



RGS HOME CARE LLC.



**EMPLOYEE HANDBOOK AND COMPANY
GUIDELINES**

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WELCOME TO OUR FAMILY



This handbook (hereinafter “Handbook”) contains information regarding many of the policies and procedures of RGS Home Care, LLC, a State licensed Home Care Agency (hereinafter referred to as “RGS”, “Agency” or “the Agency”). This Employee Handbook is intended to provide Staff, interns and volunteers with a general understanding of the Agency’s personnel protocols, policies and Patient Consumer guidelines. This Handbook cannot anticipate every situation or answer every question about employment. **THIS HANDBOOK IS NOT AN EMPLOYMENT CONTRACT OR A LEGAL DOCUMENT.** In order to retain necessary flexibility in the administration of policies and procedures, RGS reserves the right to change or revise policies, procedures and benefits described in this Handbook, other than the employment-at-will provisions, whenever RGS determines that such action is warranted. None of the following policies or standards of conduct are intended, nor shall they have the effect, of interfering or inhibiting any Employee in the exercise of any right guaranteed or protected by law.

EMPLOYMENT AT WILL:

It is the goal of this Agency to provide a positive work environment and a solid economic foundation upon which all Employees may build a future. However, RGS also recognizes that Employees’ and management alike must sometimes initiate change. **In this regard it is expressly understood that your employment is “at will.” thus, you retain the right to terminate your employment with our Agency at any time for any reason and RGS retains a corresponding right to end the employment relationship at any time for any reason.** This Handbook is not intended as a formal or exhaustive statement of Employee rights and responsibilities, nor is it a contract of employment. This Handbook is composed of general statements of RGS’s current policies, rules, procedures and benefits. We feel strongly that we must retain flexibility to meet future economic challenges. Accordingly, RGS reserves the right to amend, modify and/or eliminate any of these policies, rules, procedures and benefits at any time and at our sole discretion, with or without prior notice. On termination for any reason, you are only entitled to those benefits that are offered at the time your separation takes place. Any benefits offered in this Handbook apply only so long as this Handbook is current. They do not provide vested rights. This Handbook supersedes any previous oral or written provisions, descriptions or understandings of this Agency’s policies, rules, procedures and benefits. Any variation from these policies will only be made upon written approval from the Administrator of this Agency.

EMPLOYEE INTRODUCTORY PERIOD:

All new Employees are in an introductory period during their first ninety (90) days of employment. During the introductory period, RGS evaluates the Employee’s work performance, including attendance and other work-related factors. RGS is the sole judge in making all evaluations. We will continue to evaluate the work performance of each Employee who completes the introductory period. Employees’ should use this introductory period to learn about RGS in order to understand what we expect of our workers and understand the benefits of being an Employee.

EMPLOYEES IN THEIR INTRODUCTORY PERIOD ARE NOT ELIGIBLE TO PARTICIPATE IN COMPANY BENEFITS PLANS SUCH AS HEALTH INSURANCE AND PAID HOLIDAYS/SICK DAYS. ONCE AN EMPLOYEE SUCCESSFULLY COMPLETES THE INTRODUCTORY PERIOD, HE OR SHE WILL BE ELIGIBLE TO PARTICIPATE IN THE COMPANY’S BENEFIT PLANS IF SUCH BENEFITS ARE OFFERED.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION POLICY:



RGS affirms its personal commitment to fairness and equal opportunity for all Employees and Patient's it faithfully serves. RGS values diversity and seek the most qualified and talented Employees and Staff from diverse backgrounds.

POLICY:

No RGS Employee shall discriminate against any other Employee, Patient or potential Patient for employment and or home care services because of race, color, religious creed, age, sex, ancestry, union membership, sexual orientation, gender identity, national or ethnic origin, disability or because the other Employee or Patient is/has been a victim of a violent crime (including crimes involving domestic violence). All matters related to recruiting, hiring, compensation, benefits, promotions, transfers, wellness programs, terminations, layoffs, returns from layoff, home care-sponsored training, education, and tuition reimbursement will be administered without regard to race, color, religious creed, age, sex, ancestry, union membership, sexual orientation, gender identity, national or ethnic origin, disability, and without regard to whether the person is a victim of a violent crime (including crimes involving domestic violence).

VIOLATIONS OF THIS POLICY:

All treatment on or at Patient assignment and RGS offices must be free from discriminatory practices. Employees found to have violated this Policy will be subject to disciplinary action up to and including termination of employment.

ADA POLICY AND ACCOMMODATIONS:

RGS will not engage in any unlawful discriminatory practices against any citizen, person, department, board, commission, institution, agency, state or local government, school district, or any entity or individual served/serviced by RGS. In addition to the above and consistent with applicable law, it is the policy of RGS not to discriminate against qualified individuals with disabilities. Reasonable accommodations will be provided in accordance with the law. Should you require additional services due to any injury and or disability please contact our office and alert us of such need or services and reasonable accommodations will be provided in accordance with the law.

CONTACT AND REPORT:

If you believe you have been sexually harassed in violation of RGS's Sexual Harassment Policy, please contact the Agency Administrator IN ADDITION, you may contact:

The Office of Equal Opportunity
316-E Finance Building
Harrisburg, PA 17120-0018
(717) 705-3691

The Pennsylvania Human Relations Commission
301 Chestnut Street
Suite 300
Harrisburg, PA 17101-2515
(717) 783-8274

The Pennsylvania Department of Health
Health and Welfare Building
8th Floor West
625 Forster Street Harrisburg, PA 17120
1-800-254-5164

EMPLOYEE AND PATIENT SEXUAL HARASSMENT POLICY:



RGS has pledged to preserve a working environment free from sexual harassment. Harassment is against the law and is a form of gender discrimination. The aim of this policy is to prevent harassment of any kind by anyone employed by or associated with the Agency.

POLICY:

Sexual harassment consists of unwelcome sexual advances, requests for sexual favors or unwanted sexual attention by anyone associated with the Agency, whether male or female. Harassment may include references to employment status or conditions or may serve to create a hostile, intimidating or uncomfortable work environment. Harassment includes, but is not limited to, obscene jokes, lewd comments, sexual depictions, repeated requests for dates, touching, staring or other sexual conduct committed either on or off company premises. "Victims of sexual harassment have the right to sue both the Agency and the perpetrator by contacting the Equal Employment Opportunity Commission or a state agency. For this reason and for the protection of all our Employees, RGS seeks to prevent sexual harassment.

OBSERVE AND REPORT:

All RGS Employees' are responsible for helping ensure that our workplace is kept free of sexual harassment. If you feel you have been a victim of sexual harassment, report the behavior to our Sexual Harassment Coordinator, the Administrator or to any Supervisor. If you have witnessed sexual harassment, you also are required to report the incident(s) so that prompt action(s) may be taken. All complaints will be treated seriously, kept as confidential as possible and investigated fully. RGS expressly forbids any retaliation against Employees for reporting sexual harassment. If, however, the company finds that false charges have been filed, disciplinary action may be taken against anyone who provides false information. If an investigation confirms that sexual harassment has occurred, immediate action will be taken to put an end to the harassment.

VIOLATIONS OF THIS POLICY:

RGS will take appropriate corrective actions against anyone found to be in violation of this policy, including possible immediate termination of employment.

CONTACT AND REPORT:

The Office of Equal Opportunity
316-E Finance Building
Harrisburg, PA 17120-0018
(717) 705-3691

The Pennsylvania Human Relations Commission
301 Chestnut Street
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8th Floor West
625 Forster Street Harrisburg, PA 17120
1-800-254-5164

PATIENT GIFTS, FINANCIAL ABUSE RULES AND GUIDELINES:



PURPOSE:

1. To establish rules and guidelines for Employees caring for Patients at (RGS).
2. To establish rules concerning Employee gifts, taking money, signing, receiving or endorsing personal checks from Patients', Patient's and or their family members.
3. To provide direction for Employees' and Staff when interacting with Patients and their families.
4. To minimize interruption of Patient care and Staff productivity.
5. To ensure that all Patient contact is consistent with RGS Patient's Care mission.

DEFINITIONS:

PATIENT: Any person or their immediate family currently receiving any form of service(s) from RGS.

POLICY: All Patients including their immediate families that are actively receiving in-home care services will do so in accordance with RGS policy. Employees shall interact with Patients and their families in a manner that meets ethical standards, avoids conflicts of interest, protects Patient confidentiality, does not interfere with the process of Patient care and encourages the appropriate home care services of the primary Patient at their residence. It is the responsibility of all Staff to monitor and assure that they are compliant with this Policy.

GIFTS FROM PATIENTS AND FAMILIES:

Gifts to Individuals: RGS Policy strictly prohibits Employees and Staff from receiving any gift(s) which may improperly influence Employees in the conduct of their home care services and responsibilities in furtherance of this Policy, Patients and their families are prohibited from giving gift(s) of any kind to RGS Employees or Staff.

This includes meals, food, gifts, gift cards and or related entertainment.

1. Employees and Staff are not allowed to have meals paid for by Patients' or its family.
2. Employees and Staff are not allowed to receive gifts, including money, gift cards, travel vouchers, personal checks, pens, books, souvenirs and any other items from Patients' and their family.
3. Employees and Staff are not permitted to sign or endorse Patients' and or its family checks.

DISCLOSURE: All Employees and Staff are required to disclose to the AGENCY all donations, gifts, gratuities and other gifts offered by Patients and or its Family to assure compliance with this policy.

PROMOTIONAL MATERIALS NOT ALLOWED: Employees and Staff are not permitted to distribute post or leave any non-RGS printed or handwritten materials, advertisements, signs, or other promotional materials anywhere in the Patients residence or RGS premises. Moreover, unsolicited educational, promotional, or informational materials may not be given to Patients and their families unless explicitly requested. All requested promotional materials must be approved before dissemination to Patients and or their family by the Agency Administrator.

PATIENT FINANCIAL INSTRUMENTS AND FIDUCIARY ROLE: Employees and Staff are not permitted at any time during services to Patient and their family to offer, accepts, receive and on enter into any fiduciary role (Power of Attorney, Guardian, Receivership, Trustee, and Administrator) or any other non-home care giver role. Employees and Staff are not permitted at any time during services to Patient and its family to offer, accept, receive, take, sign, endorse, cash and or convert for personal use any local, state, federal or other personal check(s) for made payable to a Patient and or it family during or after services.

VIOLATIONS OF THIS POLICY:

1. Employees and Staff shall report noncompliance with these policies to their Supervisor and to the Agency Administrator.
2. The Agency Administrator will take action when violations are reported or uncovered; Supervisors are also responsible for enforcing these Policies within their departments.
3. Actions taken when Employees and Staff do not comply with this Policies can include any of the following:
 - (a) Employee and Staff may be terminated and or suspended without further notice and or pay.
 - (b) Employees and Staff who violate **Section (B) Financial /Fiduciary Rules** may face criminal prosecution in addition to being immediately terminated.
 - (c) Patient and their families will be notified of any violations of this Policy.
 - (d) Patient and its family may face termination of service and restriction of future business if the continually ignore and or repeatedly offer gifts to Employees and Staff.
 - (e) Reserved.

EMPLOYEE WORK RULES OF CONDUCT AT WORK OR PATIENT'S RESIDENCE:



PURPOSE:

RGS has developed prohibited work rules all Employees should follow when at RGS office and or its Patient residences.

POLICY:

This Policy helps ensure Employees' and Staff know what behavior is unacceptable at its office and at Patients' residence. The list of rules does not contain every possible standard of conduct expected from our Employees, **but** it states many of the more fundamental rules. If you are unsure about what is expected of you in a certain circumstance, please ask your Supervisor.

PROHIBITED CONDUCT INCLUDES:

Nothing in this prohibited work rules is intended to conflict with the RGS's employment at-will policy. You hereby agree and understand that RGS interpretation and judgment of whether a rule has been violated is final and binding on both you and the Agency.

- 1) Violating safety rules or Patient safety practices.
- 2) Engaging in horseplay, scuffling, or throwing things.
- 3) Failing to immediately and accurately report a personal or Patient related injury.
- 4) Being tardy or absent more than three (3) times without authorization or notification.
- 5) Missing two (2) consecutive scheduled workdays without notifying RGS.
- 6) Contributing to unsanitary condition(s) or poor housekeeping of a Patient.
- 7) Smoking in unauthorized areas (RGS and Patient's home).
- 8) Unauthorized use of RGS or Patient phone and other work-related equipment.
- 9) Posting, altering, or removing any matter on bulletin boards on RGS property.
- 10) Being dishonest or committing a fraudulent act(s) or acts of breach of trust.
- 11) Threatening, intimidating, coercing, or interfering with fellow Employees or Patient on RGS/Patient property or on Agency business.
- 12) Using profane, abusive, or threatening language in front of Employees' or Patients'.
- 13) Engaging in emotional outburst and displaying hostility in front of Patients' or co-workers'.
- 14) Leaving your assigned Patient location during the shift without your Supervisor's permission.
- 15) Gross insubordination including willfully disobeying a Supervisor's direct verbal or written instructions.
- 16) Working overtime without authorization or failure to work assigned posted hours.
- 17) Failing to follow job instructions, verbal or written, insubordination.
- 18) Stealing, misusing, destroying, or removing property from RGS or Patient premises.
- 19) Using RGS/Patient facilities, equipment time or materials without authorization.
- 20) Restricting production or causing, creating, or participating in a disruption of any kind during work time.

