Procedures**

- a. Encourage clients to line wastebaskets with plastic bags and not allow to overflow.
- b. Infectious material such as paper toweling used to clean up blood, dressings, gloves, and other contaminated supplies will be placed in a plastic bag, tied securely, checked for leakage and placed in a plastic lined waste basket.

**Broken Glassware Contaminated with Blood**

- a. Do not use hands to pick up broken glassware.
- b. Use mechanical device (brush, dustpan, broom etc.) to pick up glassware pieces and dispose of glass immediately.

**All laundry/linen soiled with blood, body fluids visibly contaminated with blood, semen or vaginal secretions are considered contaminated.**

- a. All contaminated laundry must be handled with gloves.
- b. Contaminated laundry should be handled as little as possible and should be immediately washed separately from other laundry and laundered as usual, preferably in hot water. Drying in clothes dryer is recommended if possible. Gloves do not need to be worn when handling clean laundry.
- c. If contaminated clothing needs to be commercially cleaned, use gloves to handle clothing, place in a bag and tie securely and label with type of stain (blood, semen etc.)

**3. Personal Protective Equipment (PPE)**

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against occupational exposure. The goal in using PPE is to prevent blood or other infectious materials from having contact with an employee's clothes, skin, eyes, mouth or other mucous membranes. Use of PPE is identified on the client's individualized Plan of Care. Personal protective equipment will be provided at no cost to the employee. The only acceptable reason for not using identified PPE is when an employee makes a judgment that the use of PPE would cause a delay in providing emergency intervention that would be life threatening. Personal protective equipment commonly used includes:

**Gloves.**

Gloves must be worn when it is anticipated that an employee's hands may come in contact with blood, body fluids visibly contaminated with blood, semen or vaginal secretions, mucous membranes or broken skin. Situations may include but are not limited to the following:

- Administering first-aid treatment to a cut or wound.
- Removing and disposing of wound dressings.
- Brushing or flossing teeth.
- Cleaning contaminated surfaces or equipment.
- Handling contaminated laundry.
- Administering vaginal or rectal medications.
- Administering topical medications to the genital/rectal area or open skin breaks.
- Assisting with menstrual hygiene.
- Completing physical inspection of the genital/rectal area.
- Completing medical procedures in which there may be contacts with blood or body fluid

**Masks and Protective Eye-Wear**

Masks and protective eye-wear (goggles, glasses with side-shields) must be worn whenever splashes, sprays, splatters, droplets of blood or other infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

**4. Minimizing Potential Exposures:**

Minimizing Potential Exposures focuses on prevention of exposure for other family members and visitors and the prevention of transmission by the HHA staff while transporting medical specimens and medical waste, such as handling containers safely (top closed and secured), safe and separate placement of items potentially containing blood borne pathogens.

**5. Other**

Eating, drinking, applying cosmetics, lip balm and handling contact lenses are prohibited in work areas where there is likelihood of occupational exposure. Food and beverages are prohibited from being stored where blood or other potentially infectious materials are present.

**Hepatitis B Vaccination**

1. Hepatitis B vaccinations will be made available to all employees requesting to be vaccinated, who have occupational exposure to blood, unless:
  - a. The employee has previously received the complete Hepatitis B vaccination series.
  - b. Antibody testing has revealed the employee is immune; or
  - c. The vaccine is contraindicated for medical reasons, i.e. pregnant, nursing, allergy to yeast or preservatives or components of the vaccine.
2. Acceptance/Declination Statement – All employees with occupational exposure are required to sign a Hepatitis B Consent Record showing acceptance or declination of the vaccination series. These statements will be located in the employee's medical file.
3. Hepatitis B Vaccination Details:
  - a. A non-infectious synthetic vaccination produced in yeast cells.
  - b. The process of vaccination is a series of three injections, which should occur at the time schedule of: initial, 1 month and 6 months. Currently, the US Department of Public Health does not recommend booster doses.
  - c. The vaccination series will be:
    - i. Made available to all employees with a potential for occupational exposure within ten (10) working days of employment or assignment to a position classified as having potential for an occupational exposure.
    - ii. Provided at a time and location reasonable for the employee.
    - iii. Paid for by Recover Care following the completion of the vaccination series.
    - iv. Made available as listed above to employees who initially decline the vaccination series, but at a later date decide to accept vaccination.

**Post Exposure Procedures**

An Occupational Exposure Incident is defined as an incident where the blood, body fluids visibly contaminated with blood or other specified body fluids of people served has specific contact with an

employee's eye, mouth, other mucous membranes, broken skin contact or parenteral (skin piercing), in the performance of an employee's duties.

If an occupational exposure occurs, the employee must comply with the following:

- a. Immediately wash hands and contact area with soap and water. If mucous membranes or eyes are the contact area flush with water.
- b. Call the Recover Care office or the Branch/Unit office and speak to the Clinical Supervisor or Nurse designee.
- c. Report to United Heartland/Workers Comp and follow directives

#### **Medical Evaluation and Follow-Up**

Following an occupational exposure incident the company will instruct the employee to complete a medical evaluation within 24 hours. The company will reimburse the employee for all costs related to the exposure incident and not covered by workers compensation coverage.

The company will request that the medical evaluation be completed and returned to the branch by the physician within ten (10) days. The company will request that the evaluation include the following:

- a. A sample of the exposed employee's blood, collected as soon as possible following the exposure incident and tested for HIV or HBV status. If an employee does not give consent for HIV testing, the sample will be preserved for 90 days in the event the employee decides to give consent.
- b. Post exposure recommendations for treatment, including the need for Hepatitis B vaccination, if not previously done.
- c. That the employee has been informed of the results of the evaluation and any medical conditions resulting from the exposure that require further evaluation or treatment.
- d. Recommendation for post exposure counseling, if needed.
- e. The branch will share the medical evaluation and recommendations with the employee when received and within 15 days of the incident where this is possible

#### **Post Exposure Medical Record Keeping**

The following procedures outline the establishment and maintenance of the medical records for each employee with an occupational exposure to a Bloodborne pathogen.

The Medical Record will include:

1. The name and social security number of the employee.
2. A copy of the employees Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations.
3. All relevant medical information, including a copy of the results of all medical evaluations, testing and follow-up received.
4. The employer's copy of the physician's written opinion.
5. A copy of all information supplied to the physician.

#### **Confidentiality**

1. Medical records will be maintained separately from the personnel file and kept in a locked cabinet accessible only to the Administrator and Clinical Manager.

2. Medical records will not be disclosed or reported to any person within or outside the workplace except as required by OSHA regulation or law.
3. Medical records will be available to the affected employee, regulatory agencies and OSHA for examination and copying.

**Medical Records Maintenance**

- Medical records will be maintained by the branch for the duration of employment plus thirty (30) years.

**HBV and HIV Blood Testing of the Source Individual**

In order to determine the infectivity of the source individual for the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV) the following steps will be followed:

1. The source individual will be identified and documented on the Occupational Exposure Incident Report if consent is provided.
2. If the HBV or HIV status of the source individual is already known to have HBV or HIV the corresponding tests are not required.
3. If testing is indicated, it should be tested as soon as possible, after obtaining the appropriate consent for testing from the source individual or his/her legal guardian.
4. The results of the source individual's testing will be made available to the affected employee if consent is provided. The employee will be informed of all applicable laws concerning the disclosure of the identity and infectious status of the source individual.
5. The results of the source individual's blood testing for HIV and HBV will be made available to the affected employee's physician if consent is provided.

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**CONTROL**

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Recover Care will maintain a surveillance program to identify, investigate, and control infections or transmission of communicable disease specific to care/services provided in the home. The program is intended to identify sources or causative factors of infection, track patterns and trends of infections, establish a corrective plan, and monitor effectiveness of the corrective plan. The Infection Control Program is an integral part of the HHA's quality assessment and performance improvement program.

**SURVEILLANCE**

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Surveillance begins at hire with screening for communicable disease. Staff are not able to work in the field until the first Mantoux is read and is negative and the RN reviews the Health Screening Form and rules out the need for additional evaluation.

- An RN will review the Health Screening form with a new hire. (See attached) The form will be completed, reviewed and then placed in the Medical Record of an employee's file. The Medical Record (which includes the Mantoux) is kept in a locked cabinet accessible only to the Branch/Company leadership.
- Depending on the responses to the questions, the registered nurse (RN) reviewing this document may refer the employee for a follow-up appointment with a physician, nurse practitioner (NP), or physician's assistant (PA). At this appointment, the employee must receive written documentation that there is no risk for exposing others to communicable diseases.
- Surveillance continues with a tracking process that documents communicable and/or infectious disease(s) of client and/or staff
- Reportable diseases (noted below) are part of the surveillance activities and, if the agency is aware of a client or staff with a reportable disease, the Administrator or Clinical Manager will report the disease to the local public health department for further direction.

**REPORTABLE DISEASES**

- Arboviral diseases (diseases caused by viruses spread by mosquitoes, sandflies, ticks, etc.) such as West Nile virus, eastern and western equine encephalitis.
- Anthrax
- Botulism.
- Brucellosis.
- Chancroid.
- Chickenpox.
- Chlamydia trachomatis.
- Cholera.
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Giardiasis
- Gonorrhea
- Haemophilus influenza, invasive disease
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Influenza-related infant deaths
- Legionnaire disease (legionellosis)
- Leprosy
- Listeriosis
- Lyme disease
- Malaria
- Measles
- Meningitis (meningococcal disease)
- Mumps
- Novel influenza A virus infections
- Pertussis
- Plague
- Poliomyelitis
- Poliovirus infection, nonparalytic
- Psittacosis
- Q-fever
- Rabies (human and animal cases)
- Rocky Mountain spotted fever
- Rubella (including congenital syndrome)
- Salmonellosis
- Severe acute respiratory syndrome (SARS)
- Shiga toxin-producing *Escherichia coli* (STEC)
- Shigellosis
- Smallpox
- Syphilis, including congenital syphilis
- Tetanus
- Toxic shock syndrome (other than streptococcal)
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid fever
- Vancomycin intermediate *Staphylococcus aureus* (VISA)
- Vancomycin resistant *Staphylococcus aureus* (VRSA)
- Vibrio infections
- Yellow fever

1. It is the responsibility of the agency management to keep current documentation of infections.
2. Tracking logs will be maintained, for communicable disease or signs/symptoms of communicable disease among employees and/or clients.
3. The reporting of client infections will be primarily done through tracking of hospitalizations and ER visits as well as change of condition reporting.
4. All staff with illnesses, which render them unable to work, must report any diagnosed communicable disease. Staff should stay home if they have a fever with a temp at 100 or above (orally). They will be asked to stay home until they are free of a temperature for 24 hours.
5. The Administrator will ensure that infections are documented and placed on the tracking log for ongoing evaluation, investigation and identification of opportunities for improvement.
6. The Infection Control Tracking log is used for collection of data, infection identification, information identified in reports, in client or staff files, in staff reporting, in ER or hospital visits/admissions.

7. Infection Control data evaluation and investigation is an important component of the QAPI program and is one of the domains evaluated quarterly to determine practice, process and/or system breakdown.
8. Plans for improvement are identified and documented as part of the QAPI process which is reviewed on a quarterly basis to determine improvement and/or revisions or additional steps needed.

The issues identified through the analysis of surveillance data are used to improve care practices and control infections and transmission of communicable diseases.

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***CDC Definitions***

**Infectious** disease: a disease caused by a microorganism and therefore potentially infinitely transferable to new individuals. May or may not be communicable. Example of non-communicable is disease caused by toxins from food poisoning or infection caused by toxins in the environment, such as tetanus.

- Considered more dangerous as they can be spread indirectly, even though they have not had direct contact with the infected person. Do not have to be in direct contact - can be air borne or water borne. Considered contagious or communicable by infection, as from one person to another or from one part of the body to another; bacteria, viruses, parasites or fungi; and diseases that can be spread, directly or indirectly, from one person to another. Infectious refers to how many bacteria, virions, or other pathogen particles are needed to infect an exposed individual. Ebola is not terribly contagious, but it is dangerously infectious. Malaria is similar. It is impossible to catch malaria from another person, but only one bite from an infected mosquito can cause a fatal case of malaria. **Pneumonia, AIDS, meningitis.**

**Communicable** disease: an infectious disease that is contagious and which can be transmitted from one source to another by infectious bacteria or viral organisms.

- Communicable is equivalent to contagious. **Every contagious disease is infectious; but every infectious disease is not contagious.** If a disease is communicable, it is capable of being easily communicated or transmitted, spread from one person to another.

**Contagious** disease: a very communicable disease capable of spreading rapidly from one person to another by contact or close proximity.

- Capable of being transmitted (direct or indirect) by bodily contact with an infected person or object; or casual contact with secretions or objects touched by them. Used to emphasize very infectious, easily transmitted or especially severe communicable disease. They can be very dangerous. **common cold, influenza, strep throat, ringworm, measles, chicken pox**

EXAMPLE OF TRACKING LOG USED TO MONITOR, PREVENT AND CONTROL COMMUNICABLE DISEASE

Recover Health - Infection Prevention and Control Surveillance Log												
Office:		Office				2017						
Administrator					Treated by MD							
Date	Client	Employee	First Name	Last Name	Type of Infection	Yes	No	Diagnosed Communicable Disease	Hospitalizations due to Communicable Disease	If Staff was Diagnosed with Communicable Disease, were they evaluated for return to work?	If a Reportable Disease, was it reported by the Branch?	Comments
											Y	N
1	13-Jan-17	x	Johnson	Jane	Hepatitis C	x		x	x		x	Dx reported by hospital
2	14-Jan-17				Temp over 100, cough, sore throat		x				x	Not reportable

The HHA evaluates and revises the plan as needed. A quarterly review of all data and all domains, including Infection Control is completed to determine opportunities for improvement.

**EDUCATION**

- Infection Control /Blood Borne training is required upon hire and yearly. In addition, the Infection Control (Prevention and Control) policy must be reviewed upon hire and yearly. All staff must take a short quiz after review and all questions must be answered correctly to be considered competent.
- Education will ensure that staff provide adequate care, are able to identify infection signs and symptoms, identify routes of infection transmission, appropriately disinfect/sanitize/transport equipment and devices used for the client’s care, medical waste disposal, including instructions on how to implement current infection prevention/treatment practices in the home setting.
- Periodic training will be provided based on needs of client and staff.
- Education provided to clients and caregivers will be specific to the client’s plan of care, health conditions, and individual learning needs. HHAs should review training information with the client/caregiver, such as how to clean and care for equipment (for example: blood glucose meters, reusable catheters etc...) at sufficient intervals to re-enforce comprehension and application of training.
- Provide in-service infection control education for staff at periodic intervals (minimally annually) consistent with accepted standards of practice, such as: at orientation, annually, and as needed to meet the staff’s learning needs to provide adequate care, identify infection signs and symptoms, identify routes of infection transmission, appropriately disinfect/sanitize/transport equipment and devices used for the client’s care, medical waste disposal, including instructions on how to implement current infection prevention/treatment practices in the home setting.

**Competencies**

- Education will include evaluation of competency .....handwashing, gloving, and PPE.
- Processes to ensure that all healthcare personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities.



## PROVIDER RESTRICTIONS

144A.479(4)

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### **POLICY:**

Recover Care will not accept powers-of-attorney from clients for any purpose, and may not accept appointments as guardians or conservators of clients. Recover Care will not serve as a client's representative.

### **PROCEDURE:**

1. Recover Care staff cannot accept powers-of-attorney from home care clients
2. Recover Care staff cannot accept appointments as guardians or conservators from home care clients.
3. Employees will be oriented to this agency's Employee Handbook and acknowledge understanding of policy

**POLICY:**

Recover Care has a comprehensive Quality Management program that is based on collecting data across multiple domains and evaluating opportunities for improvement in client outcomes and/or practice, process or system breakdown. There will be a Quality Management plan in place at all times. The Administrator will oversee and ensure implementation of a quality management process that is effective, data driven, involves all services and takes actions that addresses the agencies performance. This work will be retained for at least two years.

**PROCEDURE:**

Identified staff shall, using data collected from logged home care client complaints, outcomes from MDH surveys or investigations, outcomes from client satisfaction surveys, or other sources of data, select at least one area to focus on in the form of a quality improvement initiative.

**Program Scope:**

1. Each identified area for improvement must contain a baseline measurement and a goal
2. The program must be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care.
3. At a minimum, the domains reviewed are:
  - a. Incidents
  - b. Grievances
  - c. Client Chart Audits
  - d. Employee Personnel Records
  - e. Infection Control
4. The Quality Management program will focus on the following:
  - a. High risk, high volume, or problem-prone areas;
  - b. Consider incidence, prevalence, and severity of problems in those areas; and
  - c. Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.
5. The Administrator will ensure that the program measures, analyzes, and tracks quality indicators, including adverse patient events and other aspects of performance that enable the agency to assess processes of care, services and operations, causes of adverse events and implementation of preventive actions.
6. All Quality Management plans will be monitored and analyzed quarterly, at a minimum, by the Branch Leadership.

**Program Data:**

The data is collected to:

- Monitor the effectiveness and safety of services and quality of care,
  - Identify opportunities for improvement
  - Gauge effectiveness of Quality Management plan interventions
7. Each indicator must be measurable through data in order to evaluate any HHA change in procedure, policy or intervention.

**Program Activities:**

8. The HHA must take actions aimed at performance improvement, and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained.
9. Each agency will have performance improvement project completed each calendar year.
10. HHA decides, based on the Quality Management program activities and data, what projects are indicated and the priority of the projects.
11. The agency must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved.

**Governing Body:**

12. The governing body is responsible for ensuring the following:
  - That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained;
  - That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness;
  - That clear expectations for patient safety are established, implemented, and maintained; and
  - That any findings of fraud or waste are appropriately addressed.

**Policy:**

Recover Care will be compliant with all Infection Control, OSHA, and CDC guidelines. Each branch will implement and manage a program for early identification, isolation and treatment of mycobacterium tuberculosis that includes a tuberculin skin testing (TST) using a two-step Mantoux on hire.

**1. Program Management:**

- The TB infection control is designed to ensure prompt detection and prompt referral of persons who have suspected TB disease.
- The Administrator is responsible for the TB infection control program including risk assessment, administration, screening and evaluating health care workers, training, monitoring, and oversight.
- The Administrator and Clinical Manager is responsible for ensuring that there are physician orders for the process of tuberculin skin testing. The protocol (included in the policy below) or similar must be used to document physician orders.
- An RN (or LPN competent in giving intradermal injections) will administer the Mantoux test if a documented negative two-step Mantoux (in the last year) is not provided to the Administrator upon hire.
- An RN must read the results of the Mantoux. Since the results require assessment and interpretation to read results of positive or negative – LPNs can not read the results of Mantoux tests.

**2. There are three levels of control measures including:**

- The first level of administrative measures include implementing infection control policies to ensure identification, isolation, diagnostic evaluation of persons likely to have TB, as well as educating, training and counseling staff about TB and screening for TB infection.
  - For homecare administrative controls include educating clients (who have been diagnosed with TB) and household members regarding the importance of taking medications, respiratory hygiene, and proper medical evaluation.
  - Staff will not transport clients with suspected or confirmed infectious TB disease until they have been determined to be noninfectious or not to have TB.
- The second level of control is containment and the use of engineering / environmental controls to prevent the spread and reduce the concentration of infectious droplet nuclei.
  - If TB is known or suspected; staff will not perform cough-inducing or aerosol-generating procedures.
- The third level of control is the use of personal respiratory protective equipment as needed.
  - If a client is suspected or diagnosed with TB, a disposable respirator should be worn
  - If a client is suspected or diagnosed with TB, the client will wear a mask when others are present

**3. Risk classifications (MMWR Dec, 30, 2005) include:**

- The three TB screening risk classifications are low risk, medium risk, and potential ongoing transmission. The classification of low risk should be applied to settings in which persons with TB disease are not expected to be encountered, and, therefore, exposure to *M. tuberculosis* is unlikely.

Serial testing is not required with low risk classification. Risk assessments are conducted every year to determine changes.

- The classification of medium risk should be applied to settings in which the risk assessment has determined that HCWs will or will possibly be exposed to persons with TB disease or to clinical specimens that might contain *M. tuberculosis*. Serial testing is conducted annual until the risk assessment changes.
- The classification of potential ongoing transmission should be temporarily applied to any setting (or group of HCWs) if evidence suggestive of person to-person (e.g., patient-to-patient, patient-to-HCW, HCW to-patient, or HCW to-HCW) transmission of *M. tuberculosis* has occurred in the setting during the preceding year. Evidence of person to-person transmission of *M. tuberculosis* includes 1) increased rates or clusters of Tuberculin Skin Test (TST) conversions, 2) HCW with confirmed TB disease
- Healthcare settings that are classified as low risk but serve patients or employ healthcare workers with higher-than-average rates of HIV infection or who are foreign-born and have lived in the United States less than five years should consider increasing their risk level to medium. If uncertainty exists regarding whether to classify a setting as low risk or medium risk, the setting typically should be classified as medium risk.

#### 4. Program for preventing the transmission of TB include the following components:

- Annual risk assessment – can be obtained the health department directly and/or statistics published on the state’s website. Once accessed, results should be printed and maintained as part of the annual evaluation for TB infection control. Detailed instructions for conducting an assessment can be found at:

<http://www.health.state.mn.us/divs/idepc/diseases/tb/mmwr910.pdf>

- Home-based Health-Care Settings: if less than three TB patients (**admitted for services**) for the preceding year, **classify as low risk**. If greater than or equal to three TB patients (**admitted for services**) for the preceding year, classify as medium risk. *MMWR, Dec 30, 2005, pg 13/161*
- Determination of risk for employees based on the annual risk assessment
- Education and training at the time of employment and at least annually
- Pre-screening employees upon hire (with two-step Mantoux testing)
- Serial testing as determined by the annual risk assessment; branches considered a medium risk should be tested annually (one-step for all existing employees) ; potential ongoing transmission is only used as a temporary classification – it warrants immediate investigation and corrective steps, After a determination that ongoing transmission has ceased, the branch is reclassified as medium risk for one year.

Pregnant women may request not to have a two-step Mantoux, but must complete the following:

1. The employee needs to see their MD and bring the attached form, “Exemption from Tuberculin Skin Testing for a Pregnant Healthcare Worker”

2. She either needs to get the blood test (as noted on the form) or her MD needs to exempt her and document on the form
3. She also needs the basic documentation of the TB screening form
4. The two-step Mantoux should be given after delivery if the blood test was not given by her physician.

**TB Internet Addresses for Annual Screening:**

Alabama .....	<a href="http://www.adph.org">http://www.adph.org</a>	North Carolina .....	<a href="http://www.schs.state.nc.us/epi/tb">http://www.schs.state.nc.us/epi/tb</a>
Arkansas .....	<a href="http://www.epi.alaska.gov">http://www.epi.alaska.gov</a>	North Dakota .....	<a href="http://www.ndmtb.com">http://www.ndmtb.com</a>
Arizona .....	<a href="http://www.hs.state.az.us/phs/oids/tuberculosis/index.htm">http://www.hs.state.az.us/phs/oids/tuberculosis/index.htm</a>	Nebraska .....	<a href="http://www.hhs.state.ne.us/cod/Tuberculosis/tbindex.htm">http://www.hhs.state.ne.us/cod/Tuberculosis/tbindex.htm</a>
California .....	<a href="http://www.dhs.ca.gov/ps/dodo/TBCB/tubindex.htm">http://www.dhs.ca.gov/ps/dodo/TBCB/tubindex.htm</a>	New Hampshire .....	<a href="http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/default.htm">http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/default.htm</a>
Colorado .....	<a href="http://www.cdph.state.co.us/do/tb/tbhome.asp">http://www.cdph.state.co.us/do/tb/tbhome.asp</a>	Nevada .....	<a href="http://www.health2k.state.nv.us">http://www.health2k.state.nv.us</a>
Connecticut .....	<a href="http://www.dph.state.ct.us">http://www.dph.state.ct.us</a>	New York City .....	<a href="http://www.nyc.gov/html/doh/html/tb/tb.html">http://www.nyc.gov/html/doh/html/tb/tb.html</a>
Delaware .....	<a href="http://www.state.de.us/dhs/dph/dpc/tuberculosis.html">http://www.state.de.us/dhs/dph/dpc/tuberculosis.html</a>	Ohio .....	<a href="http://www.odh.state.oh.us">http://www.odh.state.oh.us</a>
Florida .....	<a href="http://www.doh.state.fl.us/disease_ctrl/tb/WorldTBDay/2004/WTD2004">http://www.doh.state.fl.us/disease_ctrl/tb/WorldTBDay/2004/WTD2004</a>	Oklahoma .....	<a href="http://www.health.state.ok.us">http://www.health.state.ok.us</a>
Georgia .....	<a href="http://www.health.state.ga.us/epi">http://www.health.state.ga.us/epi</a>	Oregon .....	<a href="http://www.dhs.state.or.us/publichealth/tb">http://www.dhs.state.or.us/publichealth/tb</a>
Hawaii .....	<a href="http://www.hawaii.gov/doh/resource/comm_dis/tb/index.htm">http://www.hawaii.gov/doh/resource/comm_dis/tb/index.htm</a>	Pennsylvania .....	<a href="http://www.dsf.health.state.pa.us">http://www.dsf.health.state.pa.us</a>
Iowa .....	<a href="http://www.idph.state.ia.us/ch/tb_control.asp">http://www.idph.state.ia.us/ch/tb_control.asp</a>	Puerto Rico .....	<a href="http://www.salud.gov.pr">http://www.salud.gov.pr</a>
Indiana .....	<a href="http://www.in.gov/isdh/programs/tb">http://www.in.gov/isdh/programs/tb</a>	Rhode Island .....	<a href="http://www.health.ri.gov/disease/communicable/tb_data.htm">http://www.health.ri.gov/disease/communicable/tb_data.htm</a>
Kansas .....	<a href="http://www.kdhe.state.ks.us/tb/index.html">http://www.kdhe.state.ks.us/tb/index.html</a>	South Carolina .....	<a href="http://www.scdhec.net/hs/diseasecont/tb/html">http://www.scdhec.net/hs/diseasecont/tb/html</a>
Kentucky .....	<a href="http://www.chs.state.ky.us/publichealth/TB.htm">http://www.chs.state.ky.us/publichealth/TB.htm</a>	South Dakota .....	<a href="http://www.state.sd.us/doh/tb">http://www.state.sd.us/doh/tb</a>
Louisiana .....	<a href="http://www.opd.dhh.state.la.us/tuberculosis/index.html">http://www.opd.dhh.state.la.us/tuberculosis/index.html</a>	Tennessee .....	<a href="http://www2.state.tn.us/health/CEDS/index.htm">http://www2.state.tn.us/health/CEDS/index.htm</a>
Massachusetts .....	<a href="http://www.state.ma.us/dph/odo/tb">http://www.state.ma.us/dph/odo/tb</a>	Texas .....	<a href="http://www.dshs.state.tx.us/idcu/disease/tb">http://www.dshs.state.tx.us/idcu/disease/tb</a>
Maryland .....	<a href="http://www.edcp.org/tb/index.html">http://www.edcp.org/tb/index.html</a>	Utah .....	<a href="http://health.utah.gov/els/hiv/aid/tb/tbrefugee.html">http://health.utah.gov/els/hiv/aid/tb/tbrefugee.html</a>
Maine .....	<a href="http://www.maine.gov/dhs/boh/ddo/tuberculosis.htm">http://www.maine.gov/dhs/boh/ddo/tuberculosis.htm</a>	Virginia .....	<a href="http://www.vdh.virginia.gov/epi/tb">http://www.vdh.virginia.gov/epi/tb</a>
Michigan .....	<a href="http://www.michigan.tb.org">http://www.michigan.tb.org</a>	Washington .....	<a href="http://www.doh.wa.gov/cfh/tb">http://www.doh.wa.gov/cfh/tb</a>
Minnesota .....	<a href="http://www.health.state.mn.us/tb">http://www.health.state.mn.us/tb</a>	Wisconsin .....	<a href="http://dhfs.wisconsin.gov/tb">http://dhfs.wisconsin.gov/tb</a>
Montana .....	<a href="http://www.dphs.state.mt.us">http://www.dphs.state.mt.us</a>	Wyoming .....	<a href="http://www.wdh.state.wy.us/tb">http://www.wdh.state.wy.us/tb</a>

**5.5. Components of the screening program include:**

**5.5.1. Upon Hire:**

- Medical surveillance will be made available at no cost to the employee and will include pre-placement evaluation, administration and interpretation of TB Mantoux skin tests.
- An initial baseline screening Mantoux test is required at the time of employment for all employees who provide direct care to clients. IGRAs (ex: Quantiferon Gold TB Gold, or T-Spot) may also be accepted for TB screening.
- A two-step baseline Mantoux test will be required for new employees who have not had a **documented** negative TB skin-test result during the preceding 12 months.
- The first step read and documented within 48 – 72 hours. The second step will be given 7-21 days from the time the first step is read. It is advised to schedule the 2<sup>nd</sup> step within a week from reading the first step to allow for unforeseen conflicts in schedule.
- If the employee has documentation of a negative skin testing (including anytime within the previous 12 months, they should receive one baseline TST that will be considered the 2<sup>nd</sup> step of a 2-step TST.



- Documentation of the administration and results of Quantiferon Gold blood test is acceptable for TB screening. If the employee has no documentation of any previous TST including a T-Spot or Quantiferon Gold (also known as the Gold Test) – the Mantoux testing must be completed (even if the applicant states the test has been positive) with a baseline two-step TST.
- If the TST is positive the employee must schedule a chest x-ray to rule out active disease. If the chest x-ray is positive the employee must be referred to a physician for further evaluation before resuming work.
- If there is a documented positive TST, it is not necessary to repeat the skin test – the employee must schedule a chest x-ray to rule out active disease. If the chest x-ray is positive, the employee must be referred to a physician for further evaluation before resuming work.
- If an employee has had a positive skin test due to BCG vaccination, Mantoux skin testing can be repeated – results of BCG usually wane after 5 years – a recent positive TST generally represents recent exposure and skin testing should be repeated.
- TST skin tests will be interpreted and stored confidentially in the employee’s medical record

Situation	Recommended testing
No previous TST result	Two-step baseline TSTs
Previous negative TST result (documented or not) >12 months before new employment	Two-step baseline TSTs
Previous documented negative TST result ≤12 months before new employment	Single TST needed for baseline testing; this test will be the second-step
≥2 previous documented negative TSTs but most recent TST >12 months before new employment	Single TST; two-step testing is not necessary (result would have already boosted)
Previous documented positive TST result	No TST
Previous undocumented positive TST result*	Two-step baseline TST(s)
Previous BCG <sup>†</sup> vaccination	Two-step baseline TST(s)
Programs that use serial BAMT, <sup>§</sup> including QFT <sup>¶</sup> (or the previous version QFT)	See Supplement, Use of QFT-G** for Diagnosing <i>M. tuberculosis</i> Infections in Health-Care Workers (HCWs)

\* For newly hired health-care workers and other persons who will be tested on a routine basis (e.g., residents or staff of correctional or long-term-care facilities), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events. If the previous positive TST result is not documented, administer two-step TSTs or offer BAMT. SOURCES: Aventis Pasteur. Tuberculin purified protein derivative (Mantoux) Tubersol<sup>®</sup> diagnostic antigen. Toronto, Ontario, Canada: Aventis Pasteur; 2001. Parkdale Pharmaceuticals. APLISOL (Tuberculin purified protein derivative, diluted [stabilized solution]). Diagnostic antigen for intradermal injection only. Rochester, MI: Parkdale Pharmaceuticals; 2002. Froeschle JE, Ruben FL, Bloh AM. Immediate hypersensitivity reactions after use of tuberculin skin testing. Clin Infect Dis 2002;34:E12–3.

<sup>†</sup> Bacille Calmette-Guérin.  
<sup>§</sup> Blood assay for *Mycobacterium tuberculosis*.  
<sup>¶</sup> QuantiFERON<sup>®</sup>-TB test.  
<sup>\*\*</sup> QuantiFERON<sup>®</sup>-TB Gold test.

**5.5.2. Serial Testing:**

- Repeat testing based on the annual assessment subsequent risk classification
- Two-step TST testing is not performed for follow-up testing.
- Employees do not need to be tested all at once, follow-up screening can be staggered rather than testing all HCWs at the same time each year. Testing on the anniversary of employment or birthday increases opportunities for early recognition of infection control problems that can lead to conversions in test results.

**5.5.3. Serial screening for symptoms or signs of TB disease**

- Any HCW with a newly recognized positive test result for TB, test conversion, or symptoms or signs of TB disease, should be promptly evaluated.
- Employees who have a documented history of a positive Mantoux test and documented completion of adequate preventive therapy or adequate therapy for active cases should be exempt from further screening unless they develop symptoms suggestive of tuberculosis.
- The evaluation should be arranged with employee health, the local or state health department, or a personal physician.
- An employee with a baseline positive or newly positive result should receive one chest radiograph to exclude a diagnosis of TB disease. After this baseline is performed and documented, repeat chest x-rays are not needed unless symptoms or signs of TB disease develop.
- Employees with confirmed infectious pulmonary, laryngeal, endobroncheal, or tracheal TB disease should be excluded from the workplace and should be allowed to return to work when the following criteria have been met: 1) three consecutive sputum samples collected in 8-24 hr intervals that are negative, with at least one sample from an early morning specimen 2) the person has responded to anti-tuberculosis treatment and 3) the person is determined to be non-infectious by a physician knowledgeable and experienced in managing TB disease.
- Employees with extrapulmonary TB disease usually do not need to be excluded from the workplace as long as no involvement of the respiratory tract has occurred. They can be confirmed as noninfectious and can continue work if documented evidence is available that indicates that concurrent pulmonary TB disease has been excluded.
- Employees receiving treatment for LTBI (latent TB infection) can return to work immediately. Employees who cannot take or do not accept or complete a full course of treatment for LTBI should not be excluded from the workplace – they should be counseled regarding the risk for developing TB disease and instructed to report any TB symptoms immediately to the occupational health unit.
- Asymptomatic employees with a baseline positive or newly positive TST do not need to be excluded from work.

**5.5.4. TB Training and Education**

- All employees receive baseline training relevant to their work, responsibilities, and risk classification of the branch.
- Provision of regular, on-going training (e.g. during orientation and at least annually thereafter) will be provided as well as information to ensure employee knowledge of such issues, including the following:
  - Hazards of TB transmission
  - Signs and symptoms of TB

**6. Exposure to TB:**

Workers who experience a TB exposure incident (exposure to a client with infectious TB for whom infection control precautions have not been taken) will also be managed as follows:

- A Mantoux test will be administered as soon as possible after exposure.

- If the initial skin test is negative, the test should be repeated 8-10 weeks after the exposure ended.
- If the skin test is greater than or equal to 5 mm or the employee has symptoms suggestive of tuberculosis, a chest x-ray should be done.
- Persons with previously known positive skin-test reactions who have been exposed to an infectious client do not require a repeat skin test or a chest x-ray unless they have symptoms suggestive of tuberculosis.

Home care for clients with suspected TB infections will provide for early identification of active TB. Symptoms such as a productive cough, coughing up blood, weight loss, and loss of appetite, lethargy, weakness, night sweats, or fever could be indicative of TB. Care of clients with suspected or confirmed infections will be available and will include:

- Precautions to prevent exposure until communicability has been eliminated by therapy
- Instructing clients to cover coughs and sneezes
  
- Instructing clients who are on TB medications about the importance of taking medications as prescribed unless adverse effects are seen.

**PPE:**

1. Since clients in home care are admitted to in-client facilities for the treatment of active TB, engineering controls are pertinent to the in-client facility. However, branch management will ensure that personal protective equipment is available for employees who are working with clients that are being treated for TB.
2. The branch will provide for employee use a NIOSH-approved respirator equipped with high efficiency particulate air (HEPA) filters, the minimally acceptable level of respiratory protection.
3. If disposable respirators are used, their reuse is permitted as long as the respirator maintains its structural and functional integrity. The branch must address the circumstances in which a disposable respirator will be considered to be contaminated and not reusable. Whenever respirators are required to be used, the branch must have a complete respiratory protection program in place.
4. Respirators are recommended under the following circumstances:
5. When employees enter the homes or rooms of individuals with suspected or confirmed infectious TB disease; When employees perform high hazard procedures on individuals who have suspected or confirmed TB disease including but not limited to:
  - Aerosolized medication, e .g. Pentamidine, Bronchoscopy, Sputum induction, Endotracheal intubation, Suctioning procedures
  - When transporting an individual with suspected or confirmed TB disease in a closed vehicle
6. The branch will make provisions for the performance of and instructions regarding cleaning, disinfecting or sterilizing as indicated. Generally, critical items should be sterilized (needles, instruments or items introduced into the bloodstream or sterile areas of the body), semi-critical items should be sterilized or cleaned with high-level disinfectants (non-invasive flexible items such as endoscopes or bronchoscopes), and non-critical items should be cleaned with detergents or low-level disinfectants (crutches, bedboards, blood pressure cuffs etc.). Selection of chemical disinfectants depends on the intended use, level of disinfection required, and the structure and material of the item to be disinfected.

Access to employee exposure information and medical reports will be available.

- A record describing each employee exposure to TB will be maintained.
- A record of TB skin testing results and medical evaluations and treatment will be maintained.
- Records must be complete and organized in such a way so as to allow the OSHA compliance officer to determine compliance with the regulations.
- Although not specifically stated in regulations, the interpretation of one OSHA office is that records should be maintained for a thirty (30) year period as required by the OSHA bloodborne pathogens regulation.
- Clients or employees with suspected or confirmed tuberculosis should be reported to the appropriate health department so that standard procedures for identifying and evaluating tuberculosis contacts can be initiated.
- A log and summary of occupational injuries and illnesses will be maintained. TB infections, e.g. positive TB Mantoux skin test and TB disease, should be recorded on the OSHA 300 log.
- A positive skin test for TB, even on baseline testing, except if positive on pre-employment screening, is recordable on the log because there is a presumption of work-relatedness.
- If an employee's infection which was recorded on the log progresses to TB disease during the five year maintenance period, the original log entry must be updated to reflect the new information.

**Table 1**

Step 1	All healthcare workers (HCWs) should receive a two-step Mantoux (TST) upon hire and a Communicable Disease Health Screening		
Step 2	Conduct a risk assessment considering the following using local public health or TB Internet sites for annual screening located on pg2.		
	↓	↓	↓
	No TB clients in the applicable counties <b>and</b>	Three or fewer than TB clients admitted	Greater than or equal to three TB clients admitted
	Plan to refer clients with confirmed or expected TB to inpatient facility	↓	↓
	↓	Low Risk	Medium Risk
	Low Risk		
	<b>Do not need to maintain on-going skin testing program and other than baseline testing that will be used in the event of an exposure unless risk assessment changes</b>	<b>Do not need to maintain on-going skin testing program and other than baseline testing that will be used in the event of an exposure unless risk assessment changes</b>	<b>Conduct serial testing <u>annually</u> until risk changes. This is a one step Mantoux since the baseline consisted of a two-step TST.</b>

**Table 2 TB Transmission**

	TB Exposure identified (i.e. client diagnosed with TB) or branch has increased conversions.	
Step 1	<b>HIGH RISK – CALL SUPERVISOR AND CORPORATE COMPLIANCE OFFICER FOR CONSULTATION</b>	
	↓	
Step 2	Conduct testing every 8-10 weeks until lapses in infection control have been corrected and no additional evidence of transmission is apparent.	→ <b>CLASSIFY AS POTENTIAL ON-GOING TRANSMISSION</b>
Step 3	After determination that ongoing transmission has ceased, reclassify as Medium Risk (see above). Maintain for at least one year.	

**Table 3**

1. An induration of  $\geq 5$  mm is classified as positive in:

- o persons who have been previously negative
- o persons who have human immunodeficiency virus (HIV) infection or risk factors for HIV infection but unknown HIV status;
- o persons who have had recent close contact \* with persons who have active tuberculosis (TB);
- o persons who have fibrotic chest radiographs (consistent with healed TB).

2. An induration of  $\geq 10$  mm is classified as positive in all persons who do not meet any of the criteria above but who have other risk factors for TB, including:

**High risk groups such as:**

- o injecting-drug users known to be HIV seronegative;
- o persons who have other medical conditions that reportedly increase the risk for progressing from latent TB infection to active TB (e.g., silicosis; gastrectomy or jejunum-ileal bypass; being  $\geq 10\%$  below ideal body weight; chronic renal failure with renal dialysis; diabetes mellitus; high-dose corticosteroid or other immuno-suppressive therapy; some hematologic disorders, including malignancies such as leukemias and lymphomas; and other malignancies); children  $<4$  years of age.

**High-prevalence groups:-**

- o persons born in countries in Asia, Africa, the Caribbean, and Latin America that have high prevalence of TB;
- o persons from medically underserved, low-income populations;
- o residents of long-term-care facilities (e.g., correctional institutions and nursing homes);
- o persons from high-risk populations in their communities, as determined by local public health authorities.

3. An induration of  $\geq 15$  mm is classified as positive in persons who do not meet any of the above criteria.

4. Recent converters are defined on the size of induration:

- o  $\geq 10$  mm increase within a 2-year period is classified as a recent conversion
  - o  $\geq 15$  mm increase within a 2-year period is classified as a recent conversion
5. TST skin-test results in health-care workers (HCWs)

In general, the recommendations of sections 1,2, 3, of this table should be followed when interpreting skin tests results of HCWs

However, the prevalence of TB should be considered when choosing the appropriate cut-point for defining a positive TST reaction. In agencies where there is essentially no risk for exposure to *Mycobacterium tuberculosis* (i.e., minimal- or very low-risk agencies), an induration  $\geq 15$  mm may be a suitable cut-point for HCWs who have no other risk factors.

In agencies where TB clients receive care, the cut-point for HCWs with no other risk factors may be  $\geq 10$  mm. A recent conversion in an HCW should be defined generally as a  $\geq 10$  mm increase in size of induration within a 2-year period. For HCWs who work in facilities where exposure to TB is very unlikely (e.g., minimal-risk facilities), an increase of

- o  $\geq 15$  mm within a 2-year period may be more appropriate for defining a recent conversion because of the lower positive-predictive value of the test in such groups.

Recent close contact implies either household or social contact or unprotected occupational exposure similar in intensity and duration to household contact.



**PROTOCOL FOR TUBERCULIN SKIN TESTING (TST) STORAGE AND ORDERS**

Source: [www.health.state.mn.us/divs/idepc/diseases/tb/tst.html](http://www.health.state.mn.us/divs/idepc/diseases/tb/tst.html)

**PRESCRIPTION:**

0.1 mL of 5TU tuberculin (Tubersol® or Aplisol®) intradermally (ID) using a ¼ to ½ inch 27-gauge needle.

**SUPPLIES:**

A vial of tuberculin, a single-dose disposable tuberculin syringe, a ruler with millimeter (mm) measurements, 2x2 gauze pads or cotton balls, alcohol swabs, a puncture resistant sharps disposal container, record-keeping forms for the employee and provider, and a pen.

**ADMINISTRATION:**

- Choose a site free of lesions, excess hair, and veins. The usual site for injection is the volar aspect of the forearm.
- Clean injection site with an alcohol swab. Allow area to air dry completely before the injection.
- Intradermally inject all of the tuberculin using a ¼ to ½ inch 27-gauge needle with a short bevel. This will produce a 6-10 mm wheal. If a wheal of 6-10 mm is not produced, another test should be done immediately at a site at least 2 inches from the original site.
- Use a cotton ball to dab the area lightly and to wipe off any drops of blood. Do not apply pressure or use a bandage on the test site. Instruct employee to avoid scratching the test site.
- Document:
  - Name and signature of person administering test
  - Date and time test administered
  - Location of test (e.g., right forearm, left forearm, alternate site)
  - Tuberculin manufacturer, lot number and expiration date
- Provide written reminder to employee to return for reading in 48 to 72 hours.

**READING:**

- Confirm that TST was applied within 48 to 72 hours prior to reading.
  - If < 48 hours, employee must return after 48 hours and before 72 hours.
  - If employee returns up to 7 days after the test was administered and the size of induration meets the criteria for a positive result, the result can be accepted. If reading the TST after 72 hours and there is no induration or the size of the induration does not meet the criteria for a positive result, the TST must be repeated.
- Use a millimeter ruler to measure the diameter of induration perpendicular to the long axis of the arm.
- Categorize results using table below.
- Document:
  - Name and signature of person reading test
  - Date and time test read
  - Exact number of mm of induration (if no induration, document "0" mm)
  - Interpretation of reading (i.e., positive or negative, based on individual's risk factors)
- Caution: Persons with symptoms of active TB disease or who are HIV infected or severely immunocompromised may have a false negative TST.

**PROTOCOL FOR TUBERCULIN SKIN TESTING (TST) STORAGE AND ORDERS**

Source: [www.health.state.mn.us/divs/idepc/diseases/tb/tst.html](http://www.health.state.mn.us/divs/idepc/diseases/tb/tst.html)

**TWO-STEP TST:**

If the first TST is negative, administer a second TST 7 – 21 days later, following the above protocol.

**FOLLOW-UP OF EMPLOYEES WITH A NEWLY-POSITIVE TST:** Refer persons with a newly identified positive TST to a provider within \_\_\_\_\_ days for a physical examination and chest x-ray to rule out active TB disease. Employees should not be allowed to work until the chest x-ray and physical examination are completed and active pulmonary TB disease has been ruled out.

- <sup>1</sup> BCG vaccination is not a contraindication for TST; disregard BCG history when interpreting TST result.
- <sup>2</sup> In instances of repeated testing (other than contacts), an increase in TST result of  $\geq 10$  mm within 2 years is considered a TST conversion indicative of recent infection.
- <sup>3</sup> Substance abuse, diabetes mellitus, silicosis, cancer of the head or neck, hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndromes, low body weight (i.e., 10% or more below ideal for the given population).

**2. MEDICAL EMERGENCY OR ANAPHYLAXIS:**

Epinephrine Hydrochloride Solution (1:1000) should be readily available for use in case an anaphylactic or acute hypersensitivity reaction occurs.

**3. REVIEW OF PROTOCOL**

The protocol will remain in effect for all employees until rescinded or until changed by the prescribing physician.

Protocol will be reviewed at least annually by the Advisory Committee including the prescribing physician and/or Medical Director, or Physician on the Advisory Committee.

\_\_\_\_\_  
**Name of prescribing physician:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**COMMUNICABLE DISEASE SCREENING**

Are you experiencing any of the following symptoms?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Sore throat	RC-A15
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Rash / vesicles on skin	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Cold sore	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Fever and rash	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Fever and respiratory symptoms – cough, runny nose	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Drainage from eyes, ears	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Skin lesion, cyst, boil	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Nausea, vomiting	
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Diarrhea	
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Cough lasting more than three weeks	
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Swollen lymph nodes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Non healing wound	
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Returned from travel in another country within the last month	

Have you ever been told by a physician or other health care provider that you have any of the following conditions?

<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Hepatitis A, B, or C
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Tuberculosis
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. HIV / AIDS

**TUBERCULOSIS (TB) SCREENING**

Are you experiencing any of the following symptoms?

<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Persistent coughing
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Coughing up bloody sputum or blood
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Night sweats
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Unexplained fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Fever recurring
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Unexplained weight loss
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Positive for TB – either skin test or blood test
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have you ever been told by a health care provider that you have had active TB?
<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Have you ever cared for or lived with anyone diagnosed with active TB?
<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Have you worked or volunteered in a setting where TB may be more common, e.g., homeless shelter, nursing home, group home, prison?

Depending on the responses to the above questions, the registered nurse (RN) reviewing this document may refer you for a follow-up appointment with your physician, nurse practitioner (NP), or physician’s assistant (PA). At this appointment you will receive written documentation that you pose no risk for exposing others to communicable diseases.

**I acknowledge that the above information is true and correct to the best of my knowledge.**

<b>SIGNATURE</b> – Employee Completing Form	Date Signed
---	-------------

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No I have conducted a screening and have reviewed the information on this form. The employee appears to be clinically free from communicable disease and TB.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>RN referral to physician, NP or PA</b>		
	<b>SIGNATURE</b> – RN Screener	Name – RN Screener (print)	Date Signed



**TB Screening & Communicable Disease Health Screening**

RC-A15

Name – Employee \_\_\_\_\_

Tuberculin skin testing (TST)	TST – 1 <sup>st</sup> Step		TST – 2 <sup>nd</sup> Step	
Name of person administering test				
Date and time administered				
Location (circle)	L forearm	R forearm	L forearm	R forearm
Tuberculin Manufacturer:				
Lot # and Expiration Date:				
Signature of person who administered test				
<b>Results (read between 48-72 hours)</b>				
Date and time read:				
Number of mm of induration:	_____ mm		_____ mm	
Interpretation of reading* (circle)	Positive** Negative***		Positive**	Negative***
Reader's signature				

\*\* Refer HCW for a chest x-ray to rule out active TB disease \*\*\*

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## Exemption from Tuberculin Skin Testing for a Pregnant Healthcare Worker

I, \_\_\_\_\_ (physician's name) recommend that my patient, \_\_\_\_\_, be exempted from tuberculin skin testing (TST) for the following reason: \_\_\_\_\_. I understand that the U.S. Centers for Disease Control and Prevention and the Minnesota Department of Health consider TST to be valid and safe during pregnancy and recommend that pregnant women with risk factors (e.g., health care workers) for exposure to tuberculosis (TB) should receive testing.

---

**Check one:**

\_\_\_\_ I will arrange for my patient to receive a TB blood test (i.e., QuantiFERON, T-Spot) as a substitute for TST.

\_\_\_\_ I have been unable to locate a laboratory that will perform a TB blood test (i.e., QuantiFERON, T-Spot) for my patient.

---

Signature: Employee

---

Clinic name and phone number

I \_\_\_\_\_ (employee) have read the above information and understand that tuberculin skin testing is generally considered safe in pregnant women.

---

Signature: Employee

**References:**

1. American Thoracic Society, U.S. Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent TB infection. MMWR 2000; 49(No. RR-6)
2. CDC fact sheet. Tuberculosis and Pregnancy (2008)

### UNSAFE HOME SITUATIONS - DEFINED

#### **POLICY:**

Recover Care seeks to minimize unsafe home care situations which can adversely affect clients and employees.