PROHIBITED CONDUCT CONTINUED:

- 21) Provoking or instigating a fight or fighting during work hours, on RGS or Patient property.
- 22) Engaging in criminal conduct whether it is related to job performance.
- 23) Sleeping on the job during work hours.
- 24) Falsifying any RGS/Patient records or work logs, including employment information.
- 25) Recording the work time of another Employee.
- 26) Allowing any Employee to record your work time or allowing falsification of any Employee timecard.
- 27) Engaging in any conduct that RGS, believes to be averse to the best interest of RGS or the Patient.
- 28) Carrying firearm(s) or any other dangerous weapon(s) on RGS or the Patient property.
- 29) Violating any RGS rule, Policy and or safety procedure.
- 30) Being rude or disrespecting a Patient or a member of its family.
- 31) Violating RGS's number 1 rule # "The Patient is Always Right".
- 32) Reserved.

VIOLATIONS OF THIS POLICY:

Misconduct or violation of RGS policies, rules or procedures may result in a verbal or written warning, a suspension with or without pay or if RGS deems in its sole direction necessary immediate termination. RGS will base the type of discipline it administers upon the facts of each particular case as determined by RGS.

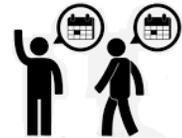
None of the above standards of conduct or work rules are intended, nor shall they have the effect, of interfering or inhibiting any Employee in the exercise of any right guaranteed or protected by law.

KEY PERSONNEL AND CONTACT INFORMATION:

Caregiver Line - Monday to Friday, 9 am to 5 pm:	412-308-5300
Emergency/On call Line - After hours & weekends:	(412) 980-5872
Patient Line - Monday to Friday, 9 am to 5 pm:	412-308-5300
President personal line:	(412) 980-5872

NOTE: The emergency/on call line will be answered 24 hours a day / 7 days a week, it should be used by caregivers to report last minute scheduling issues and other emergencies after hours and/or on weekends.

EMPLOYEE AVAILABILITY:



PURPOSE: RGS, is committed to providing every DCW with quality work shift and make every attempt to offer work hours and times that best suit them and their schedules all while ensuring the Agency is staffed properly at all times.

PERSONNEL: All DCW's who are assigned a full or part time Patient.

PROCEDURE: During orientation each Employee is asked to complete and sign a RGS Availability Sheet. This sheet details the times each week that you as a DCW are available to work for RGS. When new cases (Patient hours) become available, Staffing is performed using this information. Therefore, the more available time(s) each DCW can commit to - the more likely that they will be placed on the new case.

Should your availability change, please call the office to ensure that your caregiver availability profile is updated in the system. Each week a schedule will be created and communicated (via email, mail and/or phone) to each caregiver and Patient. Once this is done, each caregiver is expected to commit to the schedule and/or immediately call the office with questions or issues. If you don't get a weekly schedule by Wednesday (for the following week), please contact the office immediately. It is the caregiver's responsibility to know their schedule each week.

If you are scheduled for a shift and do not properly call out (TEXTING A MESSAGE IS NOT ALLOWED) there is an issue of Patient safety and well-being and RGS must honor its commitments to our Patients therefore, this is grounds for immediate termination. In the event you are unable to report as scheduled, you must call your immediate supervisor (text message is not acceptable). This should be done no later than three (3) hours prior to your starting time and occur each day until you either return or are given other reporting instructions. Leaving a message with a co-worker does not relieve you of your reporting responsibility. If you fail to call in for two (2) consecutive workdays, RGS will accept this as your voluntary resignation from the company.

EMPLOYEE ATTENDANCE POLICY:



AGENCY EXPECTATIONS: RGS expects all Employees to be on time, at work and ready to work a full shift as a condition of hire and continued employment. Absenteeism, early departures and late arrivals burden your fellow Employees. While it is recognized that it may be necessary for you to be absent occasionally, it is important that absences be kept to a minimum. You are expected to take care of personal affairs and obligations at a time other than during working hours. However, if it is necessary to be off for personal convenience, prior approval must be received from your immediate Supervisor. In reviewing that request, he or she will take into consideration the operating needs of his or her department. You may also want to review the policy on obtaining a leave of absence.

EMPLOYEE CALL-IN REQUIREMENTS: If you will be, absent from work for any reason, it is absolutely necessary for you to personally notify your Supervisor before the start of your scheduled shift; unless an unforeseeable event or an emergency prevents you from giving advance notice (TEXT MESSAGES ARE NOT PROPER NOTICE). In the case of an unforeseeable event or emergency, you must personally notify the Administrator within two (2) hours after the event or emergency. Notice of the Employee's absence from a spouse, parent or other person is **not acceptable**, unless an emergency prevents the Employee from personally contacting the Administrator. You must state why you are unable to attend work and must leave a phone number where you can be reached. Notifying RGS of an absence or tardiness does not excuse the absence or tardiness. Upon request, **you must furnish proof satisfactory** to RGS to substantiate the reason for absence or tardiness. Any Employee who knowingly falsifies information relating to their absence will be disciplined. Incarceration for any alleged criminal or civil law violation is not a valid excuse for not following this call-in policy. Failure to call in violates the call-in policy and will lead to disciplinary action up to and including discharge. If you fail to either call in or report to work for two (2) consecutive workdays, RGS will accept this as your voluntary resignation from the Agency.

DOCTOR'S RELEASE AND STATUS REPORTS: A doctor's release may be required after any illness. A doctor's release will be required verifying that you are able to return to work following an injury or illness resulting in two (2) or more consecutive days' absence. If you are off work due to an injury or illness, you are required to contact your Supervisor once each week to report the status of your ailment and anticipated return-to-work date. Reporting requirements are the same for both on the job and off the job injuries and illnesses. RGS may grant reasonable accommodation in complying with this Policy to individuals with disabilities if it does not cause undue hardship to RGS's operations or cause a direct threat to health and safety of Patients and Employees'. However, regular attendance and promptness are considered part of each Employee's essential job functions.

VIOLATION OF POLICY: Excessive absenteeism or tardiness may lead to disciplinary action, up to and including termination of employment. Other continuing patterns of absences, early departures or tardiness, regardless of the exact number of days, may warrant disciplinary action or termination. RGS may consider your record of tardiness, unexcused absences, excessive excused absences, suspensions, personal days off, leave of absence (except when provided according to state and federal law) and non-industrial sickness or injury resulting in time missed.

EMPLOYEE COMMUNICATIONS POLICIES:



TELEPHONE CALLS:

For our business, the telephone is an important link to our Patients and Employees and without it, RGS would not be able to adequately support them and you. Proper and effective use of the telephone is critical to all of us. Personal telephone calls while at work can steal precious time and productivity and therefore should be limited and not to the detriment of care to the Patient and the RGS's contracted services.

VEHICLES AND CELL PHONES:

The primary responsibility of an Employee driver is to operate a motor vehicle safely. The task of driving requires full attention and focus. Cell phone use can distract drivers from this task, risking harm to themselves, passengers and the general public. Therefore, the safest course of action is to completely refrain from using cell phones and or texting while driving.

PERSONAL CELL PHONES USAGE PROTOCOL:

RGS is committed to providing a work environment that is safe, Patient focused, and free of unnecessary distractions related to personal cell phone usage. The use of cell phones or PDA's in the workplace or Patient's residence can interfere with the Patient care, Employee productivity, safety and can create issues regarding privacy, breach of HIPPA, Agency security, unacceptable customer service and loss of sensitive information.

CELL PHONE USAGE GUIDELINES:

Personal cell phone use is only allowed:

1. During breaks and/or lunches, and
2. Should only be utilized in designated areas permitted by the Patient.
3. Cell phones must be set to vibrate or silent mode instead of sounding ringtones.

Cell phones must not interfere with Employee productivity, Patient safety or become a disturbance to Patient(s). Unless used for company related business, the company prohibits the use of the camera/video function on phones or PDA's in the workplace and at Patient's residences as a preventative step to secure Patient's privacy, HIPPA and other confidential Patient information. The Agency or its Patients' are not responsible and will not be liable for the loss or damage of personal cell phones or electronic devices brought into the workplace or Patients' residence.

MOBILE DEVICES AND USE OF HEADPHONES:

The Agency prohibits the use of personal mobile devices which include audio, video, and communication equipment while engaged in work activities at the Patients residence. This includes the use of electronic devices including but not limited to personal cell phones/PDA's used for voice, data, text, video, music or data functions. The use of mobile devices is allowed during designated breaks and lunch periods in designated areas (based on location). Agency issued mobile devices for work-related job requirements are permitted.

ELECTRONIC COMMUNICATION:

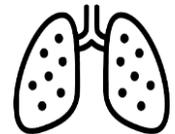
All electronic communication systems and all communications and information transmitted by, received from, or stored on any RGS or Patient computer systems by Employees are the property of RGS and as such are to be used solely for job-related purposes. The use of any software or business equipment, including, but not limited to, facsimiles, copiers, computers, cell phones, palm pilots, and copy machine, for private purposes (including games and other entertainment features) is strictly prohibited. Transmitting or displaying messages or pictures of a pornographic, sexist, racist, or otherwise offensive nature are also prohibited at RGS's offices' and Patient residents.

EMPLOYEE PARKING:

Parking at RGS facility may be provided. However, at Patient residences please respect the wishes of the Patient as to where they would like you to park.

[THIS SECTION LET BLANK INTENTIONALLY]

TUBERCULOSIS SCREENING COMPANY POLICY:



PURPOSE:

RGS has established and maintains a Policy to comply with regulations pertaining to current and new office Staff, interns, volunteers and Employees regarding Tuberculosis testing and pre-hire (TB) screening.

POLICY:

All RGS Employees, interns and volunteers who have direct Patient contact and contact with the public will be tested for active tuberculosis utilizing a two-step process in accordance with CDC guidelines prior to Patient contact and screened annually thereafter to prevent the potential infection and spread of TB and shall adhere to the following:

- This Agency requires all Staff, interns and volunteers whose functions require or necessitate contact with participants in or food preparation to be tested for TB prior to Patient contact per 4.4.2.6.1, and additionally screened in accordance with directives from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services May 16, 2019; updated Guidelines.
- Provide pre-employment health screenings, which include a test for TB, within sixty (60) days prior to employment; it is RGS policy not to provide any employment offers prior to receiving the applicants TB test results.
- RGS Agency TB and Employment Policies provides for subsequent screening and or retesting only and after an occupational exposure in accordance with directives from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services May 16, 2019, updated Guidelines.
- RGS also maintains TB screening results in personnel records for at least three (3) years following termination of employment.
- RGS TB and Employment Policies include temporarily relieving Employees from duty, any personnel with evidence of a physical illness that poses a threat to the health and safety of Patients, Staff and/or the public.

TUBERCULOSIS

TESTING + TREATMENT OF U.S. HEALTH CARE PERSONNEL

	2005 Recommendations	2019 Recommendations — Key Changes
Screening	<p>Recommended for all health care personnel pre-placement/upon hire*</p> <p>Annual screening may be recommended based on risk assessment of health care facility and setting</p>	<p>Individual baseline TB risk assessment added</p> <p>Annual TB screening no longer routinely recommended for most health care personnel unless occupational risk or ongoing exposure</p>
Post-exposure testing	<p>Recommended IGRA or TST test for all health care personnel when an exposure is recognized*</p> <p>If that test is negative, do another test 8–10 weeks after the last exposure*</p>	<p>No change</p>
Treatment of positive TB test	<p>Referral to determine whether latent TB infection (LTBI) treatment is indicated</p>	<p>Treatment is encouraged for all health care personnel with untreated LTBI</p> <p>Shorter course (3 to 4 month) treatments encouraged over the longer (6 or 9 month) regimens because they are easier to complete</p>
TB education	<p>Recommended annually for all health care personnel*</p>	<p>Annual education should include information about TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures</p>

*No change in the 2019 recommendations

Full recommendations available at cdc.gov/tb/topic/testing/healthcareworkers.htm



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

HIPAA COMPLIANCE ACKNOWLEDGEMENT:



PURPOSE:

To ensure Patients medical history and personal privacy are respected and protected, RGS requires all Employees, Interns and Volunteers to comply with "PHI" or "HIPAA".