#### **PROCEDURE:**

An unsafe home situation exists when the Case Manager determines that a client cannot be safely maintained at home without considerable risk of injury to the client or employees due to the presence of any of the following conditions:

1. **Problems related to the client:**
    - a. Poor judgment / unreliability
    - b. Inappropriate behaviors directed at self (client) or others
    - c. Inability to compensate for physical or cognitive limitations
    - d. Refusal or inability to comply with the Plan of Care.
  2. **Problems related to the home/service environment:**
    - a. Substandard shelter
    - b. Inadequate sanitation
    - c. Presence of domestic pets which are not contained and demonstrate threatening behaviors towards agency staff
    - d. Client lacks financial resources to pay for minimum care needs
  3. **Problems with informal support system / primary care givers (family, friends etc. )**
    - a. Abuse or neglectful behaviors directed towards the client or agency staff.
    - b. Demonstrates poor judgment or unreliability
    - c. Physical or cognitive limitations which interfere with service delivery
    - d. Refusal or inability to support the Plan of Care
    - e. Client lacks financial resources to pay for minimum care needs
  4. **Problems with formal support system (health care providers)**
    - a. Client's care needs exceed the resources of the agency
    - b. Inaccessibility of needed services
    - c. Inability to assure safety of staff delivering services
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**UNSAFE HOME SITUATIONS - PROCEDURE**

**POLICY:**

Home care services may be terminated due to the presence an unsafe home care situation and due to the client's inability or refusal to participate in changes to assure the safety of the service delivery environment. In order to minimize the likelihood of service termination due to an unsafe home care situation, staff will comply with the following procedure.

**PROCEDURE:**

An unsafe home care situation exists when the Clinical Manager or designee determines that a client cannot be safely maintained at home without considerable risk of injury to the client or employees due to the presence of any of the following conditions:

**1. New Referral**

- a. If the Clinical Manager or designee determines during the initial visit than an unsafe home care situation exists, the following procedures / determinations will be identified / implemented by the Clinical Manager or designee:
  - i. Determination that the unsafe situation cannot be corrected with the addition of home health services.
  - ii. Informs the client/family of the unsafe situation and indicates that services may be denied
  - iii. Review of the Home Care Bill of Rights provisions regarding service delivery
  - iv. Review of the client's situation with his/her supervisor and indicates the intent to deny services
  - v. Makes appropriate referrals to outside agencies (ex: vulnerable adult)

**2. Existing Client :**

- a. If the Clinical Manager or designee determines as part of ongoing visits that an unsafe home care environment has developed and determines that the situation does not pose immediate danger or risk to the client or agency staff, the following procedures will be implemented:
    - i. The Plan of Care (POC) will be changed to ensure a safe situation within a clearly identified and reasonable time frame
  - b. As necessary, as part of the Plan of Care (POC) – a client contract may be used to address safety issues and clearly outline expectations for improving safety conditions. A care conference will be conducted to review the POC and changes and the requirements for restoring a safe home environment.
  - c. If after the care conference, it is determined that the situation cannot be made safe through the utilization of a client contract and changes to the POC, the Clinical Manager or designee will initiate termination of services.
- 3. If the Clinical Manager or designee determines that an unsafe situation has developed and the client or agency staff is in imminent risk of injury or harm, the Clinical Manager or designee will complete the following:**
- a. File a vulnerable adult or child protection report, as appropriate, to address the client's safety issues.
  - b. Inform the client and social service contacts (if applicable) of the decision to suspend or terminate services

## UNSAFE HOME SITUATIONS

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- c. Suspend services to the client until termination procedures can be initiated (following all discharge requirements as detailed by the State)
  - d. Provide written notification of suspension or termination of services in accordance with the requirements of the State.
4. If termination of services is appropriate, the following procedures will be completed:
- a. Review situation with Clinical Manager to make final determination
    - i. Inform the client and representative of the decision to terminate services and address provisions under the Home Care Bill of Rights
    - ii. Provide written notification to the client in accordance with the requirements of the State.
    - iii. Provide a copy of the Grievance Procedure and a list of other agencies providing similar services to the client
    - iv. File a vulnerable adult or child protection as appropriate
    - v. Notify all formal caregivers and the physician of the intent to terminate services

## VIDEO AND PHOTOGRAPHY CONSENT

RC-A17

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### **POLICY:**

It is the policy of Recover Care, consistent with its respect for client privacy and confidentiality, to provide clear and concise guidelines to obtain consent to photograph, video, or audio record (“film”) clients and/or staff. For security reasons certain public interior and public exterior areas of Recover Care buildings may be monitored by video cameras. Video records will only be accessible by authorized personnel for legitimate security reasons.

### **PROCEDURE:**

1. Upon hire, employees will be given a photo/video consent form. They have the opportunity to accept or decline the use of photographs or videos for business purposes.
2. Upon initiation of services clients be given the opportunity to a accept or decline the use of photographs or videos for business purposes, on the client Service Plan
3. If there is a unique need to obtain consent, the attached form will be used and stored in the employee or client file.



## Video/Photograph Consent

I give my consent to have videotape/photographs taken of \_\_\_\_\_

at \_\_\_\_\_ . The resulting video/photographs will

be used solely for the purpose of \_\_\_\_\_

\_\_\_\_\_.

I understand that these materials will be shown and/or distributed to persons both

in the company and to persons outside of Recover Health such as my physician or

his/her designee. I understand that I can revoke this consent at any time.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client Receiving Recover Care Services*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client Representative (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

**POLICY:**

Recover Care staff traveling to high risk areas will abide by the following precautions to minimize exposure to the Ebola virus for clients and staff.

**PROCEDURE:**

**BASIC FACTS ABOUT TRANSMISSION**

1. It is not anticipated that Recover Care will care for any Ebola infected clients for the following reasons:
  - a. It is a rare disease.
  - b. In the United States, it cannot be contracted without exposure to an individual with active symptoms. (In West Africa, bats and non-human primates are suspected to carry and transmit the virus)
  - c. Those individuals who have traveled to the affected areas of West Africa and have returned to the U.S. are being monitored as established by CDC protocol and will be hospitalized if they become symptomatic. The individuals they have come in contact with will be identified and notified and placed on a 21-day monitoring protocol by CDC.
  - d. In the rare case that any of our clients are notified that they have been exposed to someone symptomatic (who is infected with the Ebola virus), we will work with the local public health department to determine protocols needed to ensure client and staff are protected. If the client has been exposed, they would need to be transferred to the hospital for evaluation and monitoring. They will not be cared for in the home setting.
  - e. Full Personal Protective Equipment (PPE) is NOT recommended or needed if an individual is asymptomatic.

**RECOVER CARE TRAVEL POLICY**

2. THE CDC issued Level 3 Travel Warnings for the three countries of Liberia, Guinea and Sierra Leone, advising against non-essential travel. This list may change, and Recover Care will support all Level 3 Travel Warnings.
3. Recover Care supports CDC recommendation that US residents avoid nonessential travel, and in the interest of Recover Care clients and Recover Care staff, we strongly encourage that staff follow the recommendations and NOT travel to the affected areas.
4. CDC provides the following directive, in the event of travel to the affected areas:
  - a. "If you must travel, protect yourself by following CDC's advice for avoiding contact with the blood and body fluids of people who are ill with Ebola. The recommendation to avoid nonessential travel is intended to help control the outbreak and prevent continued spread in two ways: to protect US residents who may be planning travel to the affected areas, and to enable the affected governments to respond most effectively to contain this outbreak".
5. If any Recover Care employees plan on traveling to the affected Level 3 areas of West Africa, including Liberia, Guinea, and Sierra Leone (or any additional Level 3 areas related to areas infected with the Ebola virus) they will be held to the following protocol:
  - In the interest of protecting Recover Care employees and staff, we are requiring that the traveling staff notify the Administrator of the dates they are planning to travel to any Level 3 affected areas.

- Employees traveling to the affected areas will not be able to return to the office or to client care for the full 21 days of monitoring. FMLA and sick days may be used for this time.
- Administrators will maintain contact with the public health department who is monitoring the employee to ensure compliance and safety of staff and clients. The public health department will be able to tell the Administrator that an individual is being monitored – but will not give specific health data.
- An employee may return to work on the 22nd day if they have been symptom free. A full 21-day monitoring can be confirmed by the public health department. The only way off the monitoring is either to be asymptomatic for 21 days or to be admitted to a hospital for monitoring of symptoms.
- If an employee becomes symptomatic, they must notify the Administrator immediately and continue to work with the Public Health Dept to immediately access medical intervention.

### **WHAT TO EXPECT IF YOU TRAVEL TO WEST AFRICA**

<http://travel.state.gov/content/passports/english/alertswarnings/ebola-west-africa.html>

6. Employees planning on traveling to the affected areas of West Africa, must enter back into the U.S. through New York's Kennedy, Newark's Liberty, Washington's Dulles, Chicago's O'Hare, or Atlanta's Hartsfield-Jackson airports to undergo screening.
  - a. Passengers traveling from Liberia, Sierra Leone, and Guinea who are not scheduled to pass through one of these airports must rebook their flights to make entry through one of these designated airports.
  - b. Travelers who exhibit symptoms indicative of possible Ebola infection may be prevented from boarding and restricted from traveling for the 21-day period. Please note neither the Department of State's Bureau of Consular Affairs nor the U.S. Embassy have authority over quarantine issues and cannot prevent a U.S. citizen from being quarantined should local health authorities require it. For questions about quarantine, please visit the [CDC website](#) that addresses quarantine and isolation issues.
  - c. The cost for a medical evacuation is very expensive. We encourage U.S. citizens travelling to Ebola-affected countries to purchase travel insurance that includes medical evacuation for EVD. Policy holders should confirm the availability of medical care and evacuation services at their travel destinations prior to travel.
  - d. Some local, regional, and international air carriers have curtailed or temporarily suspended service to or from Ebola-affected countries. U.S. citizens planning travel to or from these countries, in accordance with the CDC Health Travel Warnings and Health Travel Alert, should contact their airline to verify seat availability, confirm departure schedules, inquire about screening procedures, and be aware of other airline options.

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FACT SHEET & FREQUENTLY ASKED QUESTIONS

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**Updated November 5, 2014 ~ important things to know: This Fact Sheet originated in MN and represents relevant information for all states that Recover Care operates within.**

- There is an Ebola outbreak occurring in West Africa.
- Ebola is not spread through air, food, or water. It is only spread through direct contact with blood or other body fluids of a person with symptoms of Ebola or who has died from Ebola.

**Ebola Virus Disease**

**What is Ebola?**

- Ebola is caused by the Ebola virus. It affects many of the body's organ systems and often causes severe illness.

**Is Ebola a new virus? How much do we know about it?**

- Ebola is not a new virus.
- Ebola has been well studied since it was discovered in 1976. We know a lot about the virus and how it is spread.

**What are symptoms of Ebola?**

- Symptoms of Ebola most commonly start 8-10 days after coming into contact with Ebola virus but can occur as early as 2 days to up to 21 days after exposure. Symptoms include:
  - Fever
  - Headache
  - Joint and muscle aches
  - Weakness
  - Diarrhea
  - Vomiting
  - Stomach pain
  - Lack of appetite
  - Abnormal bleeding
- Ebola is a serious disease with a high fatality rate. Unfortunately, there are no available medications to cure Ebola, and there is no vaccine or medicine to prevent Ebola.

**How do you treat Ebola disease?**

- There is no medication to cure Ebola and no vaccine to prevent it. Vaccines are in development, but none have been approved yet.
- Treatment for Ebola is supportive, meaning providing fluids, maintaining blood pressure, and replacing lost blood.
- Seeking health care as soon as symptoms appear increases the chances of surviving.

**Does Ebola virus stay in the body after a patient has recovered?**

- In general, Ebola does not stay in the body after a patient has fully recovered.
- Ebola has been found in semen and breast milk for longer periods of time. Persons who are recovering need to take some additional steps so that others are not exposed to these fluids.

**If a person survives Ebola infection, are they immune to it?**

- Evidence shows that people who recover from Ebola develop antibodies that would likely protect them from the same strain for about 10 years or longer.

## TRANSMISSION

### How is Ebola spread?

- Ebola is spread by direct contact with blood or other body fluids (such as: vomit, diarrhea, urine, breast milk, sweat, semen) of an infected person who has symptoms of Ebola or who has recently died from Ebola.
- It can also be spread on objects or surfaces contaminated by body fluids of an infected person, for example clothing or bedding of an ill person that have not been cleaned.
- Ebola can only be spread from one person to another when someone has symptoms.
- Ebola is not spread through air, food, or water.
- Ebola is not spread through casual contact.
- In some circumstances, Ebola may be spread from sick or dead wild animals. It is not known for sure which wild animals carry Ebola, but it has been found in bats, monkeys, and apes. o Ebola is not generally spread through food, but the hunting, butchering, and processing of bush meat brings people into contact with blood and other fluids of potentially infected animals. It is illegal to bring bush meat into the United States.
  - o Currently, there are no reports of dogs or other pets becoming sick with Ebola or transmitting it to humans.
  - o There is no evidence of mosquitoes or other insects transmitting Ebola.

### Who can spread Ebola to others?

For a person to spread Ebola to others, they must have:

1. Been in an area within the last 21 days where Ebola disease is occurring, **AND**
2. Been in contact with the blood or body fluids (such as: vomit, diarrhea, urine, breast milk, sweat, semen) of a person with Ebola or who has died from Ebola, **AND**
3. Developed Ebola symptoms.

### Is Ebola airborne?

- No. Ebola is not airborne.
- Airborne transmission means germs hang in the air after a person talks, coughs or sneezes. The germs in the air can cause disease long after the infected person has left a room, so direct contact is not needed for someone else to get sick. This is not the case with Ebola. o Airborne diseases include: chickenpox, tuberculosis and measles.
- To get Ebola, you have to come in direct contact with body fluids of someone who is sick with Ebola.
- Is there concern that the virus will mutate and become airborne?
- The virus is constantly mutating, but the mutation rate is extremely slow. It's very unlikely, based on the type of virus, that Ebola would become airborne.
- How long does Ebola last outside the body?
- Ebola virus that is dry on surfaces, like doorknobs and countertops, can survive for several hours; however, virus that is on surfaces in body fluids, like blood, can live longer.

### Risk of Exposure

Who is at risk?

- The risk of catching Ebola in the general public is extremely low.
- Ebola is not spread by casual contact with someone who has traveled to countries in West Africa with Ebola outbreaks. A person cannot spread Ebola unless they are showing symptoms.
- Health care providers or family members caring for a person with Ebola are at highest risk because they may come in contact with blood or body fluids.

### Should I avoid contact with a relative/co-worker/classmate/neighbor or anyone else that recently traveled to West Africa?

- No. You do not need to avoid contact with someone who has recently traveled to a country where an Ebola outbreak is occurring.

- Ebola is spread through direct contact with blood or body fluids. It is only spread when a person is showing symptoms. Although there are no Ebola cases in Minnesota, it's always a good idea to avoid contact with another person's blood.
  - People who work in health care settings or other occupations that may come into contact with blood or other body fluids should be properly trained.
- If a person who recently traveled to West Africa has symptoms of Ebola (including fever) they should contact their health care provider and tell them about their travel history. Their health care provider will evaluate their risk for Ebola as well as other more common infections of West Africa such as malaria and typhoid.

### Should I avoid public transportation?

- No. There is no reason to avoid public transportation or other public places.
  - Individuals being monitored for symptoms of Ebola who have a known exposure will be restricted from using public transportation or attending mass gatherings, but there is no reason for others to avoid public transportation or public places.
- The risk of catching Ebola in the general public is extremely low.
- No one has contracted Ebola disease in Minnesota.

### More Information

- **Information about Ebola** ○ MDH: [www.health.state.mn.us/ebola](http://www.health.state.mn.us/ebola)
  - CDC: [www.cdc.gov/vhf/ebola](http://www.cdc.gov/vhf/ebola).
- **Ebola Traveler monitoring:** [www.health.state.mn.us/divs/idepc/diseases/vhf/monitoring.html](http://www.health.state.mn.us/divs/idepc/diseases/vhf/monitoring.html)
- **Ebola Preparedness and Response:** [www.health.state.mn.us/divs/idepc/diseases/vhf/response.html](http://www.health.state.mn.us/divs/idepc/diseases/vhf/response.html)
- **Travel Notices and Recommendations** ○ CDC: <http://wwwnc.cdc.gov/travel/>
  - WHO: [www.who.int/csr/disease/ebola/en/](http://www.who.int/csr/disease/ebola/en/)

## **POLICY:**

Recover Care will follow CDC guidelines for the prevention and control of the Zika Virus. The information in this protocol is taken from the CDC website. In the event of exposure or suspected disease, Recover Care will notify and cooperate with local public health officials in the event of an exposure.

## **PROCEDURE:**

### **BASIC FACTS ABOUT ZIKA**

It is not anticipated that Recover Care will care for any Zika infected clients for the following reasons:

- a) Zika is spread mostly by the bite of an infected **Aedes** species mosquito (**Ae. aegypti** and **Ae. albopictus**). These mosquitoes bite during the day and night.
- b) In 2018, no local mosquito-borne Zika virus transmission has been reported in the continental United States.

### **An Overview:**

1. Zika is spread mostly by the bite of an infected **Aedes** species mosquito (**Ae. aegypti** and **Ae. albopictus**). These mosquitoes bite during the day and night.
2. Prevent Zika by avoiding mosquito bites.
3. Zika can be passed from a pregnant woman to her fetus. Infection during pregnancy can cause certain birth defects.
4. Zika can be passed through sex from a person who has Zika to his or her sex partners. Condoms can reduce the chance of getting Zika from sex. Condoms include male and female condoms.
5. No vaccine is currently available.
6. The mosquitoes that can spread Zika are found throughout the United States.

### **How Zika Spreads**

- Zika is spread primarily by mosquito bites, but it can also spread through sex and from a pregnant woman to her fetus.
- No confirmed Zika cases from blood transfusion in the US.
- **There is no evidence that Zika virus is spread to people from contact with animals other than mosquitoes**

### **HOW TO PROTECT YOURSELF – INSECT REPELLENT**

Use **Environmental Protection Agency (EPA)-registered insect repellents**[External](#) with one of the active ingredients below. When used as directed, EPA-registered insect repellents are proven safe and effective, even for pregnant and breastfeeding women.

- DEET
- Picaridin (known as KBR 3023 and icaridin outside the US)
- IR3535
- Oil of lemon eucalyptus (OLE)
- Para-menthane-diol (PMD)
- 2-undecanone

Find the right insect repellent for you by using [EPA's search tool](#)[External](#).

**Tips for babies and children**

- Always follow instructions when applying insect repellent to children.
- Do not use insect repellent on babies younger than 2 months old. o Instead, dress your child in clothing that covers arms and legs.
- Cover strollers and baby carriers with mosquito netting.
- Do not use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under 3 years old.
- Do not apply insect repellent to a child’s hands, eyes, mouth, cuts, or irritated skin. o Adults: Spray insect repellent onto your hands and then apply to a child’s face.

**Tips for Everyone**

- Always follow the product label instructions.
- Reapply insect repellent as directed. o Do not spray repellent on the skin under clothing.
  - o If you are also using sunscreen, apply sunscreen first and insect repellent second.

**Natural insect repellents (repellents not registered with EPA)**

- The effectiveness of non-EPA registered insect repellents, including some natural repellents is not known.
- To protect yourself against diseases spread by mosquitoes, CDC and EPA recommend using an EPA-registered insect repellent.
- Choosing an EPA-registered repellent ensures the EPA has evaluated the product for effectiveness.

**HOW TO PROTECT YOURSELF – CLOTHING**

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**Wear long-sleeved shirts and long pants**

**Treat clothing and gear**

- Use permethrin to treat clothing and gear (such as boots, pants, socks, and tents) or buy permethrin-treated clothing and gear. o Permethrin is an insecticide that kills or repels mosquitoes.
  - o Permethrin-treated clothing provides protection after multiple washings.
  - o Read product information to find out how long the protection will last.

If treating items yourself, follow the product instructions.

- Do not use permethrin products directly on skin.

**HOW TO PROTECT YOURSELF – INSIDE AND OUTSIDE**

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**Take steps to control mosquitoes indoors and outdoors**

- Use screens on windows and doors. Repair holes in screens to keep mosquitoes outdoors.
- Use air conditioning, if available.
- Stop mosquitoes from laying eggs in or near water. o Once a week, empty and scrub, turn over, cover, or throw out items that hold water, such as tires, buckets, planters, toys, pools, birdbaths, flowerpots, or trash containers.
  - o Check indoors and outdoors.

**Remove standing water where mosquitoes could lay eggs**

- Once a week, empty and scrub, turn over, cover, or throw out any items that hold water like tires, buckets, planters, toys, pools, birdbaths, flowerpot saucers, or trash containers. Mosquitoes lay eggs near water.
- Tightly cover water storage containers (buckets, cisterns, rain barrels) so that mosquitoes cannot get inside to lay eggs.
- For containers without lids, use wire mesh with holes smaller than an adult mosquito.
- Use larvicides to treat large containers of water that will not be used for drinking and cannot be covered or dumped out.
- If you have a septic tank, repair cracks or gaps. Cover open vent or plumbing pipes. Use wire mesh with holes smaller than an adult mosquito.

**Kill mosquitoes outside your home**

- Use an outdoor insect spray made to kill mosquitoes in areas where they rest.
- Mosquitoes rest in dark, humid areas like under patio furniture, or under the carport or garage. When using insecticides, always follow label instructions. Install or repair and use window and door screens. Do not leave doors propped open.
- Use air conditioning when possible.

**Kill mosquitoes inside your home**

- Kill mosquitoes inside your home. Use an indoor insect fogger\* or indoor insect spray\* to kill mosquitoes and treat areas where they rest. These products work immediately, and may need to be reapplied. When using insecticides, always follow label directions. Only using insecticide will not keep your home free of mosquitoes.
- Mosquitoes rest in dark, humid places like under the sink, in closets, under furniture, or in the laundry room.

**HOW TO PROTECT YOURSELF – TRAVELING OVERSEAS**

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**Prevent mosquito bites when traveling overseas**

- Choose a hotel or lodging with air conditioning or screens on windows and doors.
- Sleep under a mosquito bed net if you are outside or in a room that does not have screens. o Buy a bed net at your local outdoor store or online before traveling overseas.
  - o Choose a WHOPEs-approved bed net: compact, white, rectangular, with 156 holes per square inch, and long enough to tuck under the mattress.
  - o Permethrin-treated bed nets provide more protection than untreated nets. ☑ Do not wash bed nets or expose them to sunlight. This will break down the insecticide more quickly.

**HOW TO PROTECT YOURSELF – BLOOD AND BODY FLUIDS**

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**Protection from Blood or Body Fluids**

When caring for a family member or friend with Zika, take steps to protect yourself from exposure to the person’s blood and body fluids.

Steps to protect yourself from exposure to the person's blood and body fluids (urine, stool, vomit). If you are pregnant, you can care for someone with Zika if you follow these steps.

- Do not touch blood or body fluids or surfaces with these fluids on them with exposed skin.
- Wash hands with soap and water immediately after providing care.
- Immediately remove and wash clothes if they get blood or body fluids on them. Use laundry detergent and water temperature specified on the garment label. Using bleach is not necessary.
- Clean the sick person's environment daily using household cleaners according to label instructions.
- Immediately clean surfaces that have blood or other body fluids on them using household cleaners and disinfectants according to label instructions.
- If you visit a family member or friend with Zika in a hospital, you should avoid contact with the person's blood and body fluids and surfaces with these fluids on them. Helping the person sit up or walk should not expose you. Make sure to wash your hands before and after touching the person.

### **Zika Can Be Passed Through Sex**

- Zika can be passed through sex from a person with Zika to his or her partners. o Sex includes vaginal, anal, and oral sex and the sharing of sex toys.
  - Zika can be passed through sex even in a committed relationship.
  - The timeframes that men and women can pass Zika through sex are different because Zika virus can stay in semen longer than in other body fluids.

### **Infected People Can Pass Zika Through Sex Even When They Don't Have Symptoms**

- Many people infected with Zika virus won't have symptoms or will only have mild symptoms, and they may not know they have been infected.
- Zika can also be passed from a person before their symptoms start, while they have symptoms, and after their symptoms end.
- Condoms can reduce the chance of getting Zika from sex.

### **HOW TO PROTECT YOURSELF – TRAVEL**

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- Outbreaks of Zika have occurred in different countries and territories.
- Zika virus will continue to infect people. It is difficult to know when and where Zika virus will occur in the future.
- Check CDC's travel recommendations for areas with risk of Zika.

### **SYMPTOMS**

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- Many people infected with Zika won't have symptoms or will only have mild symptoms.
- The most common symptoms are fever, rash, headache, joint pain, red eyes, and muscle pain.
- Symptoms can last for several days to a week.
- People usually don't get sick enough to go to the hospital, and they very rarely die of Zika.
- Once a person has been infected with Zika, they are likely to be protected from future infections.

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**TREATMENT**

**There is no specific medicine to treat Zika. Treat the symptoms:**

- Get plenty of rest.
- Drink fluids to prevent dehydration.
- Take medicine such as acetaminophen to reduce fever and pain.
- Do not take aspirin or other non-steroidal anti-inflammatory drugs.
- If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.