POLICY:

RGS is NOT a "covered entity" that is required to comply with "HIPAA"; however, RGS, voluntarily complies with such laws accordingly. It is the policy of RGS and its Employees to protect Patients' privacy and provide for the security of all Protected Health Information "PHI" disclosed to RGS and its Employees in connection with any and all retail pharmacy medical and non-medical services performed in compliance with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §1320d – 1320d-8 ("HIPAA") and its implementing regulations promulgated by the U.S. Department of Health and Human Services, 45 C.F.R. Parts 160 and 164 (the "Privacy Rule") and other applicable laws, as amended. "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

In compliance with "PHI" and "HIPAA" guidelines, RGS and its Employees hereby agree not to disclose Patient's medical condition(s) and or history either during or after the term of employment to any third parties including but not limited to customers, relatives, friends, family friends, guest, or invitees of RGS. Said medical history and records as described above is deemed confidential information of RGS. Customers must provide RGS with prior written permission before said confidential information will be released to any third-party including customer's family, guest, invitees or agents.

COMPANY CONFIDENTIAL INFORMATION:

RGS requires that Employees do not disclose individual salary information to co-workers, Patient's lists, RGS operations or other information deemed confidential by RGS. Any questions about this policy should be addressed to the Administrator and or RGS legal representatives. Further, I am aware that, during the course of my employment, confidential information will be made available to me, for instance, marketing strategies, Patient lists, pricing policies and other information, I understand that this Information is proprietary and critical to the success of RGS and must not be given out or used outside of RGS premises or with non-RGS Employees. In the event of termination of employment whether voluntary or involuntary, I hereby agree not to utilize or exploit this confidential information with any other individual or company and will immediately return all RGS materials to include but not limited to; this Employee Handbook, Training Manual, Identification Badge, Patient Information Sheets, etc. I understand and agree that I will be financially responsible for any RGS related materials that are not turned in upon termination and may be subject to a deduction in my pay from my last paycheck.

VIOLATION OF THIS POLICY: Any violations will result in disciplinary action up to and including immediate discharge.

EMPLOYEE RESTRICTIVE COVENANTS:



OUTSIDE EMPLOYMENT:

Outside employment can have a detrimental effect on performance and should be considered carefully. It will be considered a conflict of interest if it has any actual or potential adverse impact on the Agency. We expect that before you would pursue outside employment, you would discuss it with your Supervisor and garner support. Should your Supervisor determine that your outside work interferes with your performance or ability to meet the requirements of your job, you will be asked to terminate the outside employment.

NON-SOLICITATION OF PATIENTS:

As an Employee of RGS and as a condition of employment you agree during your period of my employment and for twelve (12) months thereafter ("the Non-Solicitation Period"), you will not, directly or indirectly, engage solicit, provide services to or attempt to solicit or provide services to RGS's current Patients at my termination; Patients for whom RGS provided services within twelve (12) months prior to my termination and prospective Patients at the time of my termination from whom RGS has or plans actively to solicit business.

NON-SOLICITATION OF EMPLOYEES:

During the entire Non-Solicitation Period, I will not, directly or indirectly, solicit, hire or attempt to persuade any Employee(s) or agent of RGS to terminate his/her relationship with RGS. I agree that the time period provided for non-competition and non-solicitation in this Agreement shall be extended for any period of time during which I am in violation of any of the provisions of this Agreement. I expressly agrees that any breach or threat of breach of this provision in the Handbook by me shall entitle RGS, in addition to any other legal remedies at law or equity available to it, to apply to any court for an injunction, temporary and/or permanent, to present any violation of this provision within Agreement, and you recognizes, acknowledge and agree that such injunction would be necessary to protect RGS business interests. RGS shall also be entitled to recover the costs of prosecuting any action hereunder, including, but not limited to, reasonable attorneys' fees. In the event it is necessary for RGS to sue to enforce the provisions of the restrictive covenant, the applicable period on non-competition by you shall be extended by a period of time equal to the duration of such litigation.

PERMISSION TO CONTACT 3RD PARTY:

You hereby agree and understand throughout the term of your employment and anytime thereafter during the non-solicitation period as described. You shall make full and complete disclosure of the existence of these Non-solicitation and Clauses to any Home Care or Skilled Home Care Services business within twenty-five (25) miles of the RGS offices. If you fail to do so and or if you are deemed to be in violation of these provision(s) in any way, you hereby authorize RGS and or its legal representatives to contact and notify any third party that these provision of non-solicitation exists. As such, you hereby release and indemnify RGS and or its legal representative of any liability, damages, claims or losses for such violation notification(s).

JOB DESCRIPTION FOR: Direct Care Worker

JOB CLASSIFICATION:

Non-Exempt



JOB SUMMARY:

Responsible for (Non-Medical), in-home provide for the comfort and general supervision of Patients' as well as home management services. Provides companionship to those individuals requiring socialization and/or minimum guidance to assure a safe, protected, clean and orderly environment.

QUALIFICATIONS:

Minimum of ninth education; high school diploma or GED preferred. Must demonstrate satisfactory completions of any stated mandated training. Applicant must be bondable and meet or exceed minimum qualifications for each of the following background checks: criminal background investigation, professional reference checks and give permission to submit to random drug testing.

Must satisfactorily complete the following:

1. Complete and pass RGS's Competency Training Test the following subject areas:

- Confidentiality
- Patient control and the independent living philosophy.
- Instrumental activities of daily living.
- Recognizing changes in the Patient that need to be addressed.
- Basic infection control.
- Universal precautions.
- Handling of emergencies.
- Documentation.
- Recognizing and reporting abuse or neglect.
- Dealing with difficult behaviors.

ESSENTIAL JOB FUNCTIONS:

1. Provide general attention to Patient's non-medical needs in accordance with a Plan of Care.
2. Provides companionship for Patients' including talking and listening, reading aloud, providing social and emotional support.
3. Promote the Patient's mental alertness through involvement in activities of interest.
4. Provides emotional support and promotes a sense of well-being,
5. Provide for a clean, safe, and healthy environment for Patients and family members. Provides light housekeeping tasks including laundering of Patient's garments and linens,
6. Prepare and serve meals as directed and ensure dishes are washed and kitchen is clean after each meal.
7. Assists Patient in completing necessary phone calls, letter writing, etc.
8. Accompanies Patient on walks, community trips, doctor's office, bank, beauty salons, etc.
9. Reminds Patient to take self-administered medications.
10. Observes and reports any changes in the Patient's mental, physical, or emotional condition or home situation to immediate supervisor in a timely manner.

WORKING ENVIRONMENT:

Patient’s home setting and automobile. Contact with blood or other body fluids may pose a risk for exposure to blood borne pathogens and infectious diseases.

POSITION PHYSICAL DEMANDS:

The work requires light physical exertion on a regular and reoccurring basis, such as driving, assisting the Patient in activities, and light housekeeping. You are regularly required to sit, walk, talk, hear and occasionally required to reach and lift. RGS requires all employees prior to any offer of employment being extended; all employees must successfully pass a state mandatory criminal background check. RGS is prohibiting from hiring and or retaining any individual(s) with a prohibited conviction or Department of Aging ineligibility determination.

AS REQUIRED UNDER PA CODE § 611.52.(E) PROHIBITION:

The home care agency or home care registry may not hire, roster or retain an individual if the State Police criminal history record reveals a prohibited conviction listed in 6 Pa. Code § 15.143 (relating to facility responsibilities), or if the Department of Aging letter of determination states that the individual is not eligible for hire or roster.

I acknowledge receipt and understanding of this Job Description, I realize that this reflects a general list responsibility of the position, as well as a general description of the working environment and physical demands of the position I have accepted.

Signature:

Date:

MANDATORY BACKGROUND CRIMINAL CHECK AND EMPLOYEE CONSENT:



RGS requires all employees prior to any offer of employment; all employees must successfully pass a state mandatory criminal background check. RGS is prohibited from hiring and or retaining any individual(s) with a prohibited conviction or Department of Aging ineligibility determination.

RGS Background Check Investigation adheres to the Background Investigation guidelines as required under PA Code § 611.52 (a-j).

(A) GENERAL RULE:

The home care agency or home care registry. An applicant for employment as a member of the office staff for the home care agency or home care registry and the owner or owners of the home care agency or home care registry also are required to obtain a criminal history report in accordance with requirements contained in this section.

(B) STATE POLICE CRIMINAL HISTORY RECORD:

If the individual required to submit or obtain a criminal history report has been a resident of this Commonwealth for 2 years preceding the date of the request for a criminal history report, the individual shall request a State Police criminal history record.

(C) FEDERAL CRIMINAL HISTORY RECORD:

If the individual required to submit or obtain a criminal history report has not been a resident of this Commonwealth for the 2 years immediately preceding the date of the request for a criminal history report, the individual shall obtain a Federal criminal history record and a letter of determination from the Department of Aging, based on the individual's Federal criminal history record, in accordance with 6 Pa. Code § 15.144(b) (relating to procedure).

(D) PROOF OF RESIDENCY:

The home care agency or home care registry may request an individual required to submit or obtain a criminal history record to furnish proof of residency through submission of any one of the following documents:

1. Motor vehicle records, such as a valid driver's license or a State-issued identification.
2. Housing records, such as mortgage records or rent receipts.
3. Public utility records and receipts, such as electric bills.
4. Local tax records.
5. A completed and signed, Federal, State or local income tax return with the applicant's name and address preprinted on it.
6. Employment records, including records of unemployment compensation.

(E) PROHIBITION:

The home care agency or home care registry may not hire, roster or retain an individual if the State Police criminal history record reveals a prohibited conviction listed in 6 Pa. Code § 15.143 (relating

to facility responsibilities), or if the Department of Aging letter of determination states that the individual is not eligible for hire or roster.

(F) RECORDS MAINTAINED:

The home care agency or home care registry shall maintain files for direct care workers and members of the office staff which include copies of State Police criminal history records or Department of Aging letters of determination regarding Federal criminal history records. The files shall be available for Department inspection. The agency or registry shall maintain copies of the criminal history report for the agency or registry owners, which shall be available for Department inspection.

(G) CONFIDENTIALITY:

The home care agency or home care registry shall keep the information obtained from State Police criminal history records and Department of Aging letters of determination regarding Federal criminal history records confidential and use it solely to determine an applicant's eligibility to be hired, rostered or retained.

(H) OPPORTUNITY TO APPEAL:

If the decision not to hire, roster or retain an individual is based in whole or in part on State Police criminal history records, Department of Aging letters of determination regarding Federal criminal history records, or both, the home care agency or home care registry shall provide an affected individual with information on how to appeal to the sources of criminal history records if the individual believes the records are in error.

(I) EXCEPTIONS:

A direct care worker who has complied with this section and who transfers to another agency or registry owned and operated by same entity is not required to obtain another criminal history report. A direct care worker employed or rostered by an entity that undergoes a change of ownership is not required to obtain another criminal history report to submit to the new owner.

(J) INDIVIDUALS CURRENTLY EMPLOYED OR ROSTERED:

A direct care worker and each member of the agency or registry office staff who is employed by or rostered by a home care agency or home care registry as of December 12, 2009, shall obtain and submit a State Police criminal history record or Department of Aging letter of determination, as applicable, to the home care agency or home care registry by April 12, 2010. This subsection does not apply if the home care agency or home care registry obtained a criminal history report meeting the requirements of this subsection when the direct care worker or office staff member was hired or rostered and a copy of the report is included in the individual's file. In connection with my application for employment, my continued employment, or in connection with my desire to engage in home care services for RGS, I have been advised and I hereby consent and authorize either RGS and its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that will include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record.

(K) EMPLOYEE AUTHORIZATION AND CONSENT:

I do hereby consent and authorize either RGS or its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative Information that would adversely

EMPLOYEE ACKNOWLEDGMENT AND ACCEPTANCE OF AGENCY'S POLICIES:



As a **condition of my employment**, it is my obligation to understand all of the rules, policies, terms and conditions within this Handbook and to abide by them. If I have any questions regarding these policies, I will ask my Supervisor or the Agency's Administrator. I understand and agree that my employment at this Agency is "at will." I, understand and agree that any policies, terms and related provisions of this Employee Handbook may be amended or revised at any time by RGS with or without notice to me.

I, hereby affirm:

I have received a copy of the Agency Employee Handbook.

I, acknowledge I have read and fully understand RGS's policies regarding HIPPA and Patient Confidentiality, and will comply as directed.

I, acknowledge I have read and fully understand the Agency's Non-Solicitation and Employee Covenant policies and will comply as directed.

I, hereby agree to carry-out outcomes included in the Participant's Service Plan.

IF YOU DO NOT AGREE WITH THESE POLICES DO NOT SIGN THIS FORM. PLEASE SPEAK WITH THE OFFICE PERSONNEL.

**** (PLEASE TURN IN THIS PAGE ONLY, THE HANDBOOK IS YOURS TO KEEP) ****

PRINT NAME:

SIGNATURE:

DATE

NO EMPLOYEE GIFTS GUIDELINES:

GIFTS TO EMPLOYEE: RGS Policy strictly prohibits Employees and Staff from receiving any gift(s) from Patients' and their families.

This includes meals, food, gifts, gift cards and or related entertainment.

1. Employees and Staff are not allowed to have meals paid for by Patients' or its family.
2. Employees and Staff are not allowed to receive gifts, including money, gift cards, travel vouchers, personal checks, pens, books, souvenirs and any other items from Patients' and their family.
3. Employees and Staff are not permitted to sign or endorse Patients' and or its family checks.

EMPLOYEE PROMOTIONS AND FUNDRAISING NOT ALLOWED:

Employees and Staff are not permitted to distribute post or leave any non-RGS printed or handwritten materials, advertisements, signs, or other promotional materials anywhere in the Patients residence including asking the Patient to sponsor, pay for, or contribute to any of the following:

1. Educational Promotions (children or adult) including fundraising.
2. Charity Events, Drives or Fundraiser.
3. Social Media Drives or Fundraiser.

NO EMPLOYEE POWER OF ATTORNEY OR FIDUCIARY ROLE:

Employees and Staff are not permitted at any time during services to Patient and their family to offer, accepts, receive and on enter into any fiduciary role (Power of Attorney, Guardian, Receivership, Trustee, and Administrator) or any other non-home care giver role. Employees and Staff are not permitted at any time during services to Patient and its family to offer, accept, receive, take, sign, endorse, cash and or convert for personal use any local, state, federal or other personal check(s) for made payable to a Patient and or it family during or after services.

PATIENT'S PLAN OF CARE SERVICES (continued):

PATIENT FINANCIALS:

1. Will children be present during services in the home: Yes No
2. Looking to start services? ASAP 2-3 days 7 days _____
3. Authorization to start services: Yes No Waiting on Insurance
4. Patient Funding Source: Medicaid Private Pay 3rd Party Insurance
 EVS Number: _____
 Wavier: _____
 Support Coordinator Name: _____
5. Private Pay Funding:
 Weekly Amount: \$ _____
 Monthly Amount: \$ _____
6. Try Before You Buy Offered: Yes No
 Accepted Not Accepted

3RD PARTY INSURANCE:

- Insurance Company Name: _____
- Insurance Company Phone: _____
- Policy Information: _____

Patient's Signature

Date

Representative of Patient's Signature

Date

Signature of Agency

Date

PATIENT PROTECTION AND PATIENTS BILL OF RIGHTS & RESPONSIBILITIES:

(a) Consumer rights. The consumer of home care services provided by a home care agency or through a home care registry shall have the following rights:

(1) To be involved in the service planning process and to receive services with reasonable accommodation of individual needs and preferences, except where the health and safety of the direct care worker is at risk.

(2) To receive at least 10 calendar days, advance written notice of the intent of the home care agency or home care registry to terminate services. Less than 10 days advance written notice may be provided in the event the consumer has failed to pay for services, despite notice, and the consumer is more than 14 days in arrears, or if the health and welfare of the direct care worker is at risk.

(b) Prohibitions. No individual as a result of the individual's affiliation with a home care agency or home care registry, may assume power of attorney or guardianship over a consumer utilizing the services of that home care agency or home care registry. The home care agency or home care registry may not require a consumer to endorse checks over to the home care agency or home care registry.

(c) Information to be provided. Prior to the commencement of services, the home care agency or home care registry shall provide to the consumer, the consumer's legal representative, or responsible family member an information packet containing the following information in a form that is easily read and understood:

(3) A listing of the available home care services that will be provided to the consumer by the direct care worker and the identity of the direct care worker who will provide the services.

- The hours when those services will be provided.
- Fees and total costs for those services on an hourly or weekly basis.

(4) Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry.

(5) The Department's complaint Hot Line (1-800-254-5164) and the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA).

(6) The hiring and competency requirements applicable to direct care workers employed by the home care agency or referred by the home care registry.

(7) A disclosure, in a format to be published by the Department in the *Pennsylvania Bulletin* by February 10, 2010, addressing the employee or independent contractor status of the direct care worker providing services to the consumer, and the resultant respective tax and insurance obligations and other responsibilities of the consumer and the home care agency or home care registry.

PATIENT PROTECTION AND PATIENTS BILL OF RIGHTS & RESPONSIBILITIES (continued):

Allegheny County DHS Area Agency on Aging

441 Smithfield Street

Pittsburgh, PA 15222

Tel: (412) 350-5460

Toll free: (800) 581-9145

Fax: (412) 350-5230

Web site: <http://www.alleghenycounty.us/>

E-mail: servicedesk@alleghenycounty.us

Department of Health Hotline:

1-800-254-5164

To verify a Homecare Agency's State License status contact:

The Department of Health Verification Line:

(717) 783-1379

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CONSUMER NOTICE OF DIRECT CARE WORKER STATUS:

[40 Pa.B. 1267]

[Saturday, March 6, 2010]

Form to be completed by every consumer utilizing the services of a Home Care Agency or Home Care Registry which is licensed under 28 Pa. Code Chapter 611, Home Care Agencies and Home Care Registries. The regulations governing licensure for home care agencies (HCAs) and home care registries (HCRs) were published in the *Pennsylvania Bulletin* at Volume 39, Number 49, page 6958, effective December 12, 2009.

HCAs and HCRs, as defined in the regulations, must now be licensed by the Department of Health (Department) to provide home care services to individuals in their homes or other independent living environments. 611.57, requires a HCA or HCR, The licensure regulations, at 28 Pa. Code § prior to the commencement of home care services, to provide to the consumer, the consumer's legal representative or responsible family member an information packet containing, among other items, a disclosure in the format to be provided by the Department, addressing the employee or independent contractor status of the direct care worker providing services to the consumer, and the resultant respective tax and insurance obligations and other responsibilities of the consumer and the HCA or HCR.

The Department published the Consumer Notice of Direct Care Worker Status in the *Pennsylvania Bulletin* at Volume 40, Number 6, page 757, on February 6, 2010. The form as published contains errors. This notice is to advise that interested persons may access the correct version of the form at <http://www.health.state.pa.us> by clicking on "Home Care Agency Application Form" under "What's Hot" on the right side of the page, or by contacting the Division of Home Health at (717) 783-1379.

All entities or organizations applying for licensure as a HCR or HCA shall begin using the Consumer Notice of Direct Care Worker Status upon receipt of a license to operate a HCR or HCA.611.2(c), Existing HCAs and HCRs, currently operating under 28 Pa. Code § shall begin using the Consumer Notice of Direct Care Worker Status within 60 days of the date of this notice.

Persons with a disability who require an alternative format of this Notice (for example, large print, audiotape, Braille) should contact the Bureau of Community Program Licensure and Certification, 132 Kline Plaza, Suite A, Harrisburg, PA 17104, (717) 783-8665, or for speech and/or hearing-impaired persons V/TT (717) 783-6514, or the Pennsylvania AT&T Relay Service at (800) 654-5984.

HIRING OR ROSTERING OF DIRECT CARE WORKERS REQUIREMENTS:

(a) *Hiring or rostering prerequisites.* Prior to hiring or rostering a direct care worker, the home care agency or home care registry shall:

- (1) Conduct a face-to-face interview with the individual.
- (2) Obtain at least two satisfactory references for the individual. A satisfactory reference is a positive, verifiable reference, either verbal or written, from a former employer or other person not related to the individual that affirms the ability of the individual to provide home care services.
- (3) Require the individual to submit a criminal history report, in accordance with § 611.52 (relating to criminal background checks) and a ChildLine verification, if applicable, in accordance with the requirements of § 611.53 (relating to child abuse clearance.)

(b) *Direct care worker files.* Files for direct care workers employed or rostered must include documentation of the date of the face-to-face interview with the individual and of references obtained. Direct care worker files must also include other information as required under § 611.52, § 611.53, and if applicable, § § 611.54, 611.55 and 611.56 (relating to provisional hiring; competency requirements; and health screening.)

COMPETENCY REQUIREMENTS FOR DIRECT CARE WORKERS:

This Agency requires all newly hired employees to successfully complete our in-house Training Competency Program (TCP) to ensure all direct care workers are properly trained as required by law. Furthermore, all direct care workers are re-evaluated on an annual basis to ensure they are thorough and up to date with Agency Services Companion Care standards.

Agency Training Competency Program (TCP) is centered around § 611.55. Competency requirements, ** (b), as listed below.

§ 611.55. Competency requirements.

(a) Prior to assigning or referring a direct care worker to provide services to a consumer, the home care agency or home care registry shall ensure that the direct care worker has done one of the following:

- (1) Obtained a valid nurse's license in this Commonwealth.
- (2) Demonstrated competency by passing a competency examination developed by the home care agency or home care registry which meets the requirements of subsections (b) and (c).
- (3) Successfully completed one of the following:
 - (i) A training program developed by a home care agency, home care registry, or other entity which meets the requirements of subsections (b) and (c).
 - (ii) A home health aide training program meeting the requirements of 42 CFR 484.36 (relating to the conditions of participation and home health aide services.)
 - (iii) The nurse aid certification and training program sponsored by the Department of Education and located at http://services.dpw.state.pa.us/pch_comptest/
 - (iv) A training program meeting the training standards imposed on the agency or registry by virtue of the agency's or registry's participation as a provider in a Medicaid Waiver or other publicly funded program providing home and community-based services to qualifying consumers.
 - (v) Another program identified by the Department by subsequent publication in the *Pennsylvania Bulletin* or on the Department's web site.

**** (b)** A competency examination or training program developed by an agency or registry for a direct care worker must address, at a minimum, the following subject areas: **** (TCP)**

- (1) Confidentiality.
- (2) Consumer control and the independent living philosophy.
- (3) Instrumental activities of daily living.
- (4) Recognizing changes in the consumer that need to be addressed.

- (5) Basic infection control.
- (6) Universal precautions.
- (7) Handling of emergencies.
- (8) Documentation.
- (9) Recognizing and reporting abuse or neglect.
- (10) Dealing with difficult behaviors.

(c) A competency examination or training program developed by an agency or registry for a direct care worker who will provide personal care must address the following additional subject areas:

- (1) Bathing, shaving, grooming, and dressing.
- (2) Hair, skin, and mouth care.
- (3) Assistance with ambulation and transferring.
- (4) Meal preparation and feeding.
- (5) Toileting.
- (6) Assistance with self-administered medications.

(d) The home care agency or home care registry shall include documentation of the direct care worker's satisfactory completion of competency requirements in the direct care worker's file. If the direct care worker has a nurse's license or other licensure or certification as a health professional, the individual's file shall include a copy of the current license or certification. Documentation of satisfactory completion of competency requirements is transferable from one home care agency or registry to another home care agency or registry, provided the break in the individual's employment or roster status does not exceed 12 months.

(e) The home care agency or home care registry also shall include documentation in the direct care worker's file that the agency or registry has reviewed the individual's competency to perform assigned duties through direct observation, testing, training, consumer feedback or other method approved by the Department or through a combination of methods. The competency review must occur at least once per year after initial competency is established, and more frequently when discipline or other sanction, including, for example, a verbal warning or suspension, is imposed because of a quality of care infraction.

(f) A direct care worker employed by a home care agency or rostered by the home care registry on December 12, 2009, shall achieve compliance with the competency requirements imposed by this chapter by December 12, 2011.



COMPETENCY

IN-HOUSE TRAINING AND ORIENTATION PROGRAM

COMPETENCY ORIENTATION TRAINING TOPICS:

- 1. ORIENTATION TRAINING AND PURPOSE STATEMENT**
- 2. CONFIDENTIALITY**
- 3. CONSUMER CONTROL AND THE INDEPENDENT LIVING PHILOSOPHY**
- 4. INSTRUMENTAL ACTIVITIES OF DAILY LIVING**
- 5. RECOGNIZING CHANGES IN THE CONSUMER THAT NEED TO BE ADDRESSED**
- 6. BASIC INFECTION CONTROL**
- 7. UNIVERSAL PRECAUTIONS**
- 8. HANDLING OF EMERGENCIES**
- 9. DOCUMENTATION**
- 10. RECOGNIZING AND REPORTING ABUSE OR NEGLECT**
- 11. DEALING WITH DIFFICULT BEHAVIORS**
- 12. BATHING, SHAVING, GROOMING AND DRESSING**
- 13. HAIR, SKIN AND MOUTH CARE**
- 14. ASSISTANCE WITH AMBULATION AND TRANSFERRING**
- 15. MEAL PREPARATION AND FEEDING**
- 16. TOILETING**
- 17. ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS**

ORIENTATION TRAINING AND PURPOSE STATEMENT:



This Orientation and Training Manual contains information regarding many of the policies and procedures of RGS HOME CARE LLC., hereinafter referred to as (“Agency”). This training is intended to provide new and existing Direct Care Worker with a general understanding of the Agency’s Client’s requirements in accordance with § 611.55. Competency Requirements.

- (a) Prior to assigning or referring a direct care worker to provide services to a consumer, the home care agency or home care registry shall ensure that the direct care worker has taken and successfully passed the following online Training:

The home care agency or home care registry also shall include documentation in the direct care worker’s file that the agency or registry has reviewed the individual’s competency to perform assigned duties through direct observation, testing, training, consumer feedback or other method approved by the Department or through a combination of methods. The competency review must occur at least once per year after initial competency is established, and more frequently when discipline or other sanction, including, for example, a verbal warning or suspension, is imposed because of a quality-of-care infraction.