**To help prevent others from getting sick, strictly follow steps to prevent mosquito bites during the first week of illness.**

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**PREVENTING EXPOSURE**

Standard Precautions should be used to protect healthcare personnel from all infectious disease transmission, including Zika virus. Standard Precautions are based on the fact that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes might contain transmissible infectious agents. Body fluids, including blood, vaginal secretions, and semen, have been implicated in transmission of Zika virus.

When performing a procedure, healthcare personnel should adhere to Standard Precautions to prevent transmission.

**Pregnant Personnel**

Pregnant healthcare personnel can care for patients with Zika virus infection. However, should exercise judgement in accommodating personnel concerned about potential exposure, which includes percutaneous exposure (needle stick or cut with a sharp object), or exposure of non-intact skin (skin that is chapped or abraded) or mucous membranes to any of the following: blood, body fluids, secretions, and excretions. Because any patient can harbor bloodborne pathogens, to prevent exposures to infectious materials, healthcare personnel should always adhere to Standard Precautions for all patients.

**Exposures in Healthcare Settings**

Occupational exposure that requires evaluation includes percutaneous exposure or exposure of non-intact skin or mucous membranes to any of the following: blood, body fluids, secretions, and excretions.

- Healthcare personnel who think an occupational exposure has occurred should report the exposure immediately to their supervisor and follow their employer’s procedures that usually involve contacting the occupational health office for an assessment of the exposure with consideration of all relevant pathogens including Zika, HIV, and hepatitis.

If wounds and skin sites have been exposed to blood or body fluids, they should be washed promptly with soap and water. Mucous membranes should be flushed with copious amounts of clean water.

If it is determined that an occupational exposure did occur, testing might be indicated; however, this would need to be determined on an individual basis in conjunction with public health authorities and will depend on the type of exposure, infectious status of the source patient, and individual healthcare personnel factors including pregnancy status.

### Zika Testing for Healthcare Professionals

Routine Zika testing is not indicated for asymptomatic healthcare personnel caring for patients with Zika virus infection. If it is determined that there has been an exposure to blood or body fluids through non-intact skin, percutaneous exposure, or splashes to mucous membranes, an individual occupational health assessment should be performed.

### Healthcare Professionals with Zika

- Neither work nor patient care duty restrictions are recommended for asymptomatic healthcare personnel with Zika virus infection if they adhere to Standard Precautions for every patient encounter in healthcare settings.
- Work decisions for symptomatic healthcare personnel should be made on a case-by-case basis and should consider the extent of the healthcare personnel's symptoms.
- To prevent occupationally-acquired infections and reduce the possibility of spreading infectious diseases, including Zika virus, in healthcare settings, HCP should adhere to Standard Precautions for all patient care activities (2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings).
- Employers must comply with the Occupational Safety and Health Administration's Bloodborne Pathogens standard (29 CFR 1910.1030), or similar OSHA State Plan standards, whenever employees have occupational exposure to blood, body fluids, or other potentially infectious materials.
- If HCP have an occupational exposure (**see 3. Definition of Occupational Exposure**) while caring for a patient with known or suspected Zika virus infection, they should follow facility/employer procedures **including an occupational health assessment for potential exposure to infectious diseases (including bloodborne pathogens, such as HIV, hepatitis B virus, and hepatitis C virus), in addition to evaluation for potential Zika virus exposure.**

### Definition of Occupational Exposure

An occupational exposure that might place HCP at risk for Zika virus infection is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object) or direct contact of mucous membrane or non-intact skin (e.g., skin that is abraded, cut, or has active dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

### Initial management

If a possible occupational exposure occurs, exposed HCP should follow the established work-site exposure procedures, including:

- Immediately washing wounds and skin sites that have been exposed to blood or body fluids with soap and water, and immediately flushing mucous membranes with copious clean water.
- Immediately reporting the exposure to the appropriate department and individual(s) (e.g., Occupational Health Clinic, supervisor).

**Assessment of the exposure incident and determination of the need for Zika virus testing**

1. Determine the nature of the exposure incident, including the type of body fluid(s) to which the HCP was exposed, route of exposure, and what body part of the HCP was exposed.
2. If it is determined that an occupational exposure has occurred (see 3. Definition of Occupational Exposure), assess whether the source patient has had a possible Zika virus exposure. Possible Zika virus exposure is defined as travel to or residence in an area with risk of Zika virus transmission or sex without a condom with a partner who traveled to or lived in an area with risk of Zika virus infection. The timing of potential infectivity of the sexual partner of the source patient is defined in other CDC guidance.
3. Determine if the HCP's occupational exposure occurred within the risk period for transmission. Based on limited available data, an 8 week interval between Zika virus exposure in the source patient (via travel or sexual risk factors) and the HCP's occupational exposure to body fluids (with the exception of semen) provides a reasonable estimate of the likely occupational transmission risk period.
4. If an occupational exposure occurred and the source patient is potentially infectious as defined above, then the HCP should be considered to have a possible occupational exposure to Zika virus, and Zika virus testing of the exposed HCP should be performed if the exposed HCP is pregnant.
5. Zika virus testing of other, non-pregnant exposed HCP can be considered on an individual basis. The exposed HCP should be counseled about symptoms of Zika virus infection and advised to seek evaluation and testing if symptoms develop within 2 weeks of the exposure. Testing of the exposed HCP is described in more detail below (see 4E. Laboratory Testing of Potentially Exposed HCP).
6. When a possible occupational exposure to Zika virus has occurred, CDC recommends testing the source patient, when possible, in accordance with CDC recommended testing algorithms.
7. If a source patient does not have risk factors for Zika virus infection, Zika virus testing of the source patient and exposed HCP is not recommended.
8. Even if a source patient's serum has detectable Zika-specific IgM antibodies and is negative by nucleic acid testing (suggesting lack of infectious virus), other body fluids could remain infectious (e.g. semen§), as the persistence of virus varies depending on the type of body fluid. This might be important for occupational exposures that involve body fluids other than blood. See guidance about interpretation of testing for Zika virus infection.

Clinical management of HCP

**Work Restrictions**

In general, HCP who have been exposed to or have Zika virus infection (symptomatic or asymptomatic) do not require work restrictions but should continue to adhere to Standard Precautions for all patient care activities. Exceptions (e.g., reassignment, furlough) should be considered for HCP with symptoms that might be attributed to another or additional contagious etiologic pathogen (e.g., symptomatic conjunctivitis) that normally result in work restrictions.

## **POLICY:**

Recover Care will follow CDC guidelines for the prevention and control of Influenza. The information in this protocol is taken from the CDC website.

## **PROCEDURE:**

### **BASIC FACTS ABOUT INFLUENZA**

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Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death.

The best way to prevent flu is by getting a flu vaccine each year.

### **Flu Symptoms**

Flu is different from a cold. As it usually comes on suddenly. People who are sick with flu often feel some or all of these symptoms:

- Fever\* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

**\*It's important to note that not everyone with flu will have a fever.**

### **How Flu Spreads**

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- Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk.
- These droplets can land in the mouths or noses of people who are nearby.
- Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.

### **Potential Complications:**

**Following is a list of all the health and age factors that are known to increase a person's risk of getting serious complications from the flu:**

- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney disorders

- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index [BMI] of 40 or higher
- People younger than 19 years of age on long-term aspirin- or salicylate-containing medications.
- People with a weakened immune system due to disease (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)

**Other people at high risk from the flu:**

- Adults 65 years and older
- Children younger than 2 years old
- Pregnant women and women up to 2 weeks after the end of pregnancy
- American Indians and Alaska Natives
- People who live in nursing homes and other long-term care facilities
- Although all children younger than 5 years old are considered at high risk for serious flu complications, the highest risk is for those younger than 2 years old, with the highest hospitalization and death rates among infants younger than 6 months old.

**The Flu Season**

While seasonal influenza (flu) viruses are detected year-round in the United States, flu viruses are most common during the fall and winter. The exact timing and duration of flu seasons can vary, but influenza activity often begins to increase in October. Most of the time flu activity peaks between December and February, although activity can last as late as May.

**Transmission****Person to Person**

- People with flu can spread it to others up to about 6 feet away.
- Most experts think that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose, or possibly their eyes.

**When Flu Spreads**

- People with flu are most contagious in the first three to four days after their illness begins.
- Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick. Children and some people with weakened immune systems may pass the virus for longer than 7 days.
- Symptoms can begin about 2 days (but can range from 1 to 4 days) after the virus enters the body. **That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.** Some people can be infected with the flu virus but have no symptoms. During this time, those people may still spread the virus to others.

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### Period of Contagiousness

You may be able to pass on flu to someone else before you know you are sick, as well as while you are sick.

- People with flu are most contagious in the first 3-4 days after their illness begins.
- Some otherwise healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick.
- Some people, especially young children and people with weakened immune systems, might be able to infect others with flu viruses for an even longer time.

### Treatment - Antiviral Drugs

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Most people with flu have mild illness and do not need medical care or antiviral drugs. If you get sick with flu symptoms, in most cases, you should stay home and avoid contact with other people except to get medical care.

If, however, you have symptoms of flu and are in a high-risk group, or are very sick or worried about your illness, contact your health care provider (doctor, physician assistant, etc.). CDC recommends prompt treatment for people who have flu infection or suspected flu infection and who are at high risk of serious flu complications, such as people with asthma, diabetes or heart disease.

You might need antiviral medication to treat flu:

- Antiviral drugs can treat flu illness
- Antiviral drugs are different from antibiotics. Flu antivirals are prescription medicines (pills, liquid, intravenous solution, or an inhaled powder) and are not available over-the-counter
- Antiviral drugs can make illness milder and shorten the time you are sick. They also can prevent serious flu complications, like pneumonia
- It's very important that antiviral drugs be used early to treat people who are very sick with flu (for example, people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications, either because of their age or because they have a high risk medical condition. Other people also may be treated with antiviral drugs by their doctor this season. Most otherwise-healthy people who get flu, however, do not need to be treated with antiviral drugs.

Studies show that flu antiviral drugs work best for treatments when they are started within 2 days of getting sick. However, starting them later can still be helpful, especially if the sick person has a high-risk health condition or is very sick from flu (for example, hospitalized patients). Follow your doctor's instructions for taking these drugs.

### If you get sick:

- 1. Take Antiviral Drugs, if prescribed by a doctor**
- 2. Take everyday precautions to protect others while sick**
  - While sick, limit contact with others as much as possible to keep from infecting them.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
  - Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
  - Clean and disinfect surfaces and objects that may be contaminated with germs like flu.
- 3. Stay home until you are better**
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. Your fever should be gone without the use of fever-reducing medicine.

## **Prevention**

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The best way to prevent flu is by getting a flu vaccine each year.

### **Adhere to Standard Precautions**

**During the care of any patient, all HCP in every healthcare setting should adhere to standard precautions, which are the foundation for preventing transmission of infectious agents in all healthcare settings.**

- Standard precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.
- Elements of standard precautions that apply to patients with respiratory infections, including those caused by the influenza virus, are summarized below.

### **Hand Hygiene**

- HCP should perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves. Hand hygiene in healthcare settings can be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, use soap and water, not alcohol-based hand rubs.

**POLICY:**

Recover Care will follow CDC guidelines for the prevention and control of Measles. The information in this protocol is taken from the CDC website.

**PROCEDURE:**

Recover Care will work with the local public health department in the event there is an exposure. Staff who believe they have been exposed will be directed to see their physician immediately.

**SYMPTOMS**

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The symptoms of measles generally appear about seven to 14 days after a person is infected.

Measles typically begins with

- high fever,
- cough,
- runny nose (coryza), and
- red, watery eyes o T
- wo or three days after symptoms begin, tiny white spots (Koplik spots) may appear inside the mouth.
  - Three to five days after symptoms begin, a rash breaks out. It usually begins as flat red spots that appear on the face at the hairline and spread downward to the neck, trunk, arms, legs, and feet.
  - Small raised bumps may also appear on top of the flat red spots. The spots may become joined together as they spread from the head to the rest of the body.
  - When the rash appears, a person's fever may spike to more than 104° Fahrenheit.

**TRANSMISSION**

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- Measles is a highly contagious virus that lives in the nose and throat mucus of an infected person. It can spread to others through coughing and sneezing.
- Also, measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. If other people breathe the contaminated air or touch the infected surface, then touch their eyes, noses, or mouths, they can become infected.
- Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.
- Infected people can spread measles to others from four days before through four days after the rash appears.
- Measles is a disease of humans; measles virus is not spread by any other animal species

**CDC Q & A:**

**Q: I've been exposed to someone who has measles. What should I do?**

A: Immediately call your doctor and let them know that you have been exposed to someone who has measles. Your doctor can:

- make special arrangements to evaluate you, if needed, without putting other patients and medical office staff at risk, and
- determine if you are immune to measles based on your vaccination record, age, or laboratory evidence.

If you are not immune to measles, MMR vaccine or a medicine called immune globulin may help reduce your risk developing measles. Your doctor can advise you and monitor you for signs and symptoms of measles.

If you are not immune and do not get MMR or immune globulin, you should stay away from settings where there are susceptible people (such as school, hospital, or childcare) until your doctor says it's okay to return. This will help ensure that you do not spread it to others.

**Q: My doctor or someone from the health department told me that I have measles. What should I do?**

A: If you have measles, you should stay home for four days after you develop the rash. Staying home is an important way to not spread measles to other people. Ask your doctor when it is safe to be around other people again.

You should also:

- Cover your mouth and nose with a tissue when you cough or sneeze and put your used tissue in the trash can. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Wash your hands often with soap and water.
- Avoid sharing drinks or eating utensils.
- Disinfect frequently touched surfaces, such as toys, doorknobs, tables, and counters. Standard household disinfectants will readily kill the measles virus.
- Call your doctor if you are concerned about your symptoms.

**Prevention - Measles Vaccination**

Measles is a very contagious disease caused by a virus. It spreads through the air when an infected person coughs or sneezes. Measles starts with fever. Soon after, it causes a cough, runny nose, and red eyes. Then a rash of tiny, red spots breaks out. It starts at the head and spreads to the rest of the body.

Measles can be prevented with MMR vaccine. The vaccine protects against three diseases: measles, mumps, and rubella. CDC recommends children get two doses of MMR vaccine, starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age. Teens and adults should also be up to date on their MMR vaccination.

The MMR vaccine is very safe and effective. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective.

Children may also get MMRV vaccine, which protects against measles, mumps, rubella, and varicella (chickenpox). This vaccine is only licensed for use in children who are 12 months through 12 years of age.

Before the measles vaccination program started in 1963, an estimated 3 to 4 million people got measles each year in the United States. Of these, approximately 500,000 cases were reported each year to CDC; of these, 400 to 500 died, 48,000 were hospitalized, and 1,000 developed encephalitis (brain swelling) from measles. Since then, widespread use of measles vaccine has led to a greater than 99% reduction in measles cases compared with the pre-vaccine era. However, measles is still common in other countries. Unvaccinated people continue to get measles while abroad and bring the disease into the United States and spread it to others.

CDC recommends that children get two doses of MMR vaccine:

- the first dose at 12 through 15 months of age, and
- the second dose at 4 through 6 years of age.

Teens and adults should also be up to date on MMR vaccinations.

# CORONAVIRUS PROTOCOL

RC- A22

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## **POLICY:**

Recover Care will follow recommended guidelines from CDC, WHO, DHHS for the prevention and control of the Coronavirus. The information in this protocol is taken from the CDC website. In the event of exposure or suspected disease, Recover Care will notify physicians and cooperate with local public health officials. As guidance about this virus changes, this policy will be updated as needed.

## **PROCEDURE:**

- It is not anticipated that Recover Care will admit clients who have been diagnosed with the 2019-nCoV (Coronavirus) or that any member of the direct care team will have been diagnosed with 2019 NCov. However, in the event of diagnosis and/or exposure – Recover Care will cooperate with the local public health officials to minimize further potential for exposure to staff or clients.

## **Response to Referral Sources:**

- The Regional Director, Administrator, and Clinical Manager will be familiar with all information in this policy currently and as it changes. As information is updated, the policy will be updated.
- In the event that a referral is made to admit a client that has been diagnosed with the Coronavirus and has been treated, the referral will be reviewed by the Administrator and Regional Director.
- The Regional Director, Administrator, and Clinical Manager will review all information contained in this policy to ensure they have the basic information as it is released.

## **Response to Symptomatic Employees:**

- The Administrator and/or Clinical Manager should be aware of staff that have traveled to China and/or may have been exposed to someone who has traveled to China and is being monitored by public health.
- Employees who call in with flu-like symptoms and have traveled to China within the last 14 days – should see their medical provider immediately. They should not return to work until cleared by the public health department and their physician.

**Per CDC: To Prevent the Coronavirus People Should Stick to the Tried-and-True Methods** they would use to avoid any virus. These suggestions include:

- Avoiding close contact with people who are infected.
- If you're sick, avoid interacting with other people.
- Don't go to work if you're sick; stay home.
- When you sneeze, cover your nose and mouth.
- Try not to touch your eyes, nose, and mouth.
- Regularly clean and disinfect surfaces that could be contaminated with germs (like your phone).
- Regularly wash your hands with soap and water for 20 seconds or more, or use an alcohol-based sanitizer with 60% alcohol or higher if you can't get to a sink.

## **Basic Facts About Coronavirus**

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The potential for human-to-human transmission of 2019-nCoV is unknown. Coronaviruses are a large family of viruses. Some cause illness in people; numerous other coronaviruses circulate among animals, including camels, cats, and bats. Infections with 2019-nCoV, most of them associated with travel from Wuhan, also are being reported in a growing number of international locations, including the United States.

The United States reported the first confirmed instance of person-to-person spread with this virus on January 30, 2020. CDC is closely monitoring along with the World Health Organization and the Department of Health and Human Services.

The State Department has warned Americans against all travel to China, and is planning more evacuation flights to bring Americans home from the country this week. Those new evacuees, along with anyone else who is allowed into the U.S. after recently being in China's Hubei province, will be quarantined for two weeks.

## **Frequently asked Questions**

### **Q: What is 2019 Novel Coronavirus?**

A: The 2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China.

### **Q: What is a novel coronavirus?**

A: A novel coronavirus (nCoV) is a new coronavirus that has not been previously identified. The 2019 novel coronavirus (2019-nCoV), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a 2019-nCoV diagnosis. These are different viruses and patients with 2019-nCoV will be evaluated and cared for differently than patients with common coronavirus diagnosis.

### **Q: What is the source of 2019-nCoV?**

A: Public health officials and partners are working hard to identify the source of the 2019-nCoV. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Analysis of the genetic tree of this virus is ongoing to know the specific source of the virus. SARS, another coronavirus that emerged to infect people, came from civet cats, while MERS, another coronavirus that emerged to infect people, came from camels..

### **Q: How does the virus spread?**

A: This virus probably originally emerged from an animal source but now seems to be spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so. At this time, it's unclear how easily or sustainably this virus is spreading between people.

**Q: Is 2019-nCoV the same as the MERS-CoV or SARS virus?**

A: No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged 2019-nCoV is not the same as the coronavirus that causes Middle East Respiratory Syndrome (MERS) or the coronavirus that causes Severe Acute Respiratory Syndrome (SARS). However, genetic analyses suggest this virus emerged from a virus related to SARS. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

**Q: Does CDC recommend the use of facemask in the community to prevent 2019-nCoV?**

A: No. CDC does not currently recommend the use of face masks among the general public. While limited person-to-person spread among close contacts has been detected, this virus is not currently spreading in the community in the United States.

**Medical Information**

**Q: What are the symptoms and complications that 2019-nCoV can cause?**

A: Current symptoms reported for patients with 2019-nCoV have included mild to severe respiratory illness with fever<sup>1</sup>, cough, and difficulty breathing.

**Q: Should I be tested for 2019-nCoV?**

A: If you develop a fever<sup>1</sup> and symptoms of respiratory illness, such as cough or shortness of breath, within 14 days after travel from China, you should call ahead to a healthcare professional and mention your recent travel or close contact. If you have had close contact<sup>2</sup> with someone showing these symptoms who has recently traveled from this area, you should call ahead to a healthcare professional and mention your close contact and their recent travel. Your healthcare professional will work with your state's public health department and CDC to determine if you need to be tested for 2019-nCoV.

**Q: How do you test a person for 2019-nCoV?**

A: At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC.

State and local health departments who have identified a person under investigation (PUI) should immediately notify CDC's Emergency Operations Center (EOC) to report the PUI and determine whether testing for 2019-nCoV at CDC is indicated. The EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays.

**Public Health Response and Current Situation**

**Q: What is CDC doing about 2019-nCoV?**

A: This is an emerging, rapidly evolving situation and CDC will continue to provide updated information as it becomes available. CDC works 24/7 to protect people's health. It is CDC's job to be concerned and move quickly whenever there is a potential public health problem.

**Q: Am I at risk for 2019-nCoV infection in the United States?**

A: This is a rapidly evolving situation and the risk assessment may change daily. The latest updates are available on CDC's 2019 Novel Coronavirus website.

**Q: Has anyone in the United States gotten infected?**

A: Yes. The first infection with 2019-nCoV in the United States was reported on January 21, 2020. The first confirmed instance of person-person-spread with this virus in the U.S. was reported on January 30, 2020.

**Q: Am I at risk for novel coronavirus from a package or products shipping from China?**

There is still a lot that is unknown about the newly emerged 2019 novel coronavirus (2019-nCoV) and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS and SARS). 2019-nCoV is more genetically related to SARS than MERS, but both are betacoronaviruses with their origins in bats. While we don't know for sure that this virus will behave the same way as SARS and MERS, we can use the information from both of these earlier coronaviruses to guide us. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of 2019-nCoV associated with imported goods and there have not been any cases of 2019-nCoV in the United States associated with imported goods.

## Travel

**Q: Is it safe to travel to China or other countries where 2019-nCoV cases have occurred?**

A: The situation is evolving. Stay up to date with CDC's travel health notices related to this outbreak. These notices will be updated as more information becomes available.

**Q: What if I recently traveled to China and got sick?**

A: If you were in China and feel sick with fever, cough, or difficulty breathing, within 14 days after you left, you should:

- Seek medical advice – Call ahead before you go to a doctor's office or emergency room. Tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others.
- Wash your hands with soap and water immediately after coughing, sneezing or blowing your nose. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

## 2019-nCoV and Animals

### **Q: What about animals or animal products imported from China?**

CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading 2019-nCoV in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The U.S. Centers for Disease Control and Prevention (CDC), the U. S. Department of Agriculture (USDA), and the U.S. Fish and Wildlife Service (FWS) play distinct but complementary roles in regulating the importation of live animals and animal products into the United States. CDC regulates animals and animal products that pose a threat to human health, USDA regulates external icon animals and animal products that pose a threat to agriculture; and FWS regulates external icon importation of endangered species and wildlife that can harm the health and welfare of humans, the interests of agriculture, horticulture, or forestry, and the welfare and survival of wildlife resources.

### **Q: Should I be concerned about pets or other animals and 2019-nCoV?**

While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. CDC recommends that people traveling to China avoid animals both live and dead, but there is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus.

### **Q: Should I avoid contact with pets or other animals if I am sick?**

Do not handle pets or other animals while sick. Although there have not been reports of pets or other animals becoming sick with 2019-nCoV, several types of coronaviruses can cause illness in animals and spread between animals and people. Until we know more, avoid contact with animals and wear a facemask if you must be around animals or care for a pet.

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## **Illness Severity & Symptoms**

Reported illnesses have ranged from infected people with little to no symptoms to people being severely ill and dying. For confirmed 2019-nCoV infections, reported illnesses have ranged from people with little to no symptoms to people being severely ill and dying. Symptoms can include:

- Fever
- Cough
- Shortness of breath

CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure.

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## **Interim Guidance**

This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and **healthcare personnel who are coordinating the home care** and isolation<sup>1</sup> of people with confirmed or suspected 2019-nCoV infection.

- This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed 2019-nCoV infection.

- Current information on 2019-nCoV is limited, thus home precautions should be conservative based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS), and may last up to 14 days.

## A. CLIENT ASSESSMENT FOR RETURN TO HOME

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- It is not anticipated that Recover Health will admit clients confirmed or suspected 2019-nCoV infection. In the rare event that a referral is made, the Administrator, Regional Director, and VPO (as needed) will review the information and discern if admission is appropriate given the client's condition and the capacity of the branch.
- Additionally, it will be established that the client has been evaluated (by physicians and local public health department) and cleared to go home through the following determinations as follows:
- People with confirmed or suspected 2019-nCoV infection (including patients under investigation) who do not need to be hospitalized

### AND

- People with confirmed 2019-nCoV infection who were hospitalized and determined to be medically stable to go home

## B. HOME ASSESSMENT FOR SAFETY AND SUITABILITY

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- If there is consideration to admit a client who has been treated for the virus the following process will be initiated: In consultation with state or local health department staff, a Recover Health professional should assess whether the residential setting is appropriate for home care. **Considerations for care at home include whether:**
  - The patient is stable enough to receive care at home.
  - Appropriate caregivers are available at home.
  - There is a separate bedroom where the patient can recover without sharing immediate space with others.
  - Resources for access to food and other necessities are available.
  - The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask)
  - All in the home are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
  - There are household members who may be at increased risk of complications from 2019-nCoV infection ( . e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

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## C. STANDARD PRECAUTIONS

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- Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.
- Elements of Standard Precautions that apply to patients with respiratory infections, including those caused by 2019-nCoV, are summarized below.
- Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. Standard Precautions include:
  1. Hand hygiene.
  2. Use of personal protective equipment (e.g., gloves, masks, eyewear).
  3. Respiratory hygiene / cough etiquette.
  4. Sharps safety (engineering and work practice controls).
  5. Safe injection practices (i.e., aseptic technique for parenteral medications).
  6. Clean and disinfected environmental surfaces.