NEW EMPLOYEE ORIENTATION: All new employees are required to go through Orientation the first week of being employed and before they are allowed to provide direct services to any clients of the Agency.

COMPETENCY TEST PASSING REQUIREMENT: After the new employee is hired and prior to providing direct care services at the end of the orientation the employee will be required to complete and pass the Agency’s in-house CTOP.

ORIENTATION TRAINER: The Agency Owner or the Human Resources Personnel (if applicable) shall be responsible to ensure every new employee and existing completes and satisfies the requirements of this policy and training.

COMPETENCY TRAINING ORIENTATION PROGRAM - PART I. § 611.55. (A)(V) COMPETENCY REQUIREMENTS.

“Personal Care Home Direct Care Staff Persons Training”: to take the course the employee must logon here http://services.dpw.state.pa.us/pch_comptest/

After you complete the online test:

1. After successful completion of the on-line course and test. You must print out the certificate of completion and a copy of such will be placed in your employee file (this is mandatory no exceptions).
2. Any area(s) of the test where the employee has shown a lack of knowledge (missed 3 or more questions) even if the employee has passed the test, those questions will be addressed by the Owner or Human Resources personnel to ensure the employee is competent in those subject areas.

COMPETENCY TRAINING ORIENTATION PROGRAM - PART II.



In accordance with § 611.55(b), this Agency has developed our own in-house Competency Training and Orientation Program (“CTOP”) that helps, instruct, teaches new and existing Direct Care workers how to address and deal with client Activities of Daily Living, Confidentiality, Client Safety, Emergencies and other related Direct Care Worker responsibilities.

Client Confidentiality: To ensure client’s health and medical information and records are private and protected, a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), has associated rules about who can look at, receive, and use client’s health information as well as measures to take to protect the confidentiality, integrity, and security of the information. All employees will know:

- Understanding HIPAA Privacy Rule.
- Protecting the privacy of individually identifiable health information and standards for the security of electronic personal health information (PHI).
- Confidentiality of health information.
- Authorization exceptions.
- Conversations.
- Reasonable safeguards.
- Incidental disclosures.
- Telephone messages.
- Email and faxing.
- Minimum necessary disclosure of PHI.
- Sharing information with family and visitors.
- Request from the Media.
- Patient rights to access their health information.
- Research.
- Information security tips.

Authorization Exceptions: A valid written authorization is required for the disclosure of protected health information except in emergency situations and special cases as defined by law. Authorization exceptions include:

- Emergency care.
- Procurement organizations for cadaveric organ, eye or tissue transplantation.
- Uses or disclosures that are required by law, such as disclosure to public health department for communicable diseases.
- Vulnerable adult or child abuse reporting.
- Health oversight agencies such as the Pennsylvania Department of Health.
- Agencies mandated by court order or search warrant.
- Reporting certain types of wounds (such as gunshot) or injuries to law enforcement agencies.
- Information requested by a coroner, medical examiner, or funeral director regarding a deceased patient.
- Information requested by law enforcement to avert a serious threat to health or safety.

Telephone Messages: Telephone messages may be left if reasonable safeguards are used to minimize unintentional disclosure of PHI in the messages. Because telephone messages may be heard by someone other than the patient, care must be taken not to leave any information that may disclose or imply information about specific medical treatment, tests or conditions unless it is very urgent that the patient be notified.

Sharing information with family and visitors: Working in a busy patient care setting presents special challenges. As Caregivers, we want to take care of our clients, but we also want to show empathy and concern for the client's family members and friends.

Example 1. It is visiting hours in the hospital; you are returning from a client's room when you are stopped in the hall by an anxious man. "I'm looking for Steve and he is not in his room. Is he having surgery today? I'm very worried about him. We've been neighbors for 30 years."

Example 2. Or you work at RGS Hospital and Mrs. Henderson calls to ask if her husband came to his appointment today and how his therapy is progressing. In each of these situations, these individuals are looking for reassurance as well as information. What would you say to him or her? HIPAA allows Caregivers to release some basic information without the patient's prior authorization. This is considered directory information and includes:

- Patient's name.
- Condition only (state of example the patient is doing well).
- Location in the facility.
- Religion (given to clergy or community faith leaders only).

If you have any questions about HIPAA or clients' medical information you must contact the Agency first before releasing any information to any third-party including family and friends.

AGENCY'S CONSUMER CONTROL AND THE INDEPENDENT LIVING PHILOSOPHY:

This Agency's Philosophy is one of which the consumer control is tied to the same concepts of self-reliance and self-determination that are essential for all adults in our society.

- This Agency promotes independent consumer living, meaning we will do everything that's possible to assist the client in remaining independent while performing our services.
- Whether disabled or not, our clients want and need to exert control over their own lives.
- When clients have a sense of personal rights, they also have the confidence to act on those rights.
- This Agency promotes independent and creative thinking.
- This Agency respects the rights and wishes of its clients.
- This Agency shall be open and transparent with our services to our clients.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING:

Instrumental activities of daily living (IADL) are not necessary for fundamental functioning but they let an individual live independently in a community. This Agency considers IADL vital to the happiness and success of its clients, therefore it's our responsibility and your duty as a Caregiver to ensure the clients IADL are cared out with professionalism and due care.

- Moving within the community.
- Preparing meals.

- Shopping for groceries and necessities.
- Taking prescribed medications
- Cleaning and maintaining the house.
- Managing money (Employees are not allowed to assume any financial control over or with client's money, as outlined in your Employee Handbook).
- Using the telephone or other forms of communication.

RECOGNIZING CHANGES IN THE CONSUMER THAT NEED TO BE ADDRESSED:

As a Direct Care Worker (hereinafter "DCW" or "Caregiver") part of your client duties are to assist the client in/with various ADLs. During your services you need to be aware of and how to properly identify issues and or circumstance that require you to notify the Agency and or the client's family or emergency personnel.

- It's important for our Caregivers to keep a watchful eye especially seniors - even when they are living independently and are in good physical and mental health.
- Slight changes in client's behavior, personality, level of self-care, or the ability to do household chores, can be signs of the need for increased care and support.
- You should contact the Agency immediately about any concerns you may have about a client you are caring for that you feel needs help. The following can be used to track changes in most client's behavior, safety and personal care.

Client behavior changes:

- Irritable (gets upset easily).
- Angry (loses temper).
- Sad (tearful).
- Withdrawn (does not want to talk).
- Confused (does not understand what is happening).
- Memory problems (forgets or repeats conversations, medications unfilled or not being taken).

Elderly safety concerns:

- Falls.
- Wandering (leaves home, gets lost).
- Kitchen (fire, leaves stove on).
- Nutrition (not enough or too much food).
- Driving.

Changes in activities of daily living:

- Difficulty moving (getting out of chair, walking across the room).
- Difficulty getting in and out of bathtub.
- Difficulty getting to the toilet.
- Problems preparing meals.
- Dirty and cluttered house (food expired, laundry piling up, neglected home repairs).

Policy FYI:

Often the elderly or people in your care may be reluctant to say they need help or try to downplay the trouble they are having. As a caregiver, when you become aware that the person in your care is behaving in ways that are out of character you should take notice and try to have a conversation with

them about how they are feeling and discuss ways you can help. Sometimes providing help in even a small way can make a big difference to the elderly or the person in your care and allow them to retain as much independence as possible.

BASIC INFECTION CONTROL:

Because of the type of work you do, you will come into contact with body fluids that carry bloodborne pathogens. Bloodborne pathogens that pose the greatest risk to health care workers in the workplace are hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and human immunodeficiency virus (HIV). The diseases caused by these pathogens are potentially life threatening. In many cases, you will not be able to easily identify clients who are infected with bloodborne pathogens. This is why you must treat each client you have contact with as if he or she *may be* infected with a bloodborne pathogen.

To protect yourself from exposure to bloodborne pathogens, you will take **standard precautions** with every client. *For these methods to be effective, they must be used consistently!*

- Gloves, gowns, masks, face shields and eye goggles must be worn if the possibility exists that you could come in contact with blood or other body fluids. Be sensible and use good judgment when wearing personal protective equipment.
- Handwashing is the most important method of preventing the spread of infection. If accidental exposure to blood or other body substances occurs, hand must be washed thoroughly and immediately.
- Sharps, such as used needles, razors or broken glass must be disposed of properly. Contaminated, broken glass should not be handled, even with gloved hands. They should be swept or vacuumed up for disposal.

AGENCY'S UNIVERSAL PRECAUTIONS TO INFECTION CONTROL:

This Agency Universal precaution is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens, (Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions).

HANDWASHING:

Handwashing is the most important method of preventing the spread of infection. For it to be effective in preventing the spread of infection, it must be performed thoroughly, properly, and consistently.

1. Remove all jewelry.
2. Turn on faucet using a paper towel.
3. Wet your hands and apply liquid soap.
4. Work soap into a lather and scrub hands for at least two minutes.
5. Keep your hands at a lower angle than your elbows to prevent the dirty water running back onto your arms.
6. Interlace your fingers to clean between them
7. Scrub your fingernails with a nail brush.
8. Dry your hands with clean paper towels.
9. Turn off the faucet using a clean paper towel.

Because frequent handwashing can cause the skin to become excessively dry, leading to cracking, applying a lotion or hand cream after washing is recommended. Remember, your own intact skin is important to help protect you from infection too.

At the minimum wash your hands:

- When you first arrive at your client's home.
- Before handling clean linen.
- Before handling a client's meal tray.
- Before you go on a break and before you leave your shift.
- Before and after drinking, eating.
- After using the bathroom.
- After coughing, sneezing, or blowing your nose.
- After picking up an object from the floor.
- After removing disposable gloves, including those times when you are replacing a torn glove.
- After touching your hair or applying make-up or lip gloss.
- After touching anything that may be considered dirty, especially objects contaminated with blood or other body fluids.

Risk factors for infection:

1. Very young or very old age.
2. Poor general health.
3. Stress and fatigue.
4. Indwelling medical devices.

The Ways Infections are transmitted:

1. Some infections are transmitted through the air. The person becomes infected when he or she breathes contaminated air.
2. Some infections are transmitted through contact with an infected person or objects that the person has used.
3. Some infections are transmitted when feces containing a pathogen contaminate food or water that is then consumed by another person.
4. Some infections are transmitted when blood or body fluids enters the bloodstream of a non-infected person. Bloodborne pathogens are not found in sweat and tears. They are most likely to be found in blood, semen, vaginal secretions, wound drainage, cerebrospinal fluid (CSF), amniotic fluid and breast milk.
5. Needlesticks, cuts from contaminated glass, and splashes and sprays of contaminated body fluids can put a health care worker at risk for a bloodborne disease.

Food Safety:

Some people are more likely than others to get a foodborne illness. Older people, the disabled, and those with chronic illnesses may have difficulties that put them at higher risk.

Oral-fecal transmission:

Some pathogens are transmitted through the oral-fecal route. The pathogen lives in an infected person's digestive tract and leaves the body in the feces. The feces can contaminate food or water. Then, when another person eats or drinks the contaminated food or water, he or she becomes infected. Proper handwashing and sanitation help to prevent infections that are spread through the

oral-fecal route. Infections that are transmitted in this way include hepatitis A, hepatitis E, and some types of parasitic infections.

Ensuring Food Safety at Home:

1. Wash hands often.
2. Wash produce before cutting, cooking or eating.
3. Wash utensils and cutting boards after each use.
4. Keep kitchen surfaces clean.
5. Keep raw meat and ready-to-eat foods separate.
6. Cook food to proper temperatures.
7. Refrigerate food promptly to below 40°F.
8. Pay close attention to use-by dates.

HANDLING AN EMERGENCY:

Occasionally Direct Care staff are faced with emergency situations in the course of their work. This can be stressful and upsetting. The procedures below give clear instructions about action which should be taken. Direct Care Staff will also receive immediate support and back-up from the Home Care Coordinator or Owner.

Failure to gain access to a client's home: If you cannot obtain an answer from a client you should:

- Check through the letterbox, windows and back of the house to see if it is accessible.
- If you cannot see the client check with neighbors.
- If the neighbor cannot help, telephone the office and the Home Care Manager will inform you as to further action.

If you can see the client by any of the above means and they are on the floor or not responding.

- Call 911.
- Home Care Coordinator or Owner.
- If you know of a key holder nearby, go to them - contact the office when you reach them.

If you find a client who is apparently dead.

- Call 911.
- Call the office or the Home Care Coordinator or Owner.
- DO NOT TOUCH ANYTHING. Someone will come to assist you at once.
- If the client lives in assisted living facility notify the facility.

EVERY TIME YOU ARE UNABLE TO GET AN ANSWER FROM A CLIENT YOU MUST REPORT THIS IMMEDIATELY TO THE OFFICE even after hours IF OUT OF OFFICE HOURS.

Emergencies which occur during the course of care being provided.

- If a client falls and may be injured, they must not be moved unless they are in serious and imminent danger, i.e. from fire, drowning, road traffic accident etc. They must be made comfortable and the ambulance called.
- If it is known that a client may be prone to occasional falls or collapse this should be taken into account in the risk assessment and a contingency action plan devised for this eventuality.