## D. PREVENTION STEPS FOR PEOPLE CONFIRMED TO HAVE OR BEING EVALUATED FOR 2019-NCOV INFECTION WHO RECEIVE CARE AT HOME.

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- A client's physician and public health staff will evaluate if home care is appropriate
- If home care is ordered, the client will be monitored by local or state health care department and Standard Precautions will be taught to the client and caregivers.
- The preventions steps (below) should be followed until the local or state health department determines that the client can return to normal activities.

### **The client must:**

#### **1. Stay home except to get medical care**

Restrict activities outside the home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

#### **2. Separate yourself from other people in your home**

Stay in a different room from other people in your home as much as possible. Also, a separate bathroom, if available, should be used.

#### **3. Call ahead before visiting your doctor**

Before a medical appointment, call the healthcare provider and to tell them that the client is being evaluated for, 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

## 4. **Wear a facemask**

A facemask should be worn when in the same room with other people and with a visit to a healthcare provider. If the client cannot wear a facemask, the people in the home who live with the client should wear one while they are in the same room .

## 5. **Cover coughs and sneezes**

Cover mouth and nose with a tissue with a cough or sneeze, or cough or sneeze into a sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds.

## 6. **Wash hands**

Wash hands often and thoroughly with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol, if soap and water are not available. Avoid touching eyes, nose, and mouth with unwashed hands.

## 7. **Avoid sharing household items**

Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in the home. After using, wash them thoroughly with soap and water.

## 8. **Monitor symptoms**

Seek prompt medical attention if illness is worsening (e.g., difficulty breathing). **Before** going to the medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, 2019-nCoV infection. This will help the office take steps to keep other people from getting infected.

## 9. **Avoid contact with pets and other animals**

Do not handle pets or other animals while sick. Although there have not been reports of pets or other animals becoming sick with 2019-nCoV, several types of coronaviruses can cause illness in animals and spread between animals and people. Until we know more, avoid contact with animals and wear a facemask if you must be around animals or care for a pet

## 10. **Discontinuing home isolation**

Patients with confirmed 2019-nCoV infection should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments. Current information on 2019-nCoV is limited; thus, home precautions are conservative and based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS)

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## **E. Prevention Steps for Caregivers and Household Members: Household Members and Caregivers Should:**

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### **1. Understand and help the client follow instructions for medication and care.**

Help the person with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.

### **2. Have only people in the home who are essential for providing care for the person.**

- Other household members should stay in another home or place of residence. If this is not possible, they should stay in another room, or be separated from the person as much as possible. Use a separate bathroom, if available.
- Restrict visitors who do not have an essential need to be in the home.
- Keep elderly people and those who have compromised immune systems or chronic health conditions away from the person. This includes people with chronic heart, lung or kidney conditions, and diabetes.

### **3. Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.**

### **4. Wash your hands often and thoroughly with soap and water for at least 20 seconds.**

You can use an alcohol-based hand sanitizer that contains at least 60% alcohol, if soap and water are not available. Avoid touching your eyes, nose, and mouth with unwashed hands.

### **5. Wear a disposable facemask, gown, and gloves when you touch or have contact with the person's blood, body fluids and/or secretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea.**

- Throw out disposable facemasks, gowns, and gloves after using them. Do not reuse.
- Wash your hands immediately after removing your facemask, gown, and gloves.

### **6. Avoid sharing household items.**

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a person who is confirmed to have, or being evaluated for, 2019-nCoV infection. After the person uses these items, you should wash them thoroughly (see below "Wash laundry thoroughly").

### **7. Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.**

- Also, clean any surfaces that may have blood, body fluids and/or secretions or excretions on them.
- Read label of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves or aprons and making sure you have good ventilation during use of the product.
- Use a diluted bleach solution or a household disinfectant with a label that says "EPA-approved." To make a bleach solution at home, add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water.

**8. Wash laundry thoroughly.**

- Immediately remove and wash clothes or bedding that have blood, body fluids and/or secretions or excretions on them.
- Wear disposable gloves while handling soiled items. Wash your hands immediately after removing your gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the clothing label.

**9. Place all used disposable gloves, gowns, facemasks, and other contaminated items in a lined container before disposing them with other household waste.**

Wash your hands immediately after handling these items.

**10. Monitor the person's symptoms.**

If the client is getting sicker, call his or her medical provider and tell them that the person has, or is being evaluated for, 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask the healthcare provider to call the local or state health department.

- Caregivers and household members who do not follow precautions when in close contact with a person who is confirmed to have, or being evaluated for, 2019-nCoV infection, are considered "close contacts" and should monitor their health. Follow the prevention steps for close contacts below.
- Close contact is defined as—
  - a) being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –
  - b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

**F. Prevention Steps for Caregivers and Household Members**

If client has a caregiver or other household member in the house:

- Make sure that they understand and can help the person follow the healthcare provider's instructions for medication and care.
  - Caregivers should help the person with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Have only people in the home who are essential for providing care for the person.
  - Other household members should stay in another home or place of residence. If this is not possible, they should stay in another room, or be separated from the person as much as possible. Use a separate bathroom, if available.
  - Restrict visitors who do not have an essential need to be in the home.

- Keep elderly people and those who have compromised immune systems or chronic health conditions away from the person. This includes people with chronic heart, lung or kidney conditions, and diabetes.
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Caregivers should wash hands often and thoroughly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer that contains at least 60% alcohol can be used if soap and water are not available. Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wear a disposable facemask, gown, and gloves when you touch or have contact with the person's blood, body fluids and/or secretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea.
  - Throw out disposable facemasks, gowns, and gloves after using them. Do not reuse.
  - Wash your hands immediately after removing your facemask, gown, and gloves.
- Avoid sharing household items. Don't share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a person who is confirmed to have, or being evaluated for, 2019-nCoV infection. After the person uses these items, you should wash them thoroughly (see below "Wash laundry thoroughly").
- Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, body fluids and/or secretions or excretions on them.
  - Read label of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves or aprons and making sure you have good ventilation during use of the product.
  - Use a diluted bleach solution or a household disinfectant with a label that says "EPA-approved." To make a bleach solution at home, add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- Wash laundry thoroughly.
  - Immediately remove and wash clothes or bedding that have blood, body fluids and/or secretions or excretions on them.
  - Wear disposable gloves while handling soiled items. Wash your hands immediately after removing your gloves.
  - Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, gowns, facemasks, and other contaminated items in a lined container before disposing them with another household waste. Wash your hands immediately after handling these items.
- Monitor the person's symptoms. If they are getting sicker, call his or her medical provider and tell them that the person has, or is being evaluated for, 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask the healthcare provider to call the local or state health department.
- Caregivers and household members who do not follow precautions when in close contact with a person who is confirmed to have, or being evaluated for, 2019-nCoV infection, are considered

“close contacts” and should monitor their health. Follow the prevention steps for close contacts below.

- Discuss any additional questions with you state or local health department

**G. Prevention Steps for Close Contacts**

If there has been close contact with someone who is confirmed to have, or being evaluated for, 2019-nCoV infection, you should:

- Monitor health starting from the day they first had close contact with the person and continue for 14 days after they last had close contact with the person. Watch for these signs and symptoms:
  - Fever. Take your temperature twice a day.
  - Coughing.
  - Shortness of breath or difficulty breathing.
  - Other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose.
- **If they develop fever or any of these symptoms, they should call their healthcare provider right away.**
- Before going to the medical appointment, be sure to tell the healthcare provider about the close contact with someone who is confirmed to have, or being evaluated for, 2019-nCoV infection. This will help the healthcare provider’s office take steps to keep other people from getting infected. Ask your healthcare provider to call the local or state health department.
- If you do not have any symptoms, you can continue with your daily activities, such as going to work, school, or other public areas.

**H. EMPLOYEES IN CLOSE CONTACT WITH A PUI (PATIENTS UNDER INVESTIGATION)**

Patients in the United States who meet the following criteria should be evaluated as a PUI for 2019-nCoV. Healthcare providers should **immediately** notify their local health department in the event of a PUI for 2019-nCoV.

FEATURES		EPIDEMIOLOGICAL RISK
Fever <sup>1</sup> or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b>	Any person, including health care workers, who has had close contact <sup>2</sup> with a laboratory-confirmed <sup>3,4</sup> 2019-nCoV patient within 14 days of symptom onset
Fever <sup>1</sup> and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	<b>AND</b>	A history of travel from <b>Hubei Province</b> , China <sup>5</sup> within 14 days of symptom onset
Fever <sup>1</sup> and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization <sup>4</sup>	<b>AND</b>	A history of travel from mainland <b>China</b> <sup>5</sup> within 14 days of symptom onset

At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC.

**RECOVER CARE**  
**CLIENT SERVICES POLICIES & PROCEDURES**

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## ABUSE PREVENTION PLAN

RC-C1

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### **POLICY:**

All clients admitted to Recover Care will be assessed for their susceptibility to abuse by other individuals, including other vulnerable adults and their risk of abusing other vulnerable adults. The client's care plan will identify risks and client/caregiver interventions to minimize risk and assure safety in the home environment.

### **PROCEDURE:**

1. Personnel selected to provide care to clients should meet agency and state requirements to assure proper qualification which may include background checks, reliable references, and adequate training.
2. Clients will be assessed upon admission and on an ongoing basis and the following situations will be addressed:
  - Physically frail or severe functional limitations
  - Decreased mental functioning
  - Susceptibility to abuse from self or others
  - Environmental hazards/safety concerns
  - Lack of family/caregiver support
  - Lack of basic food, clothing, shelter, health care or supervision
3. If client safety is not being achieved, appropriate disciplines will be notified and if necessary, a care conference established to address possible alternatives including discharge to another setting.

## ACCEPTANCE OF CLIENTS

144A.4791(4)

RC-C2

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### **POLICY:**

Recover Care shall only accept a client if it has staff, sufficient in qualifications, competency, and numbers to adequately provide the services agreed to in the Service Plan with each client and are within the scope of Recover Care's Comprehensive Licensure.

### **PROCEDURE:**

Home care staff meeting with potential clients for services with Recover Care are responsible for determining if client can be accepted.

**POLICY:**

The client's Advance Directives will be clearly documented on the Service Plan / Care Plan.

**PROCEDURE:**

**Advance Directives:**

1. Recover Care clinicians will ensure that the Client Handbook, which contains detailed information on Advance Directives, will be reviewed with the client prior to providing any care. The client will sign-off that he/she has received the handbook and the information.
2. The Clinical Manager is responsible for establishing a process and training nurses to gather Advance Directives for each client.

The clinician will:

- Not document Advance Directives related to DNR / DNI solely by speaking to the client; the physician must document orders for Advance Directives and they must be contained in the chart.
  - Document in the patient's medical record on the Service Plan / Care Plan whether he or she has executed an advance directive
  - Not discriminate against an individual based on whether he or she has executed an advance directive
  - Ensure compliance with the related State requirements on advance directives
3. The Clinical Manager and/or designee will provide staff and community education on issues concerning advance directives

**Nurses Responsibility:**

4. Each nurse is responsible for maintaining practice aligned with nursing standards and scope of practice for their licensure including, but not limited to:
  - Know their client's status in relation to DNR/DNI
  - Know where the status is documented in the home
  - Know when to activate 911 call when alone

**Non-Certified Staff Responsibility:**

5. Recover Care staff (non-nurses), will know the client's DNR status, call 911 in emergencies and be able to relay DNR status to emergency technicians when they respond.

## CLIENT GRIEVANCE AND INVESTIGATION

144A.4791(11)

RC-C4

### **POLICY:**

Recover Care desires to promptly and appropriately respond to all complaints from clients / client representatives. Clients/client representatives shall be encouraged to submit grievances, or to provide suggestions regarding any aspects of the agency's service. Any person voicing a grievance shall be free from reprisal. Clients and home care staff shall be made aware of grievance procedure.

### **PROCEDURE:**

A grievance stems from a client's perception of care and is most often related to practice, process or communication skills.

### **Issuing a Grievance:**

1. The procedure for issuing a complaint or grievance, with both the agency and with the Department of Health, will be part of the client handbook and given to each client or responsible party during the initial home visit.
  - A client has the right to make complaints to the agency regarding treatment or care that is or fails to be furnished and the lack of respect for property and /or person by anyone who is furnishing services on behalf of the agency.
2. Clients and family members will be encouraged to discuss grievances, comments, and suggestions, which are opportunities to improve performance and are welcomed by the Recover Care team.
3. It is encouraged that clients register grievances immediately and preferably within seven days from onset. All grievances will be addressed.
4. A Grievance can be accepted by any member of the staff. It will be documented using the Grievance Form.
5. Recover Care must not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.

### **Addressing a Grievance:**

6. The Grievance Form is used to document the complaint, and a description of the resolution.
7. The Administrator, or designee, shall be informed immediately of any grievance.
8. The Administrator will personally respond or designate the individual that will respond to the complaint, and will take action to prevent further potential violations
9. Wherever possible, grievances shall be responded to immediately. Under no circumstances shall a response to a grievance be longer than seven days.
10. If there is any question about a complaint and /or Incident Report; the Administrator, Regional Director, or Compliance Officer should be contacted.
11. Grievances will be addressed in two categories:
  - (1) A ***Serious Grievance*** is defined as complaint regarding a high-risk practice that could significantly impact the client and/or the company. **Example:** "I haven't seen my nurse for a while" or "My nurse never seems to get my meds right"
  - (2) A ***Negative Grievance*** is defined as a complaint or dislike for a particular process or practice and includes any other issue that is not a Serious Grievance. **Example:** "My homemaker never washes all the dishes" or "I can never get through to my nurse with a request"

## CLIENT GRIEVANCE AND INVESTIGATION

144A.4791(11)

RC-C4

12. Grievances are not retained in the medical record as they both are operational practices and are not related to the client's plan of care.
13. If the complaint is about a clinical event, the clinical information is documented in the chart with appropriate follow-up, ex: call to physician and subsequent orders.

### **Investigating a Grievance:**

14. All grievances should be investigated and followed up to, however Recover Care *must* investigate complaints made by clients, representatives, caregivers, and families including, but not limited to:
  - Treatment or care that was (or failed to be) furnished, or was furnished inconsistently or inappropriately.
  - Allegations of mistreatment, neglect, or verbal, mental, psychosocial, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the Home Health Agency
  - Any infringement of the client's Bill of Rights
  - **The above grievances are examples of grievances that would be elevated to a Level 3 incident for investigation (see Incident Policy)**
15. A grievance may rise to the level of an Incident Report and investigation, if the client has registered a concern and it poses immediate jeopardy to the client or has resulted in actual harm, or has a high risk for actual harm, it would be elevated to a L3 incident.
  - For example: if the comment, "I haven't seen my nurse for a while" results in the client not taking medications and having to call or see the physician (or go the ER) for any clinical reason, i.e., change in blood pressure, hypertension, lung congestion, peripheral edema, or wound, etc. or there is an adverse event or negative outcome, this is a L3 incident.

### **Ongoing Quality Improvement:**

16. The Grievance Tracking form is used to document a brief description of all grievances and complaints – it is used to identify any patterns, trends and opportunities for improvement. The tracking form will be reviewed quarterly by the Administrator.
  - This log will be retained for at least 2 years and will be made available, upon request, to surveyors and investigators from the Minnesota Department of Health.
17. All grievances and complaints are reviewed quarterly and are used as tools to develop the quarterly QAPI plan (see Quality Management Policy).
18. Handling of clients' complaints, reporting of complaints, and where to report complains including information on the Office of Health Facility Complaints and the Common Entry Point shall be included as part of all new home care employee orientation.

**Client Death – Expected**

**POLICY:**

For clients who are enrolled in Hospice care and have therefore been registered as a terminal patient with the county Medical Examiner, the agency will follow the procedures of the involved Hospice agency.

**PROCEDURE:**

In situations where agency field staff encounters or is present at the death of a hospice client, the following procedures are to be completed:

1. Do NOT Call 911
  2. Call Recover Care nurse at time of death
  3. Recover Care nurse will notify Hospice agency
  4. Staff to follow the instructions of the nurse
  5. A Recover Care or Hospice Nurse will notify family member(s) responsible for or involved with the deceased client
  6. Forward the client's home care documentation to the agency office as soon as possible
  7. Nurse will document date, time, and circumstances of the client's death in the client's record
  8. All records will be maintained by the agency for a period of seven years.
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**Client Death – Unexpected**

**POLICY:**

For unexpected deaths, Recover Care will follow the procedures required by the county of residence for responding to an unanticipated death.

**PROCEDURE:**

In situations where Recover Care staff encounters a client who has unexpectedly expired, the following procedures are to be completed:

1. Call 911 immediately and report the death
2. Do not touch or move client
3. Call Recover Care as soon as possible
4. Follow the instructions of the nurse and provide paramedics with client information as directed by the nurse
5. A nurse of Recover Care will call the family member(s) responsible for or involved with the deceased client
6. Complete a Level 3 Incident Report for unexpected death
7. Client chart will be audited using the "Death Chart Audit" form and stored with the L3 incident report
8. Forward the client's home care documentation to the agency office as soon as possible
9. Nurse will document date, time, and circumstances of the client's death in the client's record
10. All records will be maintained by the agency for a period of seven years.

**POLICY:**

During the initial assessment visit, Recover Care services will be reviewed with the client.

**PROCEDURE:**

1. The nurse will assess the client's needs and implement a plan of care in conjunction with client/responsible party, family/significant other(s)
2. Client orientation shall include but not be limited to meeting with the client and/or family members to complete the following process: **Review client handbook pertaining to the following items:**
  - a. The Home Care Bill of Rights, obtaining rights notification signature on the Admission Agreement
  - b. The client's right to execute an advanced directive, as dictated by applicable state law.
  - c. The client's responsibility as a home care consumer.
  - d. The agency grievance policy
  - e. Completion of the Service Plan documenting services to be rendered, contingency/back up plan, agency fees and frequency, payment source and client responsibility
  - f. Complete Comprehensive Nursing Assessment including "Home Safety Assessment."
  - g. Develop the Plan of Care components to support the identified needs of the client.
  - h. Complete Individualized Medication Management Plan and Individualized Treatment Plan
  - i. The anticipated schedule for services. Verify the client understands that they must have contingency plan in the event of service interruption. The nurse will document contingency plan on client's service plan
  - j. Review infection control procedures and site-specific requirements
  - k. Review agency policy relating to client discharge protocol

**POLICY:**

Each client must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the client specific needs as identified in the comprehensive assessment completed by a Registered Nurse.

**PROCEDURE:**

**PLAN OF CARE (POC)**

The POC will be formulated prior to any Home Health Aide services being delivered. Anyone providing service must have access to the POC.

**The Client's Plan of Care must include (but is not limited to) the following:**

1. Client name
2. Diagnosis
3. The types of services to be provided
4. All medications and treatments (if applicable)
5. Client specific interventions and education
6. Interventions to address vulnerabilities identified in the comprehensive assessment
7. Information related to any advanced directives
8. The Service Plan will include contingencies in the event of service interruption

**REVIEW AND REVISION OF THE PLAN OF CARE**

- Client monitoring and reassessment is conducted on every client within the first 14 days of service and at least every 90 days thereafter
- If the plan of care needs to be updated, a revised plan of care must reflect current information from the client's updated reassessment
- Anyone providing service must have access to this plan of care
- Any revision to the plan of care due to a change in client health status must be communicated to the client, representative (if any), and caregiver. If there is a change in cost, a service plan addendum must be completed.
- Ensure that each client, and his or her caregiver(s) where applicable, receive ongoing education and training provided by the Home Health Agency, as appropriate, regarding the care and services identified in the plan of care.
- There must be evidence in the clinical record that the HHA has explained to the client that a change to the plan of care has occurred and how this change will impact the care and cost delivered by the Home Health Agency.

**POLICY:**

Recover Care will maintain electronic medical records for each client for whom it is providing services. Entries in the client records will be current, permanently recorded, dated, and authenticated with the name, title of the person making the entry. All services provided to clients will be documented and stored in the clinical record. Information and data recorded will be used to determine a client's ongoing needs and status.

**PROCEDURE:**

**CLIENT RECORD (1)**

1. The entire medical record consists of those documents housed in the medical record. Recover Care defines its medical record as those components housed within the medical record.
2. Clinical records will be safeguarded against loss or unauthorized use. All clinical records are stored in an Electronic Medical Record.
3. All material in the clinical record will be kept confidential as defined in state law.
4. Client's written consent will be obtained before information is released.
5. Recover Care may not disclose to any other person any personal, financial, medical, or other information about the client, except:
  - a. As may be required by law
  - b. To employees or contractors of the home care provider, another home care provider, other health care practitioner or provider, or inpatient facility needing information in order to provide services to the client, but only such information that is necessary for the provision of services
  - c. To persons authorized in writing by the client or the client's representative to receive the information, including third-party payers
  - d. To representatives of the commissioner authorized to survey or investigate home care providers

**ACCESS TO RECORDS (2)**

6. The home care provider must ensure that the appropriate records are readily available to employees or contractors authorized to access the records. Client records must be maintained in a manner that allows for timely access, printing, or transmission of the records.

**CONTENTS OF CLIENT RECORD (3)**

7. Contents of a client record include the following for each client:
  - Identifying information, including the client's name, date of birth, address, and telephone number
  - The name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified
  - Names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known
  - Health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records
  - Client's advance directives, if any
  - Recover Care's current and previous assessments and service plans
  - All records of communications pertinent to the client's home care services

- Documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional
- Documentation of clinical events and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional
- Documentation that services have been provided as identified in the service plan;
- Documentation that the client has received and reviewed the home care bill of rights
- Documentation that the client has been provided the statement of disclosure of limitations of services
- Documentation of complaints received and resolution;
- Discharge summary, including:
  - 1) Admission and discharge dates
  - 2) Reason for admission to services
  - 3) Type of services provided and frequency of services
  - 4) Reason for discharge
  - 5) Client's discharge condition
- Other documentation required under this chapter and relevant to the client's services or status.

**TRANSFER OF CLIENT RECORDS (4)**

8. The HIPAA Privacy Rule permits a health care provider to disclose protected health information about an individual, without the individual's authorization, to another health care provider for that provider's treatment of the individual.
9. If a client is transferred to another health facility or agency, a copy of the record or abstract shall accompany the client and Recover Care will take steps to ensure a coordinated transfer

**RECORD RETENTION (5)**

10. Following the client's discharge or termination of services, Recover Care will retain a client's record for at least five years, or as otherwise required by state or federal

**DOCUMENTATION**

11. After the first 72 hours of admission, electronic clinical visit documentation must be submitted 24 hours after each visit
12. Monthly flow sheets, medication and treatment documents for a month time period will be filed within two weeks following month end.
13. Documentation must be completed, during or as soon as practicable after it is provided on the day care is provided in order to maintain an accurate medical record
14. Documentation must be objective and not contain personal opinions regarding the client's social or medical situation. Professional subjective information relevant to the client's plan of care may be included

**AUTHENTICATION**

15. All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.

**RETRIEVAL OF CLIENT RECORD**

16. Retrieval of clinical records. A client’s clinical record (whether hard copy or electronic form) must be made available to a client, free of charge, upon request at the next home visit, or within 4 business days

**ELECTRONIC MEDICAL RECORD**

The entire medical record consists of those documents housed in the medical record and on paper. Recover Care defines its medical record as those components housed within the medical record and documents that remain in hard copy.

**SAFEGUARDS:**

- Recover Care has implemented the following guidelines to ensure safeguards are in place and operational
- The software Administrator or designee assigns an individualized unique username and passwords to authenticate the specific writer. The username and password may consist of letters, numbers and/or special characters
- To maintain authenticity, an individualized password only known to the user will be employed to maintain access to the electronic medical system. To maintain authenticity the administrator provides an initial password and the employee will be prompted to change the password after entering the system
- To ensure authenticity, the employee performing the documentation will verify and approve the documentation, which is reflected by the electronic signature. Electronic medical system will record the date and time *from the computer’s internal clock at the time* of the electronic signature for certain items such as: clinical documentation, orders and care plan updates
- If digital signatures are not visible when the documentation is printed, the document will be manually signed by the employee completing the assessment
- Only individuals authorized to do so, can make entries into the electronic medical system. Requests can be made to the System Development Team to add authorized individuals.
- If at any time an individual feels that their assigned username/password has been compromised, they will notify the administrator immediately. The Development Team will assign a new username and/or initial password upon being informed.
- Disciplinary action may occur at any time with an individual that has allowed anyone else to use their specific username/password, and/or if any individual uses another(s) username/password. Consequences may mean the loss of computer privileges and /or termination
- The clinical record, its contents, and the information contained therein must be safeguarded against loss or unauthorized use
- Travel charts, containing copies or duplicates of the clinical record and computers containing client information will be safeguarded at all times.
- All Recover Care staff will receive training on the protection of client clinical records.
- All Recover Care staff must have a passcode on their mobile device to access the client medical record

**POLICY:**

In addition to ensuring client rights, Recover Care promotes client participation and responsibility in delivery of services.