- If a client collapses or is taken seriously ill 911 should be called and the client made as comfortable as possible. The paramedics may advise you of action to take while awaiting their arrival.
- In these situations, call the Home Care office or Owner who will arrange for your subsequent visits to be covered while you stay with the client or will send someone to relieve you

DIRECT CARE WORKER CLIENT DOCUMENTATION:

All employees must familiarize themselves and comply with this Policy, as a condition for payment by a program, this Agency as a provider must document each occurrence of a health service provided to a client including the client's service plan documents. The health service must be documented in the client's health service record as specified Program funds paid for a health service not documented in a recipient's health service record shall be recovered by the Department.

All Direct Care Workers Time Sheets and related client records will include the following:

- The Time/Service Sheet must be legible at a minimum to the individual providing care.
- Assisting with Self-administered Medications Records.
- The client's name must be on each page of the client recipient's record.
- The consumer's service plan documents must be signed by the patient.
- Each entry in the health service record must contain:
 - The date on which the entry in made.
 - The date or dates on which the health service is provided.
 - The length of time spent with the client if the amount paid for the service depends on time spent.
 - The signature and title of the person from whom the recipient received the service.

RECOGNIZING AND REPORTING ABUSE OR NEGLECT:

Abuse includes physical abuse, physical neglect, sexual abuse, and emotional abuse by a parent, family member, friend, or other caretaker. Physical abuse is a non-accidental injury to a client by a parent, family member, friend, or caretaker.

Recognizing Abuse.

You may see frequent and unexplained bruises, burns, cuts or injuries; the client may be overly afraid of the parent, friend or family reaction to misbehavior.

Physical neglect is a family member, friend, or Caregiver failure to give the client food, clothing, hygiene, medical care, or supervision.

Employee Mandatory Abuse Reporting:

During your care to a client should you see signs of abuse of any kind by a parent, family member, friend, or other Agency Employee, do not confront the abuser directly as this will only make things worse for the patient. Simply make sure the client is safe, contact the Agency immediately, and the Agency will send someone to assist you right away. The Agency will then report such abuse to the Department of Health and related regulatory authorities. The employee who witnesses or suspected abuse must complete an incident report documenting the abuse and or related issues.

DEALING WITH DIFFICULT CLIENT'S BEHAVIORS:

When dealing with clients at some point they may become becomes anxious, resistant, or demanding and it can make your job as caregiver that much more difficult.

Understanding why the behavior is happening: If the client you care for must rely on others for their daily care, he/she may feel a loss of control over their life. They may feel frustrated or helpless at times. Their personality and behavior may change because of the emotional and physical changes they are experiencing. A person who has always had a difficult personality may become even more difficult with the stress of an illness or disability. When a person becomes sick or disabled, not only his life but the lives of those around him change dramatically. If you can recognize the reasons a person is difficult and learn methods to cope, it will help you both maintain a healthier relationship and get through the trying times.

Coping With A Difficult Behavior.

- You cannot always control the other person's behavior, but you can control your response to it.
- Focus your response on the behavior, avoid blaming it on the client's personality or condemning them as a "bad" person.
- Do not take the angry behavior personally.
- You are doing the best that you can do in a difficult situation; blaming yourself won't help solve the problem.

What Can You Do When a Client Acts Unreasonable or Makes Angry Demands On You?

- Remain calm, speak slowly and clearly.
- Avoid approaching the resident from side or back.
- Do not downplay their feelings allow the client to express feelings (if talking reduces agitation).
- Saying "It's no big deal" will not help, it may even make them angrier. Instead, try something like, "You seem really frustrated. What can we do next time to make it better?"
- Let them talk about their anger. "What's making you feel so bad?" "You seem upset, can I help?"
- Make an effort to respect demands that may seem petty to you but seem very important to them. Remember, if the client was able to he would change the volume on the radio himself or shave himself exactly how and when he wanted.
- Find something to agree about. "Yes, the mail carrier hasn't been coming as early as he used to." "You're right, these sheets are all wrinkled up."

Choose Your Battles. If you are making a lot of demands on your client about eating, moving, or resting, they may become resentful. Choose what is really important and let some things go. Anybody could get angry if told to eat everything on their plate.

Take A Breather. If either of you is losing control of the situation, walk away. Take several deep breaths, count to 10, or give a silent scream while both of you cool off. If you need support beyond these techniques, you must contact the Agency, it is your responsibility and duty to be professional with the client at all times.

PERSONAL CARE: GROOMING AND DRESSING:

1. Bathing:

General Rules For Bathing.

Encourage the person to bathe herself as much as possible. She may be able to do all but wash her feet or back, or she may only be able to hold a washcloth while you do the rest.

- If bathing is difficult, do it only as often as necessary.
- Most people don't need a daily bath. Do make sure that the hands, face, and genital area are washed every day.
- Have all supplies ready before starting a bath.
- Keep the room comfortably warm.
- Respect the person's privacy. Keep her covered when possible.
- Wear latex gloves any time that you may come into contact with bodily fluids or feces.

If the Client Is Able To Get Into A Tub Or Shower.

- Make sure they have grab bars.
- Make sure they have a non-slip bathmat.
- Ask the client to sit on the edge of the tub. Then put both of their legs into the tub before they stands up.
- Reverse the process when they are getting out.

If the Client Can't Sit Down Into The Tub.

- Make sure the tub has a bench.
- Make sure the bath area has hand-held shower attachment.

2. Skin Care:

People who are ill or who must stay in bed or in a wheelchair are at risk for pressure ulcers, sometimes called bed sores. Pressure ulcers are a serious problem, but in most cases, they can be prevented by following the steps listed here.

- Make sure the person is eating a healthy diet and getting plenty of fluids. Well-nourished skin is healthier and less likely to break down.
- Keep the skin clean and dry.
- Clean off urine or feces immediately with soap and water. Wear disposable latex gloves.
- Use disposable bed pads to keep the linen dry, if the person is incontinent.
- Check the skin regularly for red areas. Make this a routine part of bath time.
- Every 2 hours change the position of a client who is bed or wheelchair bound.
- Avoid dragging the person when you move them in bed. Friction can cause skin breakdown.
- Apply lotion to dry skin regularly (except between the toes where it can cause fungal growth.) Give a light massage while rubbing in the lotion, again make sure you're wearing disposable latex gloves.

If A Red Area Develops On The Skin:

- Remove pressure from the area immediately.
- Clean and dry areas soiled with urine or feces. Wear disposable latex gloves.
- Do not massage the area.
- Recheck the skin in 15 minutes. If the redness is gone, no other action is needed.
- If the redness does not disappear after 15 minutes, consult your health care professional about better ways to relieve pressure from the skin.
- If a blister or open area develops, contact your health care professional immediately.

Shaving:

- Use an electric shaver when shaving a patient; it's safer and easier.
- Put dentures in the client's mouth before shaving him.
- Have him in a sitting position if possible.

Mouth Care:

- Clean teeth at least once a day.
- Check dentures regularly for cracks.
- Remove dentures for cleaning and store in liquid when out of the mouth.
- Have dentures checked if they are not fitting properly (a common cause of eating problems).

Dressing:

- Be flexible. Wearing a bra or pantyhose may not be important to clients, especially if it's an added hassle.
- Allow enough time for the client to do as much as they can for themselves. If they can put clothing on but only needs help for buttons or shoes, give them time to do it.
- Let the client choose what to wear. You can lay out two choices to simplify this for someone who is confused.
- Be sure shoes or slippers are well-fitting and do not have gum soles, which can cause people to trip.
- Consider easy-to-use clothes with large front fasteners (zippers or Velcro,) elastic waistbands and slip-on shoes. This type of clothing is available through health product catalogs like Sears or J. C. Penney.
- To minimize the stress on a person's weak side, put the painful or weak arm into a shirt, pullover or jacket before the strong arm. When taking them off, take out the strong arm first.

Hair Care:

Getting out to a barbershop or beauty shop is enjoyable for many people who are ill or disabled. Many shops will make a special effort to meet the client's needs, especially if they know the client or family. Beauty schools may do hair care for no or low cost, as a way for students to get experience. You may also be able to find someone to come into the client's home. Try calling a local nursing home for the name of someone who makes home visits.

Hair Care General Rules.

- Wash the client's hair in the kitchen sink if the tub or shower is too difficult.
- Consider using one of the dry shampoo products found in drug stores if hair washing is impossible.

- If hair must be washed in bed, you can make a simple device to catch the water by making a U-shaped towel pad and putting it inside a large plastic bag. Place the open end of the U over the edge of the bed where it can drain into a bucket.

AMBULATION (WALKING):

Ambulation simply means to walk or move from one place to another. Every client will be different in his or her level of need for assistance, and it will differ in how you help each one. We have heard the old saying that there are no two people alike. There are also no two disabilities that are alike. The question becomes how do we do this when the individual we are assisting cannot do it on his/her own?

There are several benefits to ambulation, some of which include:

- Relieves stress and anxiety.
- Improves and/or maintains muscle strength.
- Improves circulation.
- Decreases problems with digestion and elimination.
- Improves appetite.

Procedure: Assistance with Ambulation:

Supplies:

- Gait belt and/or other walking aids, like a cane or a walker. (**“Gait Belt”**) A *gait belt*, sometimes called transfer belt, provides the DCW with secure points to hold onto while assisting client’s in walking and transfer activities.
- Non-slip, properly fitting footwear.

Description of Procedure:

1. Before you begin, familiarize yourself with the expectations and requirements of the service plan. Contact your supervisor if you need clarification.
2. Ensure the client can safely wear a gait belt. Gait Belt for procedure and contraindications.
3. Communicate procedure to client before you begin.
4. Apply non-skid, properly fitting footwear.
5. Have the client’s walking aid available, if required.
6. Apply gait belt.
7. Make sure that the client has his/her feet firmly on the floor.
8. Use an underhand grasp on the gait belt for greater safety.
9. Assist client to a standing position.
10. Walk behind and to one side of the client during ambulation. Hold on to the belt from directly behind him. Be aware to support weaker side, if applicable.
 - Right side: Stand between the 4 and 5 o’clock positions.
 - Left side: Stand between the 7 and 8 o’clock positions.
11. Let the client set the pace. Walk in step with the client, maintaining a firm grasp on gait belt.
12. Watch for signs of fatigue.

Ambulation with a Cane:

The handle of the cane should be at a height that would be equivalent to where the client's wrist of his strong hand would fall if his/her hand was placed at his/her side when standing in an upright position. The client should be using the cane on his/her strong side, and the DCW should be walking on the client's weak side for assistance.

Ambulation with a walker: The correct walker height is determined the same way as was listed for a cane. When assisting a client with ambulation when using a walker, it is important that the client stay inside the frame of the walker. Make sure it has been properly fitted for the individual. The DCW should always walk on the client's weak side to provide additional support as needed.

Note: In the instance a client does collapse or loses his/her footing, it is acceptable to ease the client gently to the floor. The DCW should not try to carry the person, hold him up or catch him if they start to fall.

Preparing Food: When preparing food for your patient's, it's important to ensure that you follow a number of safety precautions as well as maintaining healthy food choices. This means that you should:

Use Whole Foods When Possible: Whenever possible, you should include whole foods in your client's diets. These include fresh fruit and vegetables as well as minimally processed grains (i.e. brown rice as opposed to white rice, whole wheat, stone ground bread as opposed to white bread, etc.).

Avoid Frying and Convenience Foods: You should also avoid frying foods as much as possible as this adds a significant amount of fat to foods and destroys nutrients as well. Instead, steamed and baked foods, especially steamed vegetables and baked poultry or meat are generally considered much healthier alternatives.

Convenience foods: Especially heavily processed products (morning cereals, especially sugary ones, white bread, etc.) should also be avoided whenever possible as these often have their useful nutrients stripped away in favor of easily digestible simple carbohydrates.

Find Out How the Client Likes Food Prepared: It's also important to find out how your client likes his food prepared. For example, there's nothing wrong with providing your client with extra spices, assuming that there are no health considerations (i.e. if the person is suffering from gastrointestinal problems, it's generally not a good idea to give them spicy foods). Remember as well that your choice of cooking utensils may be somewhat limited, so be sure to be creative in preparing food for your home health care clients.

What to Watch For: As a home health care worker, it's part of your job to watch carefully what your client eats. If they are showing a pattern of eating less than they usually do, it may be a sign of a problem which should be reported to your supervisor.

Best Practices: Finally, when shopping for and preparing food of your home health care clients, it's important to follow best practices when doing so. For example, you should store fresh milk, eggs and the like in the refrigerator. Meat products should be stored on the bottom shelf of the refrigerator to avoid the possibility of contamination from drips. Fresh fruit and vegetables need not be refrigerated until they turn ripe. You should also be sensitive to pricing and use coupons whenever possible to save your home health care clients' money on their food bills.