**PROCEDURE:**

In order to provide effective services, we ask that clients agree to the following responsibilities:

1. Provide agency staff with accurate and complete health information other and pertinent information addressed as part of the initial health assessment.
2. Assist in ensuring and maintaining a safe service/home environment.
3. Notify the Recover Care staff when you are hospitalized or unable to keep a home health visit.
4. Participate in the development and on-going evaluation of the Plan of Care.
5. Cooperate and support the treatments and services identified in the Plan of Care and recorded on the Service Agreement, including the formulation of a contingency plan in the event of a service interruption.
6. Consult with your attending physician on a regular/routine basis regarding ongoing health issues.
7. Contact the Recover Care office if requesting an increase of or services additional to those identified in the Plan of Care, and/or documented on the Service Agreement.
8. Request further information or clarification from the nurse regarding anything that is not fully understood.
9. Communicate to the Recover Care office any concerns and/or problems with service delivery.
10. Encourage agency staff to complete only those cares/procedures identified in the Plan of Care.
11. Provide a 24-hour notice for all canceled visits

**POLICY:**

All services provided through Recover Care are scheduled based upon the RN comprehensive assessment and client preference.

**PROCEDURE:**

A Service Agreement is a tool utilized by the agency for the documentation of a client's service disciplines, frequencies, charges and contingency plans. A Service Agreement must be completed with each client before services can be rendered.

**On-going services:**

1. To assist the agency in effectively scheduling and deploying personnel, services are categorized on the Service Agreement as either essential or nonessential.
  - a. **Essential services** are defined as interventions in nursing as well as Home Health Aide hours. Due to a client's medical condition and the nature of the interventions, essential services must be provided by the agency as scheduled unless the client's contingency plan on the Service Agreement identifies that the client or another informal caregiver is capable of performing scheduled services on a short-term basis. In the event of a service interruption, the client and the client's responsible party will be notified.
  - b. **Nonessential services**
    - i. Such services are frequently scheduled to assist clients with the completion of routine daily living tasks and can generally be performed on a short-term basis by the client, the client's guardian/ legal representative or other designated informal care givers without jeopardizing the client's health or welfare.
2. The agency will make every effort to minimize the likelihood of a service interruption for all clients through the timely response to an interruption and the deployment of personnel. However, when a service interruption is apparent, the agency will give priority to the deployment of personnel for essential services.
3. Clients or client representatives will be notified as soon as possible when the agency is unable to deploy personnel as scheduled.

**Changes in services:**

4. Services will be increased or decreased based upon RN assessment and client preference. However, for and requested change in services, the agency requests that the client or the client's representative notify the agency at least 24-hours in advance of desired changes in the days and hours of service.
5. Whenever a new service is added to a client's Plan of Care, or when there are significant changes in the days and hours existing services are rendered, the client's Service Agreement must be updated to reflect the additions or changes. Client must be included in this process.

## COMPREHENSIVE ASSESSMENT, MONITORING, AND REASSESSMENT

144A.4791(8)

RC-C11

**POLICY:**

Recover Care will comply with the Comprehensive Home Care regulation and an RN will conduct assessments, monitoring and reassessments consistent with the Comprehensive Home Care requirements and the individualized needs of each home care client.

**PROCEDURE:**

1. **Standard: Initial assessment visit** – A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the client.
2. **Standard: Completion of the comprehensive assessment** – The comprehensive assessment must be completed in a timely manner, consistent with the client’s immediate needs, but no later than 5 calendar days after the start of care. The start of care date is the date of the initial assessment and the comprehensive assessment must be completed within 5 calendar days of that date.
3. **Standard: Content of the comprehensive assessment** – The comprehensive assessment must accurately reflect the client's status, and must include, at a minimum, the following information:
  - The client’s current health, psychosocial, functional, and cognitive status
  - The client’s strengths, goals, and care preferences
  - A review of all medications the client is currently using in order to identify any potential adverse effects and drug reactions
4. The designated nurse type will adhere to the schedule below and will operate within the scope of his/her license.

Type of Assessment, Monitoring, or Reassessment	Time Frame	Type of Nurse Authorized to Perform Visit	Location/Method where assessment or monitoring is to be conducted	Statute Reference
Temporary Plan and Agreement with Client for Services	Required only if the Initial Individualized Assessment is not completed prior to the initiation of services	RN		<i>144A.4791(6)</i>
Initial Individualized Assessment (including abuse prevention)	Within 5 days after initiation of home care services	RN	In person in the client’s residence	<i>144A.4791(8)</i>
Initial Medication Management Assessment	Prior to providing medication management services	RN	Face-to-Face with client	<i>144A.4792(3)</i>
Client Monitoring and Reassessment	Within 14 days after initiation of home care services	RN	In-person in the client’s residence	<i>144A.4791(8)(b)</i>
Ongoing Client Monitoring and Reassessment	At least every 90 days	RN or LPN (focused assessment or monitoring – any changes in condition or needs of a client must be reported to the RN)	May be conducted at the client’s residence or through use of telecommunication methods	<i>144A.4791(8)(c)</i>
Ongoing Medication Management Monitoring and Reassessment	When the client presents with symptoms or other issues that may be related to medication	RN	Face-to-Face with client	<i>144A.4792(3)</i>
Annual Medication Management Monitoring and Reassessment	At least every 12 months	RN	Face-to-Face with client	<i>144a.4792(3)</i>
Changes in Condition	As Indicated	RN	May be conducted at the client’s residence or through use of telecommunication methods	<i>144A.4791(8)(c)</i>



## HANDLING OF CLIENT'S FINANCES AND PROPERTY

### **POLICY:**

Recover Care may, when appropriate, assist clients with simple financial tasks such as budgeting, paying bills, and purchasing household goods, but will not otherwise manage a client's property.

### **PROCEDURE:**

1. If Recover Care will be assisting clients with simple financial tasks, details will be outlined in client plan of care (POC).
2. Staff may assist clients with simple financial tasks such as budgeting, paying bills, and purchasing household goods, when requested and approved by the client and client's representative. Such approval shall be documented by the Home Care Provider
3. Receipts must be shared with clients and retained for any purchases made using client's funds.
4. A home care provider or staff cannot accept powers-of-attorney from home care clients
5. A home care provider or staff cannot accept appointments as guardians or conservators from home care clients.
6. A home care provider cannot serve as a client's representative
7. A home care employee may not borrow money from a client.
8. A home care employee may not borrow personal or real property from a client.
9. A home care employee may not convert a client's property to his/her possession.
10. Employees will be oriented to Recover Care's Employee Handbook and acknowledge understanding of policy.

## HOME CARE BILL OF RIGHTS, NOTIFICATION TO CLIENT

144A.4791(1)

RC-C13

### **POLICY:**

It is the policy of Recover Care to assure that a client and/or legal representative receives and understands their rights and responsibilities as outlined in state and federal regulation.

### **PROCEDURE:**

Each client will be provided a Client Handbook, which includes, but is not limited to:

- Home Care Bill of Rights
  - Statement of Home Care Services
  - Consumer Responsibilities
  - How to File a Grievance
  - Health Care Directives
  - Rates
  - Transfer / Discharge Policy
  - Privacy Notice (HIPAA)
1. Recover Care shall provide the client or the client's representative a written copy of the Minnesota Home Care Bill of Rights (BOR) before the initiation of services to that client.
  2. Recover Care shall make all reasonable efforts to provide the BOR to the client or the client's representative in a language the client or client's representative can understand.
  3. Recover Care shall obtain written acknowledgment of the client's receipt for the BOR or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative.
  4. Acknowledgement of BOR receipt shall be retained in the client record.
  5. Home care staff shall be trained on the concepts/rights contained in the BOR.

### **The client has the right to—**

- (1) Have his or her property and person treated with respect;
- (2) Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;
- (3) Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA;
- (4) Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to—
  - i. Completion of all assessments;
  - ii. The care to be furnished, based on the comprehensive assessment;
  - iii. Establishing and revising the plan of care;
  - iv. The disciplines that will furnish the care;
  - v. The frequency of visits;
  - vi. Expected outcomes of care, including client-identified goals, and anticipated risks and benefits;
  - vii. Any factors that could impact treatment effectiveness; and
  - viii. Any changes in the care to be furnished.

## HOME CARE BILL OF RIGHTS, NOTIFICATION TO CLIENT

144A.4791(1)

RC-C13

- (5) Receive all services outlined in the plan of care.
- (6) Have a confidential clinical record. Access to or release of client information and clinical records is permitted in accordance with [45 CFR parts 160](#) and 164.
- (7) Be advised of—
  - i. The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA,
  - ii. The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA,
  - iii. The charges the individual may have to pay before care is initiated; and
  - iv. The HHA must advise the client and representative (if any), of these changes as soon as possible, in advance of the next home health visit.
- (8) Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state funded entities (information in client handbook) that serve the area where the client resides:
  - i. Agency on Aging,
  - ii. Center for Independent Living,
  - iii. Protection and Advocacy Agency,
  - iv. Aging and Disability Resource Center; and
  - v. Quality Improvement Organization.
- (9) Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.
- (10) Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access these services.

### **Transfer and discharge.**

In some cases, it may be in the best interest of the client or the agency, to terminate a service plan.

Recover Care would terminate services if:

1. The environment in which services were being provided was unsafe for Recover Care employees
2. Client did not meet payment obligations as stated in the Service Plan.
3. The client engaged in inappropriate and/or discriminatory actions directed toward Recover Care employees or in their presence.
4. Recover Care cannot adequately or safely meet the health care needs of the client.
5. Other reasons as identified in the Home Care Bill of Rights.
6. At the discretion of Recover Care's Chief Operating Officer
7. The client dies
8. The HHA ceases to operate.

If any of these scenarios arise, Recover Care will provide a written notice of termination of services including:

1. The effective date of termination
2. The reason for termination
3. A list of known licensed home care providers in the client's immediate geographic area

## HOME CARE BILL OF RIGHTS, NOTIFICATION TO CLIENT

144A.4791(1)

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4. A statement that the home care provider will participate in a coordinated transfer of care of the client to another home care provider, health care provider, or caregiver, as required by the home care bill of rights, section 144A.44, subdivision 1, clause (17)
5. The name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination

## HOSPICE COORDINATION

RC-C14

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### **POLICY:**

1. When Recover Care is aware a home care client is receiving the services of a Hospice Agency, Recover Care shall coordinate with the Hospice vendor.

### **PROCEDURE:**

1. Initiation of Hospice services shall be documented as a change in condition in the client record and reassessment is completed by Recover Care nurse.
2. If Recover Care is providing services to the hospice client, Recover Care will coordinate with the Hospice agency which services each will provide to the client (for the greatest benefit to the client), which may include update to IMMP and ITP, and Plan of Care
3. If the Hospice agency provides a hospital bed, Recover Health will verify that, if bedrails/siderails are in use, the Recover Care siderail policy and procedure is followed
4. If Recover Care staff is providing medication administration, the medications must be setup by a Recover Care nurse or verified for accuracy.

## INITIATION OF SERVICES

### **POLICY:**

Recover Care will comply with the Comprehensive Home Care regulation and an RN will orient ULP before they begin providing delegated nursing services to a client.

### **PROCEDURE:**

1. All ULP will be competency tested on delegated nursing tasks, prior to providing care to clients.
2. Documentation of delegated task competency testing will be housed in the employee personnel file.
3. Before a ULP will perform delegated nursing tasks to a client, the RN will create a written, client-specific plan of care, which will be in the client's record.
4. Orientation to the specific client may occur verbally, in writing, or by observation.

## NOTICE OF SERVICES FOR DEMENTIA, ALZHEIMER'S DISEASE, OR RELATED DISORDERS

144A.4791(2)

RC-C16

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### **POLICY:**

Recover Care shall provide a description of the training program and related training it provides, related to caring for clients with dementia.

### **PROCEDURE:**

1. If a client or family request a description of Recover Care's training program, Recover Care will ask the request be put in writing.
2. Recover Care will provide a description of the training program and related training it provides, including:
  - a. the categories of employees trained
  - b. the frequency of training
  - c. the basic topics covered

## REFERRALS

144A.4791(5)

RC-C17

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### **POLICY:**

If Recover Care believes a client is in need of or could benefit from other medical or health related service Recover Care will assist in education and/or coordination.

### **PROCEDURE:**

If the need for additional services are identified, this agency will:

1. Inform the client or the client's responsible party of the possible need
2. Assist, as needed, to initiate services and or make resources available to the client or responsible party
3. Provide a list of providers, as available

## REPORTING MALTREATMENT OF VULNERABLE ADULTS

### **POLICY:**

Recover Care will comply fully with the Vulnerable Adults Act. The agency shall encourage and accept reports of suspected abuse or neglect. The agency will thoroughly investigate any and all reports of suspected abuse or neglect and shall take all reasonable steps necessary to correct situations leading to, or providing the potential for, abuse or neglect of clients. All state requirements and reporting procedures will be strictly adhered to by all staff.

### **PROCEDURE:**

#### **Definitions:**

##### **Categorical vulnerable adult means any person 18 years of age or older:**

Who is a resident or inpatient of a facility:

Receives services at or from a facility required to be licensed to serve adults except that a person receiving outpatient services for treatment of a chemical dependency or mental illness, or one who is committed as a sexual psychopathic personality or as a sexually dangerous person is not considered a vulnerable adult unless the person meets the requirements as outlined in state/federal law; Receives services from a home care provider required to be licensed; or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services under the Medical Assistance program.

##### **Functional vulnerable adult means:**

Regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction: That impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.

##### **Client/Responsible Party:**

Upon intake and as part of the initial assessment each client and/or the legally responsible representative will be informed of the Vulnerable Adults Act, reporting responsibilities and options. All clients will be considered vulnerable. An Individual Abuse Prevention Plan and Assessment shall be completed for each client.

##### **Internal Reporting Procedure:**

In the event that any agency personnel becomes aware that a VA may have been maltreated, or that the VA has sustained an injury which is not reasonably explainable, she shall report her suspicions immediately in accordance with agency's Incident Report Policy and Procedure. Recover Care shall respond to the report as set forth in that policy.

##### **External Reporting:**

Mandated reporters have the option of reporting instances of suspected abuse or neglect directly to the county. Vulnerable Adults: Common Entry Point ("CEP")

## REPORTING MALTREATMENT OF VULNERABLE ADULTS

### **Unusual Occurrence Report:**

Any incident which constitutes an occurrence which is non-routine, and results, or might have resulted, in harm to a client or to the good will of the agency, must be immediately reported as an unusual occurrence, including, but not limited to, any suspected maltreatment, any unexplained injury, mistake in therapeutic conduct, accident, inappropriate use of client property and any client self-abuse or intra-client abuse, regardless of whether it constitutes maltreatment under the VAA. The report shall be made pursuant to the agency's Unusual Occurrence/Accident Report Policy and Procedure.

### **Documentation:**

All VA reports made pursuant to the Incident Report Policy, or to the CEP by the agency, or to the extent the agency has knowledge of the report made to the CEP independently by the agency personnel, shall be documented in a confidential Log. The log shall indicate the action taken on the report, and in cases where no report to the CEP was made, any reasons for a decision that a report to the CEP was not required by law. In addition, the CEP response shall also be documented.

### **Employee Orientation to Policy and Training:**

All agency personnel involved in direct patient care activities shall be familiarized with the requirements of the VAA. Inservice training will be provided annually for employees on the Vulnerable Adults Act. The agency shall encourage and accept reports of abuse or neglect from all sources including all mandated reporters, clients, parents, guardians, county representatives and other interested parties. The agency will provide information regarding external reporting options to anyone making a request. All agency employees are mandated reporters by law, and are required to report any instance of suspected abuse or neglect. The agency encourages all employees and other reporters to utilize the internal reporting procedure for any and all instances of suspected abuse or neglect. However, reporters have the option of reporting directly to an appropriate external agency. The agency will investigate and forward to the appropriate agencies any and all reports where there is actual, or suspected, abuse or neglect.

### **Internal Reporting Procedure:**

#### **Vulnerable Adults:**

If a report is properly made to the CEP, no internal VAA report is required by law; however staff is encouraged to file the report internally, so that the agency can take steps to redress any problem.

1. Report to CEP. Once an internal report is received, the Director of Nursing, or Branch/Unit Manager shall determine whether a report is required. A report is required whenever there is reason to believe maltreatment has occurred or the VA has sustained an injury not reasonably explained. If a report is required, the report must be made immediately; "immediately" means as soon as possible but no longer than 24 hours from the time initial knowledge of the incident is received. (The time that the person making the internal report came into possession of the information).
2. Written Notice to Internal Reporter. The agency will provide written notice to the internal reporter indicating whether the agency reported the incident to the CEP (Confidential Notice of Status of Report of Suspected Maltreatment). The written notice will:
  - a. Be provided to the reporter within two working days;
  - b. Be provided in a manner that protects the confidentiality of the reporter by mailing the notice to the reporter at her home address as appropriate.

## REPORTING MALTREATMENT OF VULNERABLE ADULTS

- c. State that if the reporter is not satisfied with the action taken by the agency on whether to report the incident to the CEP, then the reporter may report externally; and
- d. Explain that the agency is prohibited from taking any retaliatory measures against the mandated reporter for making an external report in good faith.

No retaliatory measures shall be taken against any person who reports suspected maltreatment in good faith pursuant to the VAA, or against a VA with respect to whom a report is made, because of the report. The law imposes a rebuttal presumption that any adverse action taken within 90 days of a report is retaliatory. Adverse action includes, but is not limited to:

1. Discharge or transfer from the agency;
2. Discharge from or termination of employment;
3. Demotion or reduction in remuneration for services;
4. Restriction or prohibition of access to the agency or its clients; or
5. Any restriction of rights as set forth in state/federal law.

## DISCONTINUATION OF LIFE SUSTAINING TREATMENT

**POLICY:** Recover Care will appropriately respond to client requests to discontinue life-sustaining treatment(s)

**PROCEDURE:**

If a client, family member, or other caregiver of the client requests that an employee of Recover Care discontinue a life-sustaining treatment, the employee receiving the request:

1. shall take no action to discontinue the treatment; and
2. shall promptly inform supervisor of the client's request.

Upon being informed of a request for termination of treatment, Recover Care shall promptly:

1. inform the client that the request will be made known to the physician who ordered the client's treatment;
2. inform the physician of the client's request; and
3. work with the client and the client's physician to comply with the provisions of the Health Care Directive Act.

This does not diminish the rights of clients to control their treatments, refuse services, or terminate their relationships with the home care provider.

## REVISIONS TO SERVICE PLAN (ADDENDUM)

144A.4791(9)

RC-C20

### **POLICY:**

To ensure compliance with the Comprehensive Home Care regulations, any changes to the service plan or agreement must be in writing and must be signed by the client or the client's responsible person.

### **PROCEDURE:**

1. If the service plan or agreement must be modified due to a change in the prescriber's order or a change in the client's needs, the form "Service Plan Addendum" must be completed; this form includes:
  - a. Description of the change of services
  - b. Frequency of the new service
  - c. Who is to perform the service
  - d. Frequency of supervision
  - e. Charge for the service
  - f. Date/Signature of RN making changes
  - g. Date/Signature of client / client representative each time a modification is made. This signature may be obtained by mail, fax, or email if an agreement was reached in person or by telephone.
2. The client must be notified of any changes BEFORE the change.
3. The Service Plan Addendum must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided.
4. The home care provider must implement and provide all services required by the current service plan.
5. The Service Plan Addendum must be entered into the client's record, including notice of a change in a client's fees when applicable.
6. Staff providing home care services must be updated of new Service Plan.

## TERMINATION OF SERVICE PLAN

144A.4791(10)

RC-C21

### **POLICY:**

If Recover Care terminates a service plan with a client, and the client continues to need home care services, Recover Care will provide the client / client's representative with a written notice of termination including information about other resources.

### **PROCEDURE:**

1. In some cases, it may be in the best interest of the client or the agency, to terminate a service plan. Recover Care would terminate services if:
  - The environment in which services were being provided was unsafe for Recover Care employees
  - Client did not meet payment obligations as stated in the Service Plan.
  - The client engaged in inappropriate and/or discriminatory actions directed toward Recover Care employees or in their presence.
  - Recover Care cannot adequately or safely meet the health care needs of the client.
  - Other reasons as identified in the Home Care Bill of Rights.
  - At the discretion of Recover Care's Chief Operating Officer
2. If any of these scenarios arise, Recover Care will provide a written notice of termination of services including:
  - a. the effective date of termination;
  - b. the reason for termination;
  - c. a list of known licensed home care providers in the client's immediate geographic area;
  - d. a statement that the home care provider will participate in a coordinated transfer of care of the client to another home care provider, health care provider, or caregiver, as required by the home care bill of rights, section 144A.44, subdivision 1, clause (17);
  - e. the name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination; and
3. When the home care provider voluntarily discontinues services to **all clients**, the home care provider must notify the commissioner, lead agencies, and ombudsman for long-term care about its clients and comply with the requirements in this subdivision.

## SERVICE PLAN AND IMPLEMENTATION

### **POLICY:**

A critical aspect of delivering quality services is a clear understanding of expectations between the service provider and the service recipient. In an effort to clearly establish the expectations, Recover Care's staff will complete a Service Plan with all applicable clients as part of the intake process and prior to initiating services. The Service Plan combines an Admission Plan and all consents and acknowledgment of rights and establishes the provider-client relationship.

### **PROCEDURE:**

1. Recover Care shall finalize a written service plan within 14 days after the initiation of home care services.
2. A Service Plan documents the relationship between client and provider and establishes that the client is admitted to Recover Care. The provider-client relationship is established only when the Service Plan is signed by both parties.
3. Upon arrival for the first time at a client's home, the client should be notified that they are present to assess the client's appropriateness for services. If the assessment reveals that the client is appropriate to receive services, the client will be admitted.
4. Assessments performed by staff should be comprehensive and include:
  - Clients' clinical condition.
  - Client's ability to self-care or the availability of a reliable primary caregiver to meet the needs of client
  - Whether the client's home environment will support home care services.
5. Once a determination has been made that the client is appropriate for admission, and the agency is able to manage their needs, the staff will review the Service Plan with the client. The client/client representative will sign the Service Plan to document their understanding.
6. **The Service Plan Must Contain:**
  - Client name
  - Admission date
  - A description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences.
  - The identification of the staff or categories of staff (RN/LPN/HHA) who will provide the services.
  - The schedule and methods of monitoring reviews or assessments of the client.
  - The frequency of sessions of supervision of staff and type of personnel who will supervise staff.
  - A contingency plan that includes:
    - The action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;
    - Information and a method for a client or client's representative to contact the home care provider; names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an emergency; and
    - The circumstances in which emergency medical services are not to be summoned

## SERVICE PLAN AND IMPLEMENTATION

144A.4791(9)

RC-C22

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7. A copy of the signed Service Plan will be given to the client / client representative, and a copy will be placed in the client chart.
8. A registered nurse will develop a Plan of Care, based on agreed upon services in the Service Plan. All staff will have access to Plan of Care and will be familiar with Plan. Recover Care shall provide all services required by the current service plan.
9. Criteria for Release of Information: The client or authorized representative releases information as outlined on the Service Plan. Any request for client information not included in the Service Plan release requires an additional release signed by the client or legal representative.

## STATEMENT OF HOME CARE SERVICES

144A.4791(3)

RC-C23

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### **POLICY:**

It is the policy of Recover Care to assure that a client and/or legal representative receives and understands the services Recover Care is authorized to provide, and which services the provider cannot provide under the scope of the provider's license.

### **PROCEDURE:**

Prior to initiation of services, each client will be provided a Client Handbook, which includes: The Statement of Home Care Services

1. A Statement of Home Care Services shall inform the prospective client and client's representative that Recover Care is licensed as a Comprehensive Home Care provider by the Minnesota Department of Health
2. Recover Care will provide a list of services the home care provider can and cannot provide within the scope of a Comprehensive Home Care License. **This list shall be the one provided by the Minnesota Department of Health**
3. Recover Care shall obtain written acknowledgement from the client that Recover Care provided the statement, or must document why the home care provider could not obtain such acknowledgment.

**POLICY:**

A written, prescriber's order must be obtained for any treatment provided to the client. All orders must be implemented within 24 hours of receipt and the ITP must be updated. All orders may be received either in writing, verbally, or electronically by an authorized prescriber per the Comprehensive home care regulations.

**PROCEDURE:****Policies and Procedures**

1. Recover Care will develop, implement, and maintain up-to-date written treatment management policies and procedures. These will be developed under the supervision of a registered nurse or appropriate licensed health professional. The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and evaluating the treatment and therapy, and communicating with the prescriber.

**Individualized Treatment Plan (ITP)**

2. A RN will conduct a face-to-face client assessment to determine what treatment services will be provided and how those services will be provided
3. Recover Care will prepare and include in the service plan a written statement of the treatment services that will be provided to the client.
4. The RN will develop and maintain a current individualized treatment plan for each client based on the client's comprehensive assessment and will contain the following details:
  - (1) A statement of the type of services that will be provided
  - (2) Documentation of specific client instructions relating to the treatments or therapy administration
  - (3) Identification of treatment tasks that will be delegated to unlicensed personnel
  - (4) Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services
  - (5) Any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions.
5. The treatment or therapy management record must be current and updated when there are any changes
6. All treatments will be evaluated by an RN at each assessment interval

**Administration of Treatment**

7. Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment.
8. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has:
  - (1) Instructed the unlicensed personnel in the proper methods with respect to each client and the unlicensed personnel has demonstrated the ability to competently follow the procedures

- (2) Specified, in writing, specific instructions for each client and documented those instructions in the client's record
- (3) Communicated with the unlicensed personnel about the individual needs of the client

**Documentation of Administration of Treatments and Therapies**

- 9. Each treatment or therapy administered must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration.
- 10. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs

**Orders or Prescriptions**

- 11. All treatments or therapies must have a written or electronically recorded order or prescription
- 12. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency and other information needed to administer the treatment or therapy.

**POLICY:**

Recover Care Policy is to identify and reduce safety risks and hazards commonly associated with use of support products (e.g. bed rails, floor to ceiling support poles, etc.) adjacent to a bed or other resting surface. Recover care shall assess the use of devices to ensure compliance with the FDA dimensional guidance and educate the client or his /her responsible party regarding the risks and benefits of support products and verify that the rail is in safe use and consistent with the manufacturer's directions.

The U.S. Food and Drug Administration (FDA) have defined seven numbered "zones" or spaces in and around hospital bed systems where patients could potentially become trapped .

**OVERVIEW OF THE U.S. FOOD AND DRUG ADMINISTRATION'S POTENTIAL ZONES OF BED ENTRAPMENT****ZONE 1: Within the Rail**

Any open space between the perimeters of the rail can present a risk of head entrapment. FDA recommended space: less than 4 3/4"

**ZONE 2: Under the Rail, Between the Rail Supports or Next to a Single Rail Support**

The gap under the rail between the mattresses, may allow for dangerous head entrapment. FDA recommended space: less than 4 3/4"

**ZONE 3: Between the Rail and the Mattress**

This area is the space between the inside surface of the bed rail and the mattress, and if too big it can cause a risk of head entrapment. FDA recommended space: less than 4 3/4"

**ZONE 4: Under the Rail at the Ends of the Rail**

A gap between the mattress and the lowermost portion of the rail poses a risk of neck entrapment. FDA recommended space is less than 2 3/8".

**ZONE 5: Between Split Bed Rails**

When partial length head and split rails are used on the same side of the bed, the space between the rails may present a risk of either neck or chest entrapment.

**ZONE 6: Between the End of the Rail and the Side Edge of the Head or Foot Board**

A gap between the end of the bed rail and the side edge of the headboard or footboard can present the risk of resident entrapment.

**ZONE 7: Between the Head or Foot Board and the End of the Mattress**

When there is too large of a space between the inside surface of the headboard or footboard and the end of the mattress, the risk of head entrapment increases.

The FDA provides dimensional recommendations for Zones 1-4, as 80% of reported entrapment cases have occurred in these zones.

Recover Care does recommend, however, that you use side rails only when they are safe for the particular client. For clients with smaller than average heads or necks who use side rails, you may want to evaluate the four zones to see if

the side rails pose a risk to the client. Use the FDA distances as a guideline. If it is a close call, it would be safer to remove the side rail, replace it with a different design, or make some other adjustment to mitigate the risk.

### PROCEDURE:

1. At initial assessment a nurse will document if any bed system are in use on the home and safety assessment. If side rails are present the nurse will complete the bed rail assessment form and identify the risk factors for entrapment and other safety hazards related to bed systems (e.g. bed rails, frames, and mattresses).
2. Nurse will use the FDA'S Potential Zones of Entrapment for identification of potential risk.
3. Nurse will provide education to any client or his/her representative pertaining to risks and benefits of bed rail(s) use and be provided with The Guide to Bed Safety (see below)
4. Nurse will identify potential alternatives to bed rails
5. Nurse will obtain informed consent from client or his/her representative stating they understand the risks and benefits to use of side rails.
6. It will be indicated on the plan of care that side rails are in use for the client's care. Identify how and when they are to be used and to notify the nurse if the system is lose or broken or used as a restraint and if any questions or concerns regarding the use of the side rail.
7. There will be ongoing regular inspection and assessment by a nurse that side rails are safe and being used appropriately and there is an ongoing need for the use of side rails by the client.

SIDE RAIL USE ASSESSMENT FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

		RISK FACTOR	
1.	Does side rails meet the FDA requirements in all 7 zones?	YES	NO
2.	Does the client's attempt to get out of bed without help?	YES	NO
3.	Does the client have periods of agitation and confusion?	YES	NO
4.	Does the client have a history of falls from bed?	YES	NO
5.	Does the client have difficulty moving in bed?	YES	NO
6.	Does the client have difficulty with poor trunk control and difficulty sitting on the side of the bed?	YES	NO
7.	Does the client currently use the side rail for positioning or support?	YES	NO
8.	Does the client expressed a desire to have side rails raised while in bed for safety and/or security?	YES	NO
9.	Does the client understand the purpose of side rails?	YES	NO
10.	Does the side rail present a higher risk to the client than falling out of bed?	YES	NO

**ALTERNATIVES TO SIDE RAILS:**

- 1. Physical therapy to enhance abilities for bed mobility.
- 2. Lower the bed to lowest height
- 3. Provide frequent monitoring at night.
- 4. Provide assisted toileting for the client at night.
- 5. Visual and verbal reminders to summon help.
- 6. Other: \_\_\_\_\_

**RECOMMENDATIONS:**

**Location:** LEFT RIGHT BILATERAL HEAD FOOT      **Use:** At night only Whenever in bed Only with supervision

- Side Rails are appropriate and serve to promote independence.
- Side Rails are requested by client/family or responsible party.
- Side rails are inappropriate at this time due to \_\_\_\_\_.
- Side rails are indicated due to the following medical conditions/symptoms: \_\_\_\_\_

The positive and negative aspects of side rail use have been discussed with the client and/or responsible parties and they understand risks and benefits to use of side rails and have received The Guide to Bed Safety Brochure.

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Responsible Party Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Nurse Signature

Date: \_\_\_\_\_

SIDERAILS



**Which Ways of Reducing Risks are Best?**

A process that requires ongoing patient evaluation and monitoring will result in optimizing bed safety. Many patients go through a period of adjustment to become comfortable with new options. Patients and their families should talk to their health care planning team to find out which options are best for them.



**Patient or Family Concerns About Bed Rail Use**

If patients or family ask about using bed rails, health care providers should:

- Encourage patients or family to talk to their health care planning team to determine whether or not bed rails are indicated.
- Reassure patients and their families that in many cases the patient can sleep safely without bed rails.
- Reassess the need for using bed rails on a frequent, regular basis.

To report an adverse event or medical device problem, please call FDA's **MedWatch Reporting Program at 1-800-FDA-1088**.  
For additional copies of this brochure, see the FDA's website at <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/default.htm>  
For more information about this brochure, contact Beryl Goldman at 610-388-5580 or by e-mail at [bgoldman@kcorp.kendal.org](mailto:bgoldman@kcorp.kendal.org). She has volunteered to answer questions.  
For information regarding a specific hospital bed, contact the bed manufacturer directly.



**Developed by the Hospital Bed Safety Workgroup**

Participating Organizations:

- AARP
- ABA Tort and Insurance Practice Section
- American Association of Homes and Services for the Aging
- American Health Care Association
- American Medical Directors Association
- American Nurses Association
- American Society for Healthcare Engineering of the American Hospital Association
- American Society for Healthcare Risk Management
- Basic American Metal Products
- Beverly Enterprises, Inc.
- Care Providers of Minnesota
- Carroll Healthcare
- DePaul College of Law
- ECRI
- Evangelical Lutheran Good Samaritan Society
- Hill-Rom Co., Inc.
- Joint Commission on Accreditation of Healthcare Organizations
- Medical Devices Bureau, Health Canada
- National Association for Home Care
- National Citizens' Coalition for Nursing Home Reform
- National Patient Safety Foundation
- RN+ Systems
- Stryker Medical
- Sunrise Medical, Inc.
- The Jewish Home and Hospital
- Untie the Elderly, The Kendal Corporation
- U.S. Food and Drug Administration

October 2000 (Revised 4/2010)

**A Guide to Bed Safety**



**Bed Rails In Hospitals, Nursing Homes and Home Health Care: The Facts**

## SIDERAILS

### Bed Rail Entrapment Statistics

Today there are about 2.5 million hospital and nursing home beds in use in the United States. Between 1985 and January 1, 2009, 803 incidents of patients\* caught, trapped, entangled, or strangled in beds with rails were reported to the U.S. Food and Drug Administration. Of these reports, 480 people died, 138 had a nonfatal injury, and 185 were not injured because staff intervened. Most patients were frail, elderly or confused.

### Patient Safety

Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe.

Historically, physical restraints (such as vests, ankle or wrist restraints) were used to try to keep patients safe in health care facilities. In recent years, the health care community has recognized that physically restraining patients can be dangerous. Although not indicated for this use, bed rails are sometimes used as restraints. Regulatory agencies, health care organizations, product manufacturers and advocacy groups encourage hospitals, nursing homes and home care providers to assess

*\* In this brochure, the term patient refers to a resident of a nursing home, any individual receiving services in a home care setting, or patients in hospitals.*

patients' needs and to provide safe care without restraints.

### The Benefits and Risks of Bed Rails

Potential benefits of bed rails include:

- Aiding in turning and repositioning within the bed.
- Providing a hand-hold for getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing the risk of patients falling out of bed when being transported.
- Providing easy access to bed controls and personal care items.

Potential risks of bed rails may include:

- Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress.
- More serious injuries from falls when patients climb over rails.
- Skin bruising, cuts, and scrapes.
- Inducing agitated behavior when bed rails are used as a restraint.
- Feeling isolated or unnecessarily restricted.
- Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet.

### Meeting Patients' Needs for Safety

Most patients can be in bed safely without bed rails. Consider the following:

- Use beds that can be raised and lowered close to the floor to accommodate both patient and health care worker needs.
- Keep the bed in the lowest position with wheels locked.
- When the patient is at risk of falling out of bed, place mats next to the bed, as long as this does not create a greater risk of accident.
- Use transfer or mobility aids.
- Monitor patients frequently.
- Anticipate the reasons patients get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain; meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief.

When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients. Consider the following:

- Lower one or more sections of the bed rail, such as the foot rail.
- Use a proper size mattress or mattress with raised foam edges to prevent patients from being trapped between the mattress and rail.
- Reduce the gaps between the mattress and side rails.

## MEDICATION MANAGEMENT – CLIENTS AWAY FROM HOME

144A.4792

RC-M1

### **POLICY:**

Recover Care will have a plan in place to give accurate and current medications to clients for planned or unplanned times away from home according to the client's individualized medication management plan.

### **PROCEDURE:**

If Recover Care is managing medications, the following procedures will be followed for planned and unplanned events:

1. The nurse will assess the need and ensure that additional medications are set-up and stored and the primary caregiver will be instructed on process for unplanned events, any special instructions for administering or handling the medications, including controlled medications
2. For **planned time away**, the medications must be obtained from the pharmacy or set up by a licensed nurse according to appropriate state and federal laws and nursing standards of practice
3. For **unplanned time away**, when the pharmacy is not able to provide the medications, a licensed nurse gives the client or client's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed 120 hours.
4. The client or client's representative must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled medications
5. The medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the client's name and the dates and times that the medications are scheduled; and
6. The client or client's representative must be provided in writing the home care provider's name and information on how to contact the home care provider.
7. For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:
  - (1) The registered nurse has trained the unlicensed staff
  - (2) The registered nurse determined the unlicensed staff is competent to follow the procedures for giving medications to clients
  - (3) The registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the client. **The procedures must address:**
    - (1) The type of container or containers to be used for the medications appropriate to the provider's medication system
    - (2) How the container or containers must be labeled
    - (3) The written information about the medications to be given to the client or client's representative
    - (4) How the unlicensed staff must document in the client's record that medications have been given to the client or the client's representative, including documenting the date the medications were given to the client or the client's representative and who received the medications, the person who gave the medications to the client, the number of medications that were given to the client, and other required information
    - (5) How the registered nurse shall be notified that medications have been given to the client or client's representative and whether the registered nurse needs to be contacted before the medications are given to the client or the client's representative
    - (6) The registered nurse reviews completion of this task to verify that this task was completed accurately by the unlicensed personnel
8. RN must document plan in the client record and confirm (via documentation) he/she educated family or caregiver on medication information and medication administration process

## MEDICATION MANAGEMENT – CONTROLLED SUBSTANCES

144A.4792

RC-M2

### **POLICY:**

The Recover Care nurse will maintain a written ongoing record of all controlled medications that are administered, for all clients with controlled substances. Any amount of a controlled drug that is missing and cannot be accounted for requires an incident report. Other reports may be required depending on outcome of investigation.

### **PROCEDURE:**

Upon medication setup, controlled substances will be counted and documented on a Controlled Medications Record Form.

1. Counting will be completed by one Recover Care nurse and may be observed by another individual, if possible
2. A separate Controlled Medications Record form will be maintained for every individual controlled substance that has been prescribed to the client.
3. Upon receipt of a controlled substance from the pharmacy, a Controlled Medications Record form will be started with the new prescription and new prescription number.
4. Controlled Medications Record forms will be filled out completely and legibly. Each person involved in the counting of the controlled medications must sign their full name.
5. Completed Controlled Medications Record forms are to be turned into the office and uploaded into the Electronic Medical Record.
6. Unresolved discrepancies in the controlled substance count must be reported to the clinical supervisor/branch manager immediately and constitute an Incident Report.
7. Controlled Medications managed inside a client's "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access.
8. Liquid medications should be stored in graduated containers. In the event that medications are dispensed from a pharmacy in a non-graduated container, every effort should be made to obtain a graduated container from that pharmacy. Liquid medications should not be removed from the container when counting. Measurements should be made with the Container on a flat, level surface and estimated using graduated markings on the container.

## DISPOSITION OF MEDICATIONS

### **POLICY:**

Recover Care will adhere to the regulations of the Comprehensive Licensure, pertaining to disposition of medications.

### **PROCEDURE:**

1. Any current medications being managed by Recover Care will be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative, or hospice agency, for disposal.
2. Recover Care will dispose of any medications remaining with Recover Care that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances.
3. Upon disposition, Recover Care will document in the client's record the disposition of the medication including:
  - The medication's name
  - The medication's strength
  - Prescription number as applicable
  - Quantity, to whom the medications were given
  - Date of disposition
  - Names of staff and other individuals involved in the disposition.

### **Appropriate Drug Disposal**

4. To dispose of unused, expired or discontinued medications:
  - (1) Don't flush, unless instructed by RX label/patient information
  - (2) Remove and destroy prescription label
  - (3) Crush or dissolve in water, mix with an undesirable substance, such as coffee grounds or cat litter, and place them in a sealed plastic bag, empty coffee cans or other unmarked container
  - (4) Place in trash

## INDIVIDUALIZED MEDICATION MANAGEMENT PLAN (IMMP)

144A.4792(5/18)

RC-M4

### **POLICY:**

All clients receiving medication management services from Recover Care must have a written statement of the medications services that will be provided to the client. Recover Care will develop and maintain a current individualized medication management record for each client based on the client's comprehensive assessment. The medication management record will be current and updated when there are any changes, and annually.

### **PROCEDURE:**

1. A RN will conduct a face-to-face client assessment to determine what medication management services will be provided and how those services will be provided
2. The home care provider must prepare and include in the Service Plan a written statement of the medication management services that will be provided to the client
3. When Recover Care is aware of any medications or dietary supplements that are being used by the client and are not included in the assessment for medication management services, the staff must advise the registered nurse and document that in the client's record.
4. The RN will develop and maintain a current individualized medication management record for each client based on the client's comprehensive assessment and will contain the following details:
  - a) A statement describing the medication management services that will be provided
  - b) A description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions
  - c) Documentation of specific client instructions relating to the administration of medications
  - d) Identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis
  - e) Identification of medication management tasks that may be delegated to unlicensed personnel
  - f) Procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services
  - g) Any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions
5. The RN will provide teaching to the client and other attending caregivers on actions and side effects of medication being used by the client, as needed.
6. All medications will be evaluated by an RN at each assessment interval.
7. The medication management record will be updated when there are any changes, and annually.

## LOSS OR SPILLAGE OF MEDICATIONS

144A.4792(235)

RC-M5

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### **POLICY:**

Recover Care will adhere to the regulations of the Comprehensive Licensure, pertaining to loss or spillage of medications.

### **PROCEDURE:**

1. When a spillage of a controlled substance occurs, a notation must be made in the client's record explaining the spillage and the actions taken.
2. The notation must be signed by the person responsible for the spillage and must include verification that any contaminated substance was disposed of according to state or federal regulations.
3. Adjustment for spillage and loss must be made on controlled medication record
4. Any loss or unaccounted prescription drugs will be investigated through the Incident Management process (see policy for Incidents).

## MEDICATION ERRORS

### **POLICY:**

Recover Care will document all medication errors and investigate cause.

### **PROCEDURE:**

Medication errors include, but are not limited to administration of wrong medication, wrong dose, wrong time, wrong route, extra doses, and dosage omissions.

1. All medication errors will be documented on an incident report and follow the internal incident reporting system.
2. When significant medication errors occur, they will be reported to the Administrator or Supervisor, who will also make an external report as required by applicable law and regulations.

A significant medication error is defined as those events that result in:

- Hospitalization
  - Disability
  - Treatment with another prescribed medication
  - Cognitive deterioration or impairment
  - A life-threatening condition
  - Death
  - Missed or lost medications – resulting in the client not receiving the prescribed medications.
3. The Administrator or Supervisor will complete an incident report following the internal incident reporting system.
  4. A summary of medication errors will be incorporated into the agency's Quality Improvement and Safety Committee activities.
  5. The nurse will notify the physician immediately in the event of an adverse drug reaction.
  6. Documentation of the error will be documented in the clinical record to include the clinical information with appropriate follow up completed

## MEDICATION MANAGEMENT - PRESCRIPTIONS

144A.4792(11/13/14/15/16/17/21)

RC-M9

### **POLICY:**

Recover Care will adhere to the all the regulations of the comprehensive licensure in managing a client's prescription medication.

### **PROCEDURE:**

#### **PRESCRIBED AND NONPRESCRIBED MEDICATION (11/13)**

1. Recover Care will provide medication management for both prescribed and non-prescribed medications
2. There must be a current written or electronically recorded prescriptions for all prescribed medications Recover Care is managing for a client
3. Recover Care will not require a prescription for over-the-counter and dietary supplements that it is managing for a client
4. All prescription requirements will be discussed with clients upon admission

#### **RENEWAL OF PRESCRIPTONS (14)**

5. All prescriptions must be renewed at least every 12 months and as indicated by the comprehensive assessment and ongoing monitoring

#### **RECEIVING PRESCRIPTION (16)**

6. When a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed in the client's record

#### **VERBAL PRESCRIPTION ORDERS (15)**

7. All verbal prescription orders from an authorized prescriber must be received by a nurse or pharmacist

#### **RECORDS CONFIDENTIAL (17)**

8. All prescription orders will be kept confidential

#### **PROHIBITIONS (21)**

9. No prescription drug supply for one client may be used or saved for use by anyone other than the client

## PROVISION OF MEDICATION MANAGEMENT

144A.4792(2)

RC-M10

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### **POLICY:**

Recover Care will follow all state and federal requirements relating to medication management.

### **PROCEDURE:**

1. Prior to providing medication management, an RN will conduct an assessment to determine what medication management services will be provided and how the services will be provided. The assessment must be conducted face to face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.
2. For each client receiving medication management services, the nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the client.
3. The nurse will monitor and reassess the client's medication management services as needed.
4. The Medication Profile record must be current and updated when there are any changes, if client is receiving medication management services.

## MEDICATION MANAGEMENT – STORAGE OF MEDICATIONS

144A.4792(12/19/20)

RC-M11

### **POLICY:**

To provide safety and security of medications stored, when medications are managed and stored by Recover Care.

### **PROCEDURE:**

1. All prescription medications must be stored in a securely locked and substantially constructed compartment such as a lock box, if a risk for diversion is identified by a nurse.
2. Only authorized personnel are permitted to have access and will be identified by the Nurse Case Manager or designee.
3. Medications managed outside of a client's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access.
4. Medications shall be stored consistent with manufacturer's recommendations (refrigerated, room temperature, etc.)

### **PRESCRIPTION DRUGS**

5. A prescription drug, prior to being set up for immediate or later administration, must be kept in original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.

### **OVER-THE-COUNTER; DIETARY SUPPLEMENTS**

6. Over-the-counter drugs or dietary supplements must be kept in original labeled container with directions prior to setting up for immediate or later administration. Nurse must verify that the medications are up-to-date and stored as appropriate.

**RECOVER HEALTH**  
**PERSONNEL POLICIES & PROCEDURES**

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**POLICY:**

Recover Care has established personnel policies, which are utilized on a company-wide basis and are contained in the Employee Handbook. Employees are responsible for complying with policies contained in the Employee Handbook as well as this section of agency specific personnel policies and procedures as applicable.

**PROCEDURE:**

1. All employees will receive a copy of the Recover Care Employee handbook upon hire
2. All employees will acknowledge receipt and understanding of Employee Handbook, prior to hands-on care with clients
3. As the Employee Handbook is updated, employees will receive an updated copy and sign an acknowledgement of receipt and understanding

## ABILITY OF CONTACT PERSON TO STAFF

144A.4797(1)

RC-P2

### **POLICY:**

It is the policy of Recover Care to have a registered nurse available for consultation to staff performing delegated nursing tasks at all times.

### **GENERAL INFORMATION**

True emergencies such as chest pain, respiratory distress, or other life-threatening situations should be handled by instructing the client/caregiver to call 911 or local emergency medical services as needed.

### **PROCEDURE:**

1. During business hours, ULPs are to call the main number and will be directed to a registered nurse to consult with
2. During afterhours, ULPs are to call the on-call number, which will have a registered nurse available at all times for consultation
3. Employees will be oriented to this procedure in orientation
4. The appropriate contact person will be readily available either in person, by telephone, or by other means
5. A designated RN is available 24/7. It is the role of the Clinical Manager to ensure that supervisory and on-call responsibilities are maintained in all situations
6. On-call procedures are in place to ensure safe and effective care after hours, to ensure there is an RN available when an aide is working and, when appropriate, to assist a client to receive care in their homes rather than in an acute setting. For instance, when a client experiences a symptom he or she doesn't expect or know how to manage, fear may precipitate unnecessary emergent care.
7. Calling 911:
  - a. If the client's situation cannot be managed safely at home, or if there is any doubt as to the seriousness of the situation - 911 will be activated.
  - b. Dial 911 – state it is an emergency, give the phone number you are calling from, give the client's address, and the problem
  - c. Give your name – stay calm – reassure client and family
  - d. Follow directions of 911 dispatcher
  - e. Hang up last
  - f. Paraprofessional staff may be assigned as part of the on-call procedures, but may only handle non-clinical issues such as rescheduling staff. All clinical questions/situations including behavioral changes, missed visits, family problems, medication questions, and/or symptom concerns must be referred to the on-call nurse.
8. Orientation for case managers will include how to manage on-call responsibilities and that assessment and triage are integral responsibilities to the process. The on-call nurse will not automatically tell the client to go to the ER unless it is a true emergency.
9. Staff should notify on-call when a client is unstable or develops a problem that may later lead to a call.
10. A tracking system should be established that addresses the type of call, how it was addressed and the outcomes of the visit.
11. All on-call activities particularly clinical concerns and missed visits are documented on this log and reported to the office each morning (Mon-Fri)

## ABILITY OF CONTACT PERSON TO STAFF

144A.4797(1)

RC-P2

12. The on-call nurses will promptly (aprox within 20 mins) telephone and respond to the client's/caregiver's request for assistance.
13. The on-call nurse will notify the client's assigned nurse of any visits or changes, so appropriate follow-up can be made.
14. On-call nurses are responsible for weekend admissions.
15. If there is an unusual or difficult client situation after regular office hours, the on-call supervisor should be contacted for assistance with problem-solving.

### **DOCUMENTATION GUIDELINES**

Document the following on the on-call log:

1. Type of call
2. The outcome of the call
3. Client/caregiver instructions
4. On-call supervisor notification (including chain-of-command communication); Complete an incident report, if applicable.

## ALL EMPLOYEE ORIENTATION

144A.4795(1); 144A.4796(1/2/3/7)

RC-P3

### **POLICY:**

All employees will receive an orientation program prior to involvement with clients and be afforded the opportunity to participate in on-going training throughout their employment. All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. All staff must be trained and competent in the provision of home care services consistent with current practice standards and appropriate to client needs.

### **PROCEDURE:**

#### **INITIAL ORIENTATION:**

1. All employees must complete orientation to home care requirements before providing home care services to clients
2. Orientation to home care service need only be completed once. Training must be documented in employee personnel file.
3. Initial orientation will be conducted at the agency office and will include an introduction to home care including provider's scope of licensure and types of home care services that are provided.