CLIENT INVOLVEMENT:

- Promotes independence

- Builds a helping relationship
- Provides stimulation, relaxation, and increases sense of worth

AVAILABLE COOKING EQUIPMENT:

- Equipment may be limited
- Need to be creative and discuss with supervisor

SERVE QUALITY FOOD:

- Cook food only until tender as this protects nutrients
- Use toaster oven or use oven to prepare more than one food at a time
- Use double boiler to cook two items
- Use fresh fruits and vegetables
- Serve eye-appealing foods

SERVING MEALS:

- Use as a time to share with others
- Plan to sit and talk with clients

FOOD APPEARANCE, TEXTURE, AND PORTION SIZE:

- Use contrasting colors and textures
- Arrange foods attractively
- Serve small portions, but allow for second servings
- Be alert to a poor appetite:
- May signal illness or depression
- Dissatisfaction with food
- Improper mouth care
- Chewing problems
- Medications

SAFE FOOD HANDLING:

- Wear clean clothes and/or apron
- Always wash hands before handling food
- Wear gloves if you have a cut or infection on hands
- Avoid coughing or sneezing around food
- Clean workspaces before and after preparing food
- Use clean dish towels and dish cloths
- Use hot water and soap to wash utensils
- Never taste and stir food with the same spoon
- Put warm foods in refrigerator immediately
- DO NOT use damaged cans with bulging ends
- Avoid eating raw eggs. NEVER use cracked eggs. NEVER undercook eggs
- Use cooked meat, poultry, fish, and baked dishes within three to four days
- DO NOT use foods that have become moldy
- Clean and sanitize food preparation area
- Keep hot foods hot (above 140° F)
- Keep cold foods cold (below 40° F)

- Keep refrigerator clean
- Use food within recommended time
- DO NOT refreeze food

Toileting: The client you are caring for may need help using the toilet, or they may have lost control over their bladder or bowel (incontinence.) You may be uncomfortable providing this kind of care but as a Caregiver it is your responsibility and duty to the patient. This section gives suggestions that will help your clients maintain as much independence as possible and make your job a little easier.

Incontinence is not a normal part of aging or most illnesses. Many causes of incontinence are treatable.

If the Person Needs Help Getting To The Bathroom:

- Suggest going to the bathroom on a frequent, scheduled basis. Rushing after the urge strikes will increase the chance of accidents. Every 2 hours is too often for most people; start with every 3–4 hours.
- Make sure the hallway and bathroom are well-lighted.
- Remove throw rugs, which could trip someone.
- Make sure the client has grab bars and/or use a raised toilet seat for more ease getting on and off the toilet.

If the Client Occasionally Has Accidents:

- Remember that accidents are very embarrassing for the patient.
- Stay calm and reassure them that it's "okay."
- Keep a matter-of-fact approach. "Let me help you get out of these wet things."
- Monitor them for urinary tract infections. Any fever lasting more than 24 hours should be reported.

If Accidents Happen Regularly:

- Suggest the client see their doctor for a thorough evaluation and treatment recommendations.
- Establish a regular schedule for using the toilet.
- Avoid caffeine, alcohol, citrus juice, or other bladder irritants.
- Offer 6–8 glasses of fluids every day to prevent strong urine that can irritate the bladder.
- Find out if the client is taking any medications that affect the bladder. Common over-the-counter products like aspirin and Excedrin contain caffeine, which stimulates the bladder. A few high blood pressure medications can irritate the bladder.
- Be aware that incontinence can be a trigger for skin breakdown and pay special attention to skin care.

Constipation:

- Offer foods high in fiber such as fruits, nuts, beans, vegetables, bran and most cereals. Add high fiber foods gradually if the client is not used to them.
- Make sure there is adequate liquid in the diet; 6–8 glasses of liquid each day are recommended (unless otherwise instructed by the physician).
- Encourage daily exercise to stimulate bowel activity.

Controlling Stains and Odor:

- Include cranberry juice in the diet to help control urine odor.
- Protect the mattress with rubber or plastic sheets. Consider a breathable, washable layer like sheepskin between the sheet and the waterproof to avoid excess sweating or a “sticky” feeling.
- Remove soiled bed linens and clothing quickly. If it is impossible to launder them immediately, rinse them in cold water. Soak stained items in dishwashing detergent to loosen stains.
- Clean bedpans, urinals, and commodes with household cleaners.
- Avoid odors on furniture or other household items by cleaning soiled areas with a mild dilution of cold water and white vinegar.
- Protect furniture with disposable or other waterproof pads.
- Remember to make sure to wear your latex gloves.

Assistance with self-administered medications: Assisting clients with their medications is one of the most important things you do, a lot of harm can result when medications are taken improperly and when the wrong drug is taken, or when a client doesn’t get the right medicine at the wrong time it can be detrimental.

- When you assist a client with medicines,
- You are responsible for being sure that the client takes the medication correctly.
- Even one error is too many!

Let us review some tried and true practices that will help in assistance or administration of medications. There are six important rules to remember when providing medication assistance or administration.

THE 6 RIGHTS:

1. Right Person: Speak the client’s name out loud. Be sure that the medication paperwork and the medication container match before you hand any medication to a client.
2. Right Drug: Compare the name of the drug on the container to the name of the drug on the medication paperwork.
3. Right Dose: Check the dosage on the medication container and be sure it is identical to the dosage on the medication paperwork.
4. Right Dosage Form: Every letter and number on the medication orders must match the medication package. Is the medicine a tablet, a capsule, a suppository, a liquid, or some other form? Is it extended release or immediate release?
5. Right Time: The date, the day of the week, and the time of day must be the same on the medication paperwork and the medication container.
6. Right Route: This means the way to take or use the drug, such as by mouth, under the tongue, injected, inhaled, or applied to the skin. The route ordered by the physician is the only way the medication may be given.

Other Guidelines for Assisting with Medications: Wash your hands before assisting with medication and after helping each client.

- Check the expiration date on medications the clients are taking.
- Be aware of instructions about when and how medications should be taken. Some meds need to be taken on an empty stomach and some need to be taken with food.
- Keep medications in a cool, dry place. Do not store meds in the bathroom, because heat and humidity can harm drugs.
- Refrigerate medications that require it in a refrigerator that does not contain food. Monitor and record the refrigerator's temperature daily. Keep it within the recommended temperature range.
- Try to assist with medication in good light and with a minimum of distractions. Errors often occur because of interruptions and haste.
- Report any error to the supervisor immediately. Many errors will not have serious consequences if medical personnel can respond soon.
- Documentation of medication assistance must follow correct procedures and be clear and accurate.
- If your facility uses abbreviations, be sure you know what they mean. Use only approved abbreviations.
- All medicines have a scientific or chemical name, called the generic name, and a brand name from the manufacturer. Whichever name identifies a medicine.

C(3) These terms stand for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). They represent key life tasks that people need to manage these are the basic self-care tasks that we initially learn as very young children. They are sometimes referred to as “Basic Activities of Daily Living” (BADLs).

After you complete the Agency Orientation:

1. Immediately after completion of the Agency orientation you will be tested on the subject matters.
2. Upon successful completion of the CTOP test, you will be given a certificate of completion that will be placed in your file (this is mandatory no exceptions).
3. Any area of the test where the employee has shown a lack of knowledge (missed 3 or more questions) even if the employee has passed the test, those questions will be addressed by the Owner or Human Resources personnel to ensure the employee's competency.

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COMPETENCY TRAINING ORIENTATION PROGRAM TEST - PART III.

There are 59 questions with a perfect score totaling 100. A score of 80% or better (47 correct must be answered correctly in order to pass. Any questions incorrectly answered should prompt additional training of the CTOP.

PLEASE CIRCLE THE ALPHABET OF YOUR CHOSEN ANSWER.

CONFIDENTIALITY.

1. What is NOT an Authorization Exception?
 - A. Non-Emergency Care.
 - B. Vulnerable adult or child abuse reporting.
 - C. Information requested by law enforcement to avert a serious threat to health or safety.

2. The meaning of confidentiality is:
 - A. Share information with my friends
 - B. Private and secret
 - C. Open and public
 - D. Tell anyone who asks

3. The Health Insurance Portability and Accountability Act (HIPAA) is a law that protects:
 - A. Children in foster homes
 - B. Who can know or share a person's personal health information
 - C. Insurance companies
 - D. Pets

CONSUMER CONTROL AND THE INDEPENDENT LIVING PHILOSOPHY.

4. Mrs. Jones tells the direct care worker that she would like her hot dog fried not put in the microwave. The direct care worker has never fried a hot dog. The direct care worker should:
 - A. Ignore the request and fry the hot dog
 - B. Ask Mrs. Jones to explain exactly how she used to do it and follow the directions
 - C. Prepare something else
 - D. Tell Mrs. Jones "no, I'll cook it my way"

5. Mr. Jim likes to go outside for walks. He is a little unsteady, but he has a walker to assist him. The direct care worker should:
 - A. Not allow Mr. Jim to go outside
 - B. Tell Mr. Jim "you're not allowed out while I'm here"
 - C. Call his family
 - D. Accompany Mr. Jim for a short walk with the use of his walker

INSTRUMENTAL ACTIVITIES OF DAILY LIVING.

6. Housecleaning and home maintenance. This means cleaning kitchens after eating, keeping one's living space reasonably clean and tidy, and keeping up with home maintenance is **not** an IADL?
- True
 - False
7. The direct care worker is busy doing Mr. Clein's light housework. Mr. Clein asks the direct care worker to help him write a letter. What should the direct care worker say?
- A. "I am too busy"
 - B. "Write it yourself"
 - C. "It is not part of my job"
 - D. "Let's set a time when I can help you sometime today."
8. Mrs. Tune needs assistance doing the laundry. The direct care worker is not familiar with her type of washing machine. The direct care worker should:
- A. Not do the laundry
 - B. Ask Mrs. Tune to explain how to use it or ask to see the "how to operate" instructions
 - C. Take the clothes to the closest Laundromat
 - D. Leave it for the next worker to do

RECOGNIZING CHANGES IN THE CONSUMER THAT NEED TO BE ADDRESSED.

9. Mr. Smith tells the direct care worker that he has had pain for three days and no one cares.
- The direct care worker should:
- A. Tell Mr. Smith that they care
 - B. Look in the communication log to see what's been written about his pain
 - C. Call their supervisor to report Mr. Smith's complaint
 - D. All of the above
10. While preparing Mrs. Spratt her meals, the direct care worker notices that she keeps dropping things with her right hand, can't hold her fork without shaking, and seems to lean to her right side when sitting at the table. Mrs. Smith didn't do those things yesterday. The direct care worker should:
- A. Tell Mrs. Spratt to sit up straight and quit dropping things
 - B. Call the supervisor to explain Mrs. Spratt's behavior
 - C. Ask Mrs. Spratt to go lay down until she feels better
 - D. Call the family

BASIC INFECTION CONTROL.

11. What is the most important method for preventing the spread of infection?
- A. Putting lotion on to avoid dry hands.

- B. Washing your hands often.
 - C. Keeping your hands in your pockets.
12. Gloves, gowns, masks, face shields and eye goggles must be worn if the possibility exists that you can come in contact with blood or any bodily fluids.
- True
 - False
13. How many times during a home visit should a direct care worker wash his or her hands?
- A. Before and after each contact with a consumer
 - B. At the beginning and end of the visit
 - C. At least once before the visit
 - D. At least once after the visit

UNIVERSAL PRECAUTIONS.

14. When washing your hands why is it important to turn the faucet on with a paper-towel?
- A. To keep your hands dry.
 - B. To clean the faucet handle.
 - C. To prevent the spread of infections.
15. Which one of the following would NOT spread communicable diseases?
- A. Droplets from the nose and mouth
 - B. The use of universal precautions
 - C. Direct contact with feces (bowel movement)
 - D. Open wounds that are draining blood
16. The major recommendation of universal precautions is to minimize contact with which one of the following?
- A. Consumer's linen
 - B. Consumer's personal belongings
 - C. Blood and body fluids
 - D. Consumer's skin

HANDLING OF EMERGENCIES.

17. You go to Mrs. Smith's house and are unable to gain access to her house. Walking to a window you see that she is on the floor not moving. What is the first thing you should do?
- A. Call the Agency.
 - B. Go to a neighbor's house.
 - C. Call 911.
18. A direct care worker discovers a small fire in the wastebasket in a room where the consumer is sitting. The direct care worker should FIRST:
- A. Call 911
 - B. Contain the fire

- C. Remove the consumer from the room
- D. Extinguish the fire

19. Upon entering the consumer's home, the direct care worker finds the consumer on the floor crying in pain and holding their arm which is bent in an awkward position. The direct care worker should:
- A. Change the position of the arm
 - B. Help the person get off the floor
 - C. Call for medical help
 - D. Tell the person to quit crying

DOCUMENTATION.

20. What is the most important document that should be in all client's records?
- A. Time sheet/Service sheet.
 - B. Service plan documents.
 - C. The client's name on each page of the recipient's record.
 - D. All of the above.
21. Each entry in the health service record must contain:
- A. The date on which each entry was made.
 - B. Items in the bathroom.
 - C. What the conversation was about.

RECOGNIZING AND REPORTING ABUSE OR NEGLECT.

22. You overhear a fellow employee talking about how they lost their temper with their client, MR. Baker. What do you do?
- A. Confront them.
 - B. Tell every other employee what you just overheard.
 - C. Report it to a superior immediately.
23. During your service to Mr. Jones, you notice his eldest daughter physically abusing him. You should:
- A. Tell her to stop.
 - B. Physically restrain the daughter.
 - C. When she stops take the client to the hospital.
 - D. Call 911 and then your Agency.
24. A direct care worker slaps a consumer. This is an example of:
- A. Neglect
 - B. Verbal abuse
 - C. Physical abuse
 - D. Restraint
25. For older persons, abuse and neglect is reported to:

- A. The family
- B. Local Area Agency on Aging
- C. The Human Relations Commission
- D. The person's church

26. For children, abuse and neglect is reported to:

- A. Pennsylvania's Child Abuse Hotline
- B. The family
- C. The Human Relations Commission
- D. The child's church

27. A consumer makes a complaint to the direct care worker that another worker neglected her.

The direct care worker should:

- A. Stand up for the other worker
- B. Report the complaint
- C. Listen to the complaint but do nothing
- D. Tell the consumer she is just confused

DEALING WITH DIFFICULT BEHAVIORS.

28. If a client you care for must rely on others for help with their daily life, they may feel frustrated and helpless at times. This may cause a behavioral change. What is one way to help the client cope?

- A. Ask them if they want to talk about what is angering them.
- B. Tell them to get over it.
- C. Give them a bath to calm down.

29. Mrs. Bradford is very agitated today and is making angry demands. What should you do?

- A. Remain calm, speak slowly and clearly.
- B. Make an effort to respect their demands.
- C. Tell them "it's no big deal".
- D. Both 'A' and 'B'.

30. A confused consumer begins to cry out suddenly. What should the direct care worker do FIRST:

- A. Restrain the consumer
- B. Call the family
- C. Talk to the consumer in a soothing voice about familiar things
- D. Leave the consumer alone

BATHING, SHAVING, GROOMING AND DRESSING.

31. If a client is unable to bathe themselves how often should you do it?

- A. Everyday.
- B. Only as needed.

- C. Once a month.
32. You should be flexible when it comes to what a client wants to wear.
- True
 - False
33. The direct care worker is going to bathe the consumer. What should the direct care worker do FIRST:
- A. Test the temperature of the water
 - B. Help the consumer to undress
 - C. Tell the consumer what the worker is going to do
 - D. Close the bathroom door and windows
34. When shaving a consumer's face with a blade shaver (razor blade) it is important to FIRST:
- A. Soften the beard and skin with a warm washcloth for a few minutes
 - B. Leave the skin dry
 - C. Apply only water
 - D. Rub the face vigorously
35. When helping the consumer to dress, which of the following is NOT correct?
- A. Encourage the consumer to put on comfortable, safe and attractive clothes
 - B. Check that the consumer has shoes with non-slip soles
 - C. Never let the consumer pick out the clothes
 - D. Spread shoes as far open as possible for ease of the foot
36. Which of the following is NOT correct regarding elastic stockings?
- A. It is better to put them on the consumer while they are lying down
 - B. Turn the stocking inside out first
 - C. Position the stocking over the heel and foot
 - D. Grab and pull the stocking quickly up the rest of the leg
37. When giving the consumer a bed bath, it is good to:
- A. Start by washing the face, including, eyes, ears and neck
 - B. Proceed to wash arms, forearms, hands, including fingers & nails
 - C. Next, wash chest & abdomen, legs and feet
 - D. Finish by washing back, buttocks, and perineum
 - E. All of the above
38. The consumer prefers tub baths instead of a shower. The direct care worker should:
- A. Assist consumer into the tub using fall prevention techniques
 - B. Ensure water temperature is safe and comfortable
 - C. Wash the consumer's body parts that they cannot
 - D. Protect consumer from unnecessary exposure and chilling
 - E. All of the above

HAIR, SKIN AND MOUTH CARE.

39. Mrs. Farris is too sick to get out of bed. She only gets out of the bed to get into her wheelchair. This puts her at risk for pressure ulcers or “bed sores”. What is one way to prevent these?
- A. Make sure she is eating a healthy diet
 - B. Keep her skin clean and dry
 - C. Use disposable bed pads/liners
 - D. All of the above
40. When it comes to a client’s mouth you should always do the following except:
- A. Clean teeth at least once a day
 - B. Remove dentures for cleaning and store in liquid when out of the mouth
 - C. If their dentures are cracked throw them out
41. Common sites for pressure sores are:
- A. Elbow, shoulder
 - B. Hips, sacrum, coccyx, buttocks
 - C. Heels, ankles
 - D. All of the above
42. If a consumer can’t do his or her oral hygiene, the direct care worker should:
- A. Ignore the consumer
 - B. Give them gum
 - C. Brush their teeth for them
 - D. Give them some mouthwash and tell them to spit it out
43. Shampooing a consumer who is confined to bed includes:
- A. Head and shoulders are moved to edge of bed if position is allowed
 - B. Plastic or rubber trough is placed under head and drains into basin
 - C. Multiple towels may be used to help position the head and shoulders
 - D. All of the above

ASSISTANCE WITH AMBULATION AND TRANSFERRING.

44. Walking or moving from one place to another is beneficial because:
- A. It relieves stress
 - B. You won’t have to supervise the client at much
 - C. The client won’t be as hungry
45. To transfer a consumer from the bed to a wheelchair safely, the direct care worker should:
- A. Place a cushion in the back of the wheelchair
 - B. Use a foot stool
 - C. Lock the wheels on the wheelchair
 - D. Raise the bed to a high position
46. “Ambulate with assistance” means:

- A. Walk with the consumer twice a day
- B. The consumer can use a wheelchair with help
- C. Take the consumer's blood pressure
- D. The consumer can walk with help

MEAL PREPARATION AND FEEDING.

47. When preparing a meal for your client you should always use fresh whole foods. Why?
- A. It is easier to digest.
 - B. It's a healthier choice.
 - C. Both 'A' and 'B'
48. You are beginning to notice that Mr. Dobb is losing his appetite. What should you do?
- A. Start giving him fast food choices.
 - B. Tell a superior immediately.
 - C. Just ignore it.
49. The consumer has a history of difficulty with chewing and swallowing. The direct care worker should:
- A. Prepare the meal and leave the consumer alone
 - B. Prepare the meal and stay with the consumer to assist as needed
 - C. Not worry about it
 - D. Call the supervisor
50. The consumer is on a low sodium diet and should AVOID:
- A. Bread
 - B. Bacon
 - C. Fresh fruits
 - D. Ice cream

TOILETING.

51. If a client occasionally has accidents you should leave them in their soiled clothes to teach them a lesson?
- True
 - False
52. When assisting the consumer with using the bathroom in their home, the direct care worker should:
- A. Provide privacy but remain nearby for safety or assistance if needed
 - B. Leave the consumer alone
 - C. Only check to see that there's enough toilet tissue
 - D. Make sure the consumer flushes before and after
53. The consumer must use a bedpan with assistance while in bed. The direct care worker should:

- A. Hand the bedpan to the consumer and leave the room
- B. Position the consumer on the bedpan so the body is aligned and supported for comfort
- C. Only check to see if the bedpan is nearby
- D. Tell the consumer "Get the bedpan yourself"

ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS.

54. All of these are the '6 Rights' rules except:
- A. Right Region
 - B. Right Dosage Form
 - C. Right Dose
 - D. Right Time
 - E. Right Drug
55. Why is assisting clients with their medications one of the most important things you do?
- A. The correct medications are taken at the correct time.
 - B. You can count the pills left.
 - C. You can see what kind of medication is being taken.
56. The direct care worker finds a consumer's medication on the living room floor. The direct care worker should:
- A. Throw the medication in the waste basket
 - B. Return the medication to the bottle that it might have been in
 - C. Flush the medication down the toilet
 - D. Call their supervisor

WHAT WOULD YOU DO?

57. The consumer tells the direct care worker that they aren't happy with the person who is the consumer's power of attorney or guardian. The direct care worker should:
- A. Volunteer to be the consumer's power of attorney
 - B. Listen but refuse in a firm, courteous manner refuse to be the consumer's power of attorney
 - C. Tell the family
 - D. Write it down
58. A consumer gives the direct care worker \$50 as a birthday gift. The direct care worker should:
- A. Accept the money and thank the consumer
 - B. Share the money with the other direct care worker who helps
 - C. Politely refuse the gift
 - D. Use the money to buy a gift for the consumer
59. It is important to smooth out wrinkles on the consumer's bed because:

- A. It will look nice and help the consumer sleep better
- B. It will be easier to keep clean
- C. It helps decrease the risk for skin irritation and bed sores
- D. The consumer's cat likes it that way

COMPETENCY TRAINING ORIENTATION PROGRAM TEST - PART III. (continued)

Applicant's Printed Name

Date

Applicant's Signature

Applicant Score: _____ Passed Yes No

Section(s) of improvement needed: Yes No _____

Direct Care Trainer Name: _____

Approved for duty: Yes No

All new hire paperwork in file including CTOP results: Yes No _____

Note: _____

COMPETENCY ORIENTATION TRAINING AND PROGRAM ANSWER SHEET

There are 59 questions with a perfect score totaling 100. A score of 80% or better (47 correct must be answered correctly in order to pass. Any questions incorrectly answered should prompt additional training of the CTOP.

- | | | | | | |
|-----|-------|-----|------|-----|-------|
| 1. | A | 21. | A | 41. | D |
| 2. | B | 22. | C | 42. | C |
| 3. | B | 23. | D | 43. | D |
| 4. | B | 24. | C | 44. | A |
| 5. | D | 25. | B | 45. | C |
| 6. | FALSE | 26. | A | 46. | D |
| 7. | D | 27. | B | 47. | C |
| 8. | B | 28. | A | 48. | B |
| 9. | D | 29. | D | 49. | B |
| 10. | B | 30. | C | 50. | B |
| 11. | B | 31. | A | 51. | FALSE |
| 12. | TRUE | 32. | TRUE | 52. | A |
| 13. | A | 33. | C | 53. | B |
| 14. | C | 34. | A | 54. | B |
| 15. | B | 35. | C | 55. | A |
| 16. | C | 36. | D | 56. | D |
| 17. | C | 37. | E | 57. | B |
| 18. | C | 38. | E | 58. | C |
| 19. | C | 39. | D | 59. | C |
| 20. | D | 40. | C | | |

THE DESIGNATED PHYSICIANS PROGRAM: ACKNOWLEDGMENT OF EMPLOYEE'S RIGHTS AND DUTIES UNDER PENNSYLVANIA LAW

If I am involved in a work-related injury, I should report the incident to my supervisor and seek treatment with a health care provider on the list posted by my employer.

I understand and acknowledge the following rights and duties:

1. I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the health care providers designated by my employer for 90 days from my first visit.
2. As long as I continue to treat with a provider designated by my employer during the 90-day period, I have the right to have expenses for all reasonable medical supplies and treatment related to the injury paid by my employer.
3. I have the right to switch from one health care provider on my employer's list to another on that list during the 90-day period, and my employer will pay for this treatment.
4. If a provider designated by my employer refers me to a provider not designated by my employer, my employer must pay for the treatment.
5. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency care must be sought from a provider designated by my employer for the remainder of the 90-day period.
6. I have the right to seek medical treatment or consultation from a provider not designated by my employer at my own expense during the 90-day period.
7. After 90 days, I have the right to seek treatment from any health care provider, and my employer shall pay for all reasonable and necessary care.
8. After 90 days, I may treat with a health care provider not designated by my employer, but I understand that I must notify my employer within five days of my first visit. Prior to receiving this notification, my employer may not be responsible for payment for the services provided. After notification, my employer shall pay for all services found to be reasonable.
9. If a designated provider prescribes invasive surgery, I understand that I have the right to seek an additional opinion from any health care provider of my choice. If the additional opinion differs and provides a specific and detailed course of treatment, I am entitled to select between the treatment plans. If I select the alternative outlines by the additional opinion, a provider on my employer's designated list shall perform the treatment for 90 days from the date of my first visit to the provider of the additional opinion.

THE DESIGNATED PHYSICIANS PROGRAM: ACKNOWLEDGMENT OF EMPLOYEE'S RIGHTS AND DUTIES UNDER PENNSYLVANIA (CONTINUED)

If my employer is not liable, I understand that I am responsible for making the full payment for services rendered.

I acknowledge that I have been informed of and understand these rights and duties and that I have reviewed the list of designated providers.

ANTI-FRAUD LEGISLATION

In accordance with the Anti-Fraud Legislation passed by the Commonwealth of Pennsylvania, insurance carriers are required to advise all policyholders and claimants of the following:
Any person who – knowingly and with intent to defraud any insurance company or other person- files an application for insurance or statement of claim containing any materially false information or conceals (for the purpose of misleading) information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Witness/Supervisor

Employee (initial acknowledgement) Date

Witness/Supervisor

Employee (at time of injury) Date