This orientation will include:

- a. Introduction to Recover Care
- b. An overview of sections 144A.43 to 144A.4798
- c. Introduction and review of policies and procedures related to the provision of home care services
- d. Emergency Preparedness
- e. Vulnerable Adult Reporting
- f. Home Care Bill of Rights
- g. Client Grievances and Information on the Office of Health Facility Complaints and the Common Entry Point and consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and
- h. Types of home care services provided by the agency
- i. Employee Right-to-Know – Hazardous Substances
- j. All staff will review and accept responsibility for all information in the "Employee Handbook"

## ALL EMPLOYEE ORIENTATION

144A.4795(1); 144A.4796(1/2/3/7)

RC-P3

### 4. All Employees will complete the following online courses through Relias:

- Abuse & Neglect (REL-PAC-0-AN)
- Advance Directives (REL-ALL-0-ADVDIR)
- Alzheimer's Disease and Related Disorders for Homecare Workers (REL-SRC-0-ADRHW-V2)
- Bloodborne Pathogens (REL-ALL-0-BBPATH)
- Boundaries (REL-ALL-0-BOUND)
- Hand Hygiene: The Basics (REL-ALL-0-HHB)
- HIPAA Overview (REL-CV-0-HIPAA)
- Modifying Activities for the Hearing Impaired
- Recover Health Employee Handbook- 7/2016
- RHTRN - 2020 Recover Health Corporate Compliance Plan Fraud and Abuse
- RHTRN - General - Vehicle Safety Manual
- RHTRN - Infection Control: Prevention and Control (RHTRN-ICPC)
- RHTRN - Recover Care Policy and Procedure Manual (RHTRNRecCarePP)
- RHTRN - Your Retirement Planning - 401K Roth
- Welcome to Relias (REL-HR-0-WRLMS-V2)

5. Additional online courses (through Relias) will be assigned per job role
6. Additional practical and written competency training will occur for Unlicensed Personnel (see *"Training and Competency Evaluations for ULP" Policy*)
7. Evidence of orientation will be retained in the employee record of each staff person having completed the orientation required by this section.

## ANNUAL TRAINING REQUIREMENTS

144A.4796(6)

RC-P4

### **POLICY:**

All staff of Recover Care will complete annual training. Any staff member that performs direct home care services will complete a minimum of 8 hours of in-service training annually.

### **PROCEDURE:**

Training record, kept in employee files, shall be retained for each employee who performs direct home care services to track compliance with annual training requirements.

1. All direct field staff (RN, LPN, HHA) must complete a minimum of eight relevant in-service hours per calendar year to maintain his/her position
2. Annual training topics will be based upon regulatory requirements and are based upon the demands of client cares and competencies of agency personnel
3. Employees will complete the following required courses annually:

<p><b><i>All Recover Care employees will complete the following courses annually (includes office staff):</i></b></p> <ul style="list-style-type: none"><li>- Abuse &amp; Neglect (REL-PAC-0-AN)</li><li>- HIPAA Overview (REL-CV-0-HIPAA)</li><li>- Recover Health Employee Handbook- 7/2016</li><li>- RHTRN - Recover Health Corporate Compliance Plan Fraud and Abuse</li><li>- RHTRN - Recover Care Policy and Procedure Manual (RHTRNRecCarePP)</li><li>- RHTRN MN – Minnesota Home Care Bill of Rights OR RHTRN - WI –Wisconsin Home Care Bill of Rights</li></ul>
<p><b><i>In addition to the courses listed above, all direct care staff (RN, LPN, HHA) will complete the following courses annually:</i></b></p> <ul style="list-style-type: none"><li>- Alzheimer's Disease and Related Disorders for Homecare Workers (REL-SRC-0-ADRHW-V2) (MN Only)</li><li>- Bloodborne Pathogens (REL-ALL-0-BBPATH)</li><li>- Hand Hygiene: The Basics (REL-ALL-0-HHB)</li><li>- RHTRN - Infection Control: Prevention and Control (RHTRN-ICPC)</li></ul>
<p><b><i>In addition to the courses listed above, all direct care staff (RN, LPN, HHA) working as contracted workers to Recover Health will complete the following courses annually:</i></b></p> <ul style="list-style-type: none"><li>- Hazardous Chemicals: SDS</li><li>- RHTRN - Compliance - Emergency Preparedness Training (RHTRNCEP)</li><li>- RHTRN - Policy and Procedure Manual (RHTRNPOLPROMASTER)</li></ul>

4. The Administrator will establish the schedule and track required in-service hours
5. Staff may complete the hours through internal training opportunities or may provide the agency with written documentation of successful completion of training through another health care provider or other educational settings. Such documentation must include the training topic, date of completion and the qualifications of the instructor to meet internal training requirements.

## BACKGROUND STUDIES & OIG EXCLUSION LISTS

144A.476(2)

RC-P5

### **POLICY:**

Criminal background checks including checking the OIG Exclusion List are completed in all agencies for all individuals working in direct patient care and for all internal staff. Employment is contingent upon an acceptable background check.

### **PROCEDURE:**

1. Criminal background checks will be completed per state and federal requirements and are conducted for all new hires including contracted and internal staff hires. If a Branch Manager is being hired, the HR Director will conduct the criminal background check. If a corporate employee is being hired, the HR Director or designee will conduct a background check. All employment is contingent on an acceptable criminal background check.
2. All prospective hires will be notified that a background check (including checking the OIG Exclusion List) will be conducted.
3. A prospective employee will complete an application that acknowledges permission to complete background checks and that requires the disclosure of all crimes other than minor traffic violations. Statements can be added to the application or a separate piece of paper identifying at a minimum name, address, SSN – attached to application. Any statement disclosing crimes must include:
  - 3.1. The nature of the crime
  - 3.2. The jurisdiction in which the person was convicted
  - 3.3. The date of the conviction
  - 3.4. The penalty imposed, including conditions of probation or conditional release and time periods of the penalty
  - 3.5. The name and address of the probation or parole agent, if any
  - 3.6. The date of release from incarceration, if applicable
4. The agency management is accountable for understanding, implementing and complying with the state's process for completing criminal background check relative to the individual state including requirements for notifying the applicant of criminal background checks.
5. All agencies will complete criminal background checks on all new hires and contracted employees according to state regulations.
6. If an applicant has failed to truthfully disclose past convictions for any felony or is convicted of a felony during the time of employment, it is grounds for immediate termination.
7. Recover Care will not hire anyone with an unacceptable background including any offense of violence which include but are not limited to:
  - 7.1. Crimes related to prohibited drugs
  - 7.2. Sex crimes
  - 7.3. Felonies
  - 7.4. Crimes of damage or trespass to property
  - 7.5. Neglect
  - 7.6. Theft
  - 7.7. Assault
  - 7.8. Crimes of misconduct or nuisance
  - 7.9. Abuse
  - 7.10. Failure to report maltreatment of minors or vulnerable adults
  - 7.11. Kidnapping
  - 7.12. Extortion
  - 7.13. Domestic Violence
  - 7.14. Aggravated manslaughter

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8. If a prospective employee is denied employment or an existing employee is removed from a position, information may be submitted by the person to the agency as a verification of an inaccurate criminal record.
9. The applicant may follow a process for appeal if there is a disqualification received from the state and if there is an appeal process that is applicable to the state. If the agency receives a notice of disqualification from the state – the applicant may not work until the determination is made on the appeal for disqualification. Employment will be contingent upon the state’s requirements for appeal. If reconsideration is denied, the applicant will not be hired. If the appeal is successful, Recover Care will retain full authority for continued employment.
10. Terminate or retain the applicant in accordance with information received on the criminal records check report or in accordance with state regulation.
11. Give a copy of results of the criminal record check to the applicant upon request.
12. Maintain the results on file in a confidential manner as required by law and regulation.
13. State specific requirements must be attached to this policy

**OIG Checks**

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1. Recover Care will not hire any individual who is listed on the Office of Inspector General (OIG) exclusion list. The following process will be completed with all hires.
2. All applicants prior to hire, will be expected to have an OIG check performed to ensure that they have not been placed on the OIG exclusion list. The check must be done prior to orientation or at the time the job offer is made.
3. The following link is used to complete the check: <http://exclusions.oig.hhs.gov/>
  - Type the applicant's last name and first name into the search field and click **Search**.
  - If there are no results returned, print the page that says "No results were found for (applicant's name)" and file in the personnel file.
  - If there are results returned, verify the middle name, if available. If one or more of the results look like the may be a match, click on the **Verify** link under the SSN/EIN column. At that point, enter the applicants' SSN and click the **Verify** button again to see verify that it is an exclusion.
  - If you receive the results that "This record does NOT match SSN/EIN xxxxxxxx in our database," print that page and file it in the personnel file. If it does match, the applicant is excluded, and is not eligible for employment from Recover Care . Print the match, and rescind the job offer from the applicant.

Complete the check for each of the results that may be a match on the applicant to exhaust all possibilities that the applicant is not excluded.

4. After hire, the corporate office will complete at a minimum annual checks of all employees in the system. The corporate office will retain all of the electronic records of our annual check on the T drive in the event we are ever audited and asked for the results of this check.

## DELEGATION OF HOME CARE TASKS

144A.4795(4)

RC-P6

### **POLICY:**

A registered nurse may delegate nursing services to ULP after:

1. Completing a nursing assessment of the client's functional status and need for services
2. Developing a service plan for providing services according to the client's needs and preferences
3. Determining the ULP is trained and competent and possess the knowledge and skills consistent with the complexity of the tasks and according to the appropriate Minnesota practice act
4. Including written instructions for performing the procedure for the client in the client's record

### **PROCEDURE:**

1. A RN may delegate nursing services to a person who has successfully completed staff orientation, who has been trained in the service to be provided, and who has demonstrated to the RN the ability to competently follow the procedures for the client
2. In the nurse's orientation, Recover Care will review the delegated nursing tasks, covered in orientation with the ULP. Additionally, nurse will have up-to-date information regarding the current available staff and their competency, so the registered nurse has sufficient information to determine the appropriateness of delegating tasks to meet individual client needs and preferences.
3. Any delegated task not covered in orientation must be individually competency tested with a HHA and an RN. These records must be placed in the employee personnel file.

## EMPLOYEE RECORDS

144A.479(7)

RC-P7

### **POLICY:**

Personnel records shall be maintained on-site for all employees at the Recover Care. They shall be safeguarded from unauthorized use. Terminated employee records will be retained on site for two years and will be kept for a total of 10 years, which may be off-site.

### **PROCEDURE:**

1. Personnel records shall contain the following information:
  - Application and/or resume (if applicable)
  - Job description
  - Licensure or certification verification checked at time of hire and each renewal (if applicable)
  - Records of orientation
  - Records of required annual training and infection control
  - Competencies and evidence of observed skills (if applicable)
  - Annual performance evaluations
  - Valid driver's license for staff operating a motor vehicle in the course of duties (and verified at least annually or at renewal)
  - Background checks as required by state/federal guidelines
  - Health statement detailing TB screening and Hepatitis B vaccine or declination (if applicable)
  - Confidential health related requirements such as a current 2 step TB skin test or chest x-ray,
  - Hepatitis B vaccinations or declination documentation, required physicals and work-related injury reports must be maintained in a separate personnel folder, apart from the primary personnel file (if applicable)
2. Personnel records must be maintained in confidentiality. Only the HR director or the employee's immediate supervisor, Administrator or branch designee may have unlimited access to the personnel record.
3. Employees may review a copy their personnel records in reply to a written request for an appointment. All requests for review will be approved by the Corporate HR Director.
4. The agency will only reply to requests for current and former employee references/verification with dates of employment and job title.
5. Employment records of terminated employees will be retained for at least three years.

A personnel file for contracted staff will be maintained at the homecare agency and will include all items listed on the Contracted Employee Checklist.

## INDIVIDUAL CONTRACTORS

144A.4795(5)

RC-P8

### **POLICY:**

If the Agency enters into an arrangement or contract with another company and uses the professional employees and personnel from that company to provide care to a Recover Care client, the contracted employee will be supervised by Recover Care staff responsible for the client. The contractor must meet the same requirements required by this section for personnel employed by the home care provider.

### **PROCEDURE:**

#### **A. RESPONSIBILITIES OF RECOVER CARE: THE RECOVER CARE AGENCY WILL ASSURE THAT:**

- There is a full file for each contracted employee and the branch has a file of all documents required by RH
- There is evidence that the contracted employee has a current license or registration
- Mantoux status is current following RH policy on Mantoux
- Competency is completed by a Recover Care RN for n HHA
- A state criminal background information check is completed (and includes an OIG check and Debarment Check). RH may accept background checks from the contracted agency.

### **BACKGROUND CHECKS**

#### **Can only accept background check if completed through Net Study.**

1. Can accept 'Blue Form' "The clearance is not transferable to any program, or license holder ..... with the following three exceptions: if the program listed above (on blue form) is licensed by MDH to provide home care services, this clearance also applies to any other licensed program in which this individual provides home care services under the control and direction of the program listed above. (Documented on Blue Form for Background Check)
2. **The background study must be repeated if a worker, including contracted worker, is absent from a position for 120 days and/or when an individual changes their legal name.**  
*Background Study (Net Study) MN Statute Section 245C.04*

### **MANTOUX**

3. Can accept documented Mantoux tests up to one year in all states. One Mantoux that is less than 12 months old can be accepted and second test is provided on hire. If the one Mantoux is older than 12 months, both steps must be completed

### **PERFORMANCE EVALUATIONS**

4. MN Statutes: employee records must contain documentation of an annual performance review. Does not state that providers cannot accept an attestation.

### **GENERAL REQUIREMENTS**

5. The individual is trained in infection control/Bloodborne pathogens
6. The individual is trained in vulnerable adult and child statutes
7. The individual is oriented to Home Care and the Corporate Compliance Plan / Fraud and Abuse
8. The individual is oriented to HIPAA and Home Care Bill of Rights

## INDIVIDUAL CONTRACTORS

### **B. RESPONSIBILITIES OF THE CONTRACTED WORKER: THE CONTRACTED WORKER WILL:**

9. Not be scheduled or provide services until all requirements are met (refer to Employee Contract Checklist)
10. Follow all state and federal regulations
11. Submit documentation of all required personnel and training documentation
12. Know how to access the policy and procedure manual, and follow the Recover Care policies and procedures when providing care/services
13. Review the Recover Care assigned job description and understand all requirements
14. Participate in training required by Recover Care
15. Follow all ethical and clinical practices in accordance with the individual's professional licensure/certification
16. Comply with Recover Care Corporate Compliance Plan / Fraud & Abuse Training
17. Report all complaints or grievances to the Branch Manager or Clinical Supervisor
18. The contracted employee will complete annual education required and listed on Contracted Worker Checklist

## LICENSED PROFESSIONALS AND NURSES REQUIREMENT

144A.4795(2)

RC-P9

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### **POLICY:**

All licensed professionals and nurses providing home services as an employee of Recover Care must possess a current Minnesota license or registration to practice.

### **PROCEDURE:**

1. Upon hire, employee will provide Recover Care with licensing information (including license number and effective date)
2. Employer will confirm active license through the Minnesota Board of Nursing website
3. Employee is responsible for ensuring license is up to date
4. Employer will track license expiration date and verify active and effectiveness of license
5. Licensed health professionals and registered nurses must be competent in assessing client needs, planning appropriate home care services to meet client needs, implementing services, and supervising staff if assigned. This will be monitored ongoing by supervisor.
6. RNs and LPNs, and other licensed professionals, have the rights to provide services within the scope of their licenses or registrations, as provided by law

## SUPERVISION OF STAFF PROVIDING DELEGATED NURSING TASKS

144A.4797(3/4)

RC-P10

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### **POLICY:**

Staff providing delegated nursing tasks at Recover Care will be periodically supervised by an RN. Supervision will include observation of the staff administering the medication or treatment and the interaction with the clients.

### **PROCEDURE:**

1. All ULP will be supervised performing delegated tasks within 30 days after the individual begins working for Recover Care and thereafter as needed based on performance.
2. The 30-day supervisory visit will be documented in the employee record
3. In addition to onsite supervisory visits, all ULP will receive a written annual review to assess compliance with Recover Care policies and procedures, to verify that work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks
4. Recover Care will retain documentation of supervision activities in the employee personnel record

## TRAINING AND COMPETENCY EVALUATIONS FOR ULP

144A.4795(3/7); 144A.4796(4)

RC-P11

### **POLICY:**

It is the policy of the Recover Care to provide employees with the knowledge and skills necessary to effectively perform their duties. For unlicensed personnel, this requires all staff to be competency tested on nursing delegated tasks. The training RN must make certain that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks.

### **PROCEDURE:**

1. In addition to the orientation all field staff receive (*see "All Staff Training and Orientation" policy*), unlicensed personnel will receive additional training
2. All unlicensed personnel will complete competency testing prior to providing hands on care to any client
3. Training competency evaluations of ULPs will be conducted by a RN, or another instructor may provide the training in conjunction with a RN
4. Training and competency evaluations for all ULP must include:
  - Documentation requirements for all services provided
  - Reports of changes in the client's condition to the supervisor designated by the home care provider
  - Basic infection control, including blood-borne pathogens
  - Maintenance of a clean and safe environment
  - Appropriate and safe techniques in personal hygiene and grooming, including:
    - Hair care and bathing
    - Care of teeth, gums, and oral prosthetic devices
    - Care and use of hearing aids
    - Dressing and assisting with toileting
  - Training on the prevention of falls for providers working with the elderly or individuals at risk of falls
  - Standby assistance techniques and how to perform them
  - Medication, exercise, and treatment reminders
  - Basic nutrition, meal preparation, food safety, and assistance with eating
  - Preparation of modified diets as ordered by a licensed health professional
  - Communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family
  - Awareness of confidentiality and privacy
  - Understanding appropriate boundaries between staff and clients and the client's family
  - Procedures to utilize in handling various emergency situations
  - Awareness of commonly used health technology equipment and assistive devices
  - Observation, reporting, and documenting of client status
  - Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel
  - Reading and recording temperature, pulse, and respirations of the client
  - Recognizing physical, emotional, cognitive, and developmental needs of the client
  - Safe transfer techniques and ambulation

## TRAINING AND COMPETENCY EVALUATIONS FOR ULP

144A.4795(3/7); 144A.4796(4)

RC-P11

- Range of motioning and positioning
  - Administering medications or treatments as required
5. Only unlicensed personnel who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. In order to provide delegated tasks to clients, employees must:
    - Successfully complete practical skills competency testing with a RN
    - Score 80% or better on the written competency exam
  6. If unlicensed personnel have not regularly performed the delegated home care task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional.
  7. When appropriately specific to the client, the registered nurse must document instructions for the delegated tasks in the client's record.
    - Employee must be individually competency tested on any delegated task not tested in orientation and documented in the employee's personnel file
  8. All staff providing home care services will be oriented specifically to each individual client and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.
  9. A copy of all education, training, and competency testing shall be kept in each employee's personnel file

### **POLICY:**

Client transportation is only provided when it is assessed and is documented as part of the care plan.

### **PROCEDURE:**

1. The need for client transportation will be made on a case by case basis and will be determined by a Nurse and take into consideration the following, including but not limited to: client's ability to transfer safely, the need for any adaptive equipment, medical conditions as noted below and reimbursement for mileage.
2. The following will be considered on a case by case basis to ensure that transportation can be provided safely: clients who have trachs or vents and/or have a history of seizure activity, anger management, labile moods, or behavior management problems, will be considered on a case by case basis to ensure that transportation can be provided safely.
3. Transportation is not equivalent to completing errands for the client. Errands can be accomplished without transporting a client and therefore, transportation must be specifically identified as a separate component in the plan of care.
4. Mileage will be reimbursed for errands and transporting a client with appropriate documentation and billed to the client.
5. Staff who transport will meet the following criteria:
  - a. Staff who transport clients must maintain a valid automobile driver's license and provide a valid copy at the time of hire and when changed or renewed.
  - b. Have received and understand the Vehicle Safety Manual and signed the acknowledgement of receipt.
  - c. In the event of an accident, the employee operating the vehicle will take appropriate action for the safety and well-being of the client receiving services. Any accident will be reported to the Administrator who will contact the Regional Director and corporate office.
  - d. Staff who transport must be properly insured and provide proof as such. This will be updated at least annually and with any change.
  - e. All vehicles used to transport clients must be maintained in a safe condition and in compliance with motor vehicle laws. Staff will follow all applicable laws for operating a motor vehicle.
  - f. All individuals travelling in car (employee and client) will always wear the appropriate seat belt
  - g. Staff transporting without authorization and the appropriate documentation will be subject to disciplinary action – up to and including termination.
  - h. Employee has a clean driving record, per the discretion of Recover Care
  - i. Have received and understand the Vehicle Safety Manual and signed the acknowledgement of receipt
6. Client's will meet the following criteria:
  - a. Be able to get in and out of the car safely.
  - b. Will refrain from eating, drinking or smoking inside the vehicle.
  - c. Take preventative measures if incontinence is a concern.
  - d. Be able and willing to wear a standard-length seatbelt at all times.
  - e. Refrain from using language or volume(s) that could disrupt the driver's concentration.
  - f. Sign a Client Release for transportation on the service plan.
  - g. Recover Care retains the right to cancel transportation due to inclement weather.



## ATTENDANCE AND PUNCTUALITY

RC-P13

### **POLICY:**

Attendance and punctuality are essential functions of your position and is critical for your success with Recover Care.

### **PROCEDURE:**

We work as a team, and this requires that employees:

1. Be at work as scheduled
2. Be at work as scheduled
3. Provide notification of planned and unplanned absences
4. Arrive on time for scheduled visits/shifts
5. Return from scheduled breaks and meal periods timely
6. Provide notification if late for scheduled work, visit/shift

### **Communication Expectations**

1. Provide notification to scheduling contact four hours before your shift, if you are going to be late for, or absent from your shift.
2. Never call the client directly. All scheduling coordination must be coordinated through the office.
3. Notify the office before leaving a client home, or clocking out, if the client is requesting you to leave earlier than scheduled time.
4. Recover Care Administrative staff are automatically notified if you have not clocked in within 15 minutes after your scheduled shift. If notification is received Recover Care personnel will call the client to verify if you have arrived.
5. If you are late and you did not call the office, Recover Care will proceed with disciplinary action, up to and including termination. Tardiness is not accepted.
6. If working in a Recover Care Community (Independent Living Building), employees are required to clock in and out using the company provided devices. Additionally, all documentation must be completed on this device. If there is an extenuating circumstance, employees must notify their direct manager for other direction.

### **Excused Absences**

An excused absence is one in which an employee has requested and received approval from the employee's direct manager, provided proper notice of unplanned absence or when an employee's absence is protected by applicable leave, federal, state, or local laws.

Excused absences include but are not limited to:

- 1) Authorized absence for company designated holidays, vacation, float, jury duty, bereavement leave, and other pre-approved paid time off.
- 2) Illness with proper notification.
  - a) Employee must notify their Branch designee or on call staff member four hours before their scheduled work time/shift/visit. After two or more consecutive days of absence due to illness, the Company may require written confirmation of the illness or other information from the employee's physician as permitted under applicable law before you will be permitted to return to work

- b) Planned medical procedures as far in advance as possible, FMLA or LOA guidelines apply to absence period
- 3) Full and Intermittent leave under the Family and Medical Leave Act (FMLA) or any applicable state or local family and medical leave laws.
- 4) Approved Leave of Absence (granted in 30-day increments)
- 5) Military leave
- 6) Inability to work because of an illness or injury subject to worker's compensation. With partial return to work for a worker's compensation, employee is subject to attendance and punctuality guidelines during their permitted and scheduled work hours.
- 7) Time off as a reasonable accommodation under the Americans with Disabilities Act or any applicable state or local laws protecting qualified individuals with a disability.
- 8) Timely notification of late for work, absence or missed appointment.
- 9) Any other legally required leave under applicable federal, state, and local laws.

### **Unexcused Absences**

An unexcused absence is one in which an employee has not requested and received approval from the employee's direct manager. This includes full or partial-day absences, late arrivals, and early departures.

Unexcused absences include but are not limited to:

- 1) Unplanned and or planned absence, late arrival or early departures without proper notification
- 2) *Tardiness*: Tardiness is defined as reporting to late at the start of the employee's scheduled workday or visits/shifts and/or returning late from meal or rest breaks. Notification does not automatically excuse tardiness
  - A. If you are a branch staff member and unavoidably late for your scheduled workday, contact your branch designee or the on call staff person
  - B. If you are a direct caregiver and unavoidably late for your scheduled client visit or shift, do not contact the client, contact your branch designee or on call staff person
  - C. More than two instances of tardiness in a given bi-weekly pay period will result in disciplinary action up to, and including, termination
- 3) *No Call/No Show and Job Abandonment*: If you are absent without notifying your coordinator of your absence, it is assumed that you have voluntarily abandoned your position and typically results in termination of employment. Extenuating circumstances may be considered when determining action to be taken for a no- call, no- show absence.

### **Performance Action**

The Company reserves the right to performance employees for unexcused and excessive absences or tardiness. The type of performance up to and including termination is at the Company's discretion. Disciplinary guidelines for unexcused absences are as follows:

- 1<sup>st</sup> incident – documented verbal warning
- 2<sup>nd</sup> incident – documented written warning and or termination
- 3<sup>rd</sup> incident – documented final warning and or termination
- 4<sup>th</sup> incident – termination

## ATTENDANCE AND PUNCTUALITY

RC-P13

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Absence due to suspension pending investigation is managed and documented through applicable investigation process